COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 03.01.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Klaus Stark*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk (Minutes)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF 1*
  - *Thorsten Semmler*
- *MF3*
  - *Nancy Erickson*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic *Strategy issues brought forward, incl. FG 36 report on int. data on Omikron*	contributed by

1	**Current situation**
	International *(Fridays only)*
	○ *not reported*
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 7,066,412 (+40,043), of which 111,219 (+414) deaths*
	○ *7-day incidence: 205/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 61,537,455 (74.0%), with complete vaccination 59,035,690 (71.0%), with Booster vaccination 31,008,690 (37.3%),*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *HB: dtl. increase (7-T.-Inz: 513.6/100,000), SH: increase; HH slight increase; SA, TH: slight decrease*
	○ *Geographical distribution of 7-day incidence by district*
	  ○ *8 LK > 500/100,000 EW*
	  ○ *Focus remains on BB, SN, SA, TH*
	  ○ *Highest incidence in Ilm district 866/100,000 p.e.*
	○ *Incidence by age group and reporting week*
	  ○ *Incidence of 5-11 year olds declining; 15-34 year olds slight increase; generally otherwise. Incidences in age groups level as in previous weeks*
	○ *Hospitalisation incidence: Level similar to previous*
	week's discussion:
	○ *Case numbers currently not reliable, public holidays, holidays*
	○ *Also communicated in the USA: Decline due to changed behaviour of the population during the festive season, reduced number of testing opportunities and tests*
	○ *General trends remain valid*
	○ *Exact number of cases cannot be depicted; decline mainly due to inc. Declines in BL with high incidences*
	○ *in many BL still holidays, therefore e.g. no testing of pupils; how exactly this affects the school year, possible Effects of the spread of Omikron not yet visible*
		ZIG1
		
		FG32

2	**International** *(Fridays only)* • *Entry regulation* • *Comment from Mr Rottmann: Discuss adaptation of the Entry Regulation; exit screening conceivable, analogous to other countries; possibly via antigen tests (PCR test capacities limited). Countries; possibly via antigen tests (PCR test capacities limited); standardised system for all areas would be helpful; enquiries about the discontinuation of testing in the airport area and the discontinuation of options for action also came from Munich* • *Evidence, in the early stages, early reduction in mobility slows the spread of new pathogens, this is also a political goal* ***To Do: Prepare adaptation of the Entry Regulation; FF: ZIG, FG38 crisis management, involvement of diagnostics working group; draft template is being prepared and circulated, discussion in crisis team***	*ZIG*
3	**Update digital projects** *(Fridays only)*	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* • *Brief addition on uncertainties regarding Omikron variant in terms of effectiveness of vaccination and duration of vaccination protection and on the severity of the disease caused by Omikron compared to Delta* • *UR supplemented and circulates to MI Supplement*	*Dept. 3, all* *FG 38, all*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Future regular meetings Tue, 12:30 pm* • *The committee's own opinion may be conceivable in the future* • *Prepare: Omikron data, Omikron position (SK, Matthias adH)* • *Preparatory work FG 33 on the matrix; reference to the living systematic review in the RKI*	
6	**Communication** **BZgA** • *Vaccination information sheet for 5-11 year olds* • *Vaccination information sheet for employees in the nursing and healthcare professions* • *Mailing of various materials to the ÖGD, daycare centre providers (notice + letter) and schools (notice + letter)* **Press** • *Enquiries about an increase in illnesses among vaccinated people are piling up in the press, but mainly among groups critical of vaccination* • *Clarification requested in the weekly report or link in the weekly report to the VOC report* **P1:** *no contribution*	*BZgA* *Press* *P1*
7	**RKI Strategy Questions**	

	General **RKI-internal** • *Results of the ministerial consultation on quarantine, Kritis and Compulsory vaccination on 31.12. and 03.01.* • *Update on hospitalisation and vaccine effectiveness* • **(UK**: *\rki.local.daten\Wissdaten\RKI_nCoV-Lage\ 1.Lagemanagement\1.3.Besprechungen_TKs\1.Lage_AG\2022-01-03_Lage-AG\Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf: Situation not applicable to situation in D transferable* • **UK:** *Exponential increase in cases exceeds increase in incidence previous waves (150-200,000 cases/day);* • *Hospitalisation risk Omikron vs. Delta: Omikron by approx. 50% lower risk of hospitalisation (hazard ratio: 0.53 95%CI: 0.50-0.57; however, only limited information on severe possible due to the inclusion criteria for study population)* • *Case fatality 4x lower compared to Delta* • *<20 year olds: proportion of more severe courses over the waves remained the same (assumption: low number of vaccinated persons in this AG)* • *VE Protection against symptomatic infections for Omikron lower than for delta; dtl. decrease after 5-9 WO compared to delta; after 20 WO none (2-D-AstraZeneca) or only 10% (2-D-mRNA) Protective effect; (mRNA booster increases VE to approx. 55% (Biontech) or 70% (Moderna), after 10+WO drop to 40%/50%)* • *VE Protection against severe courses: after 2 doses 2-24 WO approx. 72%; after 3 doses after 5-9 weeks approx. 88%: in severe cases Slight waning observable, yet protective effect* • *Corresponds to study by Fergusson (22.12.2021)* ***To Do: Fergusson study on Benjamin Meyer (modelling) forward*** • *Changing the insulation duration* • *Suggestions from discussion with BMG on quarantine/isolation/KriTis* • *Mr Schaade has circulated changes (email today)* • *Note on higher risk of recovered persons compared to vaccinated persons* • *Discussion: Broad coordination process with various The result of the expert committees was different from the decision of the political bodies; should be clear on publication in future that it is no longer a question of purely technical issues. recommendation of the RKI, but resolutions of the GMK/BMG/political level, which are decidedly* • *Justify technical concerns in comments (e.g. on mang.*	*VPräs, all* *FG36/FG37* *FG36* *FG36* *all*

	Suitability of CT as a criterion for de-isolation) and synopsis enclose ***To Do: Synopsis of today's discussion with the BMG in Table form with comments; FF Draft table: FG37***	
	(original table is provided by FG 36 zV); comments and additions by FGs, draft to Mr Schaade before submission to the BMG • *Deadline: close of business today*	*FG 37, all*
8	**Documents** • *not reported*	*All*
9	**Vaccination update** ***(Fridays only)*** • *not reported*	*FG33*
10	**Laboratory diagnostics** **FG17** • *not reported* **ZBS1** • *not reported*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *not reported*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 05.01.2022, 11:00, via Webex*	

End: 14:42

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

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 05.01.2021, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Nadine Litzba (protocol)*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
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- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: 7,297,320 (+58,912), thereof 112,926 (+346) Deaths*
	○ *7-day incidence (7TI): 258.6/100,000 p.e.*
	○ *DIVI Intensive Care Register 3,670 (-133)*
	○ *Vaccination monitoring: Vaccinated with 1st dose 61,813,677 (74.3%), with complete vaccination 59,371,059 (71.4%), Booster immunisations 33,376,080 (40.1%)*
	○ *7TI and hospitalisation on the rise.*
	○ *Course of the 7-day incidence in the federal states:*
	  ▪ *The increase in HB and HH continues. HB has the highest 7TI. SH also shows a significant increase.*
	  ▪ *Increase also in SL, MV and BB, overall trend rising in the western BL.*
	○ *Geographical distribution of 7-day incidence by district*
	  ▪ *2 LK > 500/100,000 EW*
	  ▪ *Highest incidence in LK Dithmarschen 509/100,000 p.e. after several Christmas parties. SK Bremen also in the top 10.*
	○ *Incidence by age group and reporting week (heat map)*
	  ▪ *In week 51/52, the number of 0-4 year olds and schoolchildren fell.*
	  ▪ *Clearest increase among 20-24 year olds, very large jump compared to the previous week.*
	  ▪ *In SH there are several districts where the 7TI for 20-29 year olds is over 1000.*
	  ▪ *The other age groups are stable.*
	○ *Hospitalisation incidence*
	  ○ *The adjusted hospitalisation incidence fell slightly at the end of December, then formed a plateau and is now rising again.*
	○ *COVID-19 deaths by age group and week of death*
	  ▪ *Highest number of deaths in the week with the highest 7TI, probably followed by late reports over the turn of the year.*
		FG32 (Diercke)

	Test number recording at the RKI ○ *Slides here* ○ *947,946 tests (previous week 1.2 million), significantly reduced in week 52 as expected.* ○ *As expected, the positive share also increased to 21.6% (previous week 16.4%)* ○ *Laboratory utilisation: Declining in all CCs except Bremen and below 75%.*	*AL3 (Hamouda)*

	○ *SARS in ARS:* ▪ *In HH and SH, the number of tests is not declining, but NW and NI are testing less. HH goes high in positive proportion, SI and NI too, but also NW.* ○ *Who is tested where:* ▪ *Decline in testing in doctors' surgeries, but increase in the proportion of positives. In hospitals, the number of tests remains and the positive share constant.* ▪ *Compared to last year: increase in the proportion of positives in doctors' surgeries after Christmas like last year, in KH last year increase in the proportion of positives (due to outbreaks), this year constant.* ▪ *In NW, the positive rate of schoolchildren is very high during the holidays (previously low due to lollipop testing)* ○ *Number of tests by age group:* ▪ *Strong drop in 5-14 year old children, otherwise testing not strongly reduced.* ▪ *Increase in the proportion of positives among children and also among 15-34-year-olds.* ▪ *The number of positive tests per 100,000 population is only increasing in the 15-34 age group.* ○ *VOC (SARS in ARS)* ▪ *Suspicion of Omikron in week 52: 35%, previous week initially 12.5%, now with late reports 20%, i.e. with Late registrations for CW52 approx. 50% Omikron share expected.* ▪ *Proportion of omicrons in all detections: in NI 75%, SH almost 100%, NW still 25%* ○ *COSIK* ▪ *Started on 01/01/2021, hospital exposure, nosocomial infections and infections under med. Staff, 37 hospitals took part* ▪ *Up to 8% patient days due to COVID-19 cases, in ITS up to 33% of patient days (in 3rd wave).* ▪ *1.6 to 7.8 nosocomial infections per 1000 case days (4-week period)* ▪ *10% of HCWs have become infected in hospital (in outbreaks, however, this figure is higher)*	*FG37 (Eckmanns)*
	Syndromic surveillance ○ *Slides here* ○ *Flu Web:* ▪ *Acute respiratory diseases in the population decreased from week 51 to week 52. Decrease in both Children as well as adults at previous year's level for adults, slightly higher for children* ○ *Influenza working group* ▪ *ARE consultations: As in previous years, the number of visits to the doctor fell at the end of the year.* ▪ *SEED^{ARE} : Fewer people went to the doctor in calendar week 52, but the proportion of COVID-19 diagnoses is*	*FG36 (Buda)*

	during these visits increased by around 12%. *Many consultations due to ARE in young children, but proportion of COVID-19 diagnoses low. The proportion has risen significantly among 15-34-year-olds. In older people, the proportion of COVID-19 diagnoses is declining.* o *ICOSARI:* ▪ *0-4-year-olds: RSV-related increase is continuously decreasing.* ▪ *4-14 and 14-34 year olds: Number of SARI cases as in previous years.* ▪ *In older people, the number and proportion of COVID-19 diagnoses is falling. Number of SARI cases in >60-year-olds remained at the level of previous years.* ▪ *Comparison autumn 2020/2021: COVID-SARI cases continued to rise last year, especially among >60- This year, they have been falling since week 49. COVID-SARI cases with intensive care and deaths have also been falling since week 48.* o *Daycare centre/school dropouts* ▪ *The number of outbreaks has fallen sharply due to the holidays. Holiday density is at 100%* ▪ *Proportion of children increases and proportion of educators decreases, possibly due to increasing Booster vaccination.* ▪ *In schools, mainly younger age groups (AG6-10) affected, probably due to lack of Vaccination.*	
	Virological surveillance, NRZ influenza data o *Slides here* o *CW 51: 65 entries, positive share 45%* o *SARS-CoV-2 share increased to 10.9%, strongest virus in the sentinel, most common at >60* o *Proportion of vaccinated people increases, from the 3rd month after vaccination hardly any differences in Ct value* o *2 Omicron proofs* o *Increase in influenza recorded. From Berlin laboratory 5 detections (H3N2), including one double infection (H3N2/SARS- CoV-2)* o *Endemic coronaviruses: proportion of OC43 declining, 229E stable.* o *Other respiratory viruses: Rhinoviruses stable, RSV wave ended, parainfluenza low level, mostly parainfluenza-4.*	*FG17 (Dürrwald)*
	VOC Report/ Molecular Surveillance o *Slides here* o *Overview of VOC/VOI in collection systems:* ▪ *Omikron in KW51 in genome sequencing: 20%, consistent with IfSG data, but caveat: lower FZ* ▪ *Omikron in week 52 in IfSG data: 44.3%*	*FG36 (Kröger)*

- *Transmitted Omikron cases:*
  - *Number of transmitted Omikron cases: 35,529 (as of 04/01/22), steady increase in FCs*
  - *Fig. Omikron cases has been changed to cases per 100,000 inhabitants is also included in the weekly report. adopted.*
- *Description of the cases submitted:*
  - *Mainly 15-34 and 35-59 year olds, proportion of hospitalised and deceased increases*
- *Vaccination:*
  - *Information was available in the reporting system for 52% of the Omikron cases: 21.7% not vaccinated, 9.5 incompletely vaccinated. Majority (45.6%) fully immunised.*
- *Model: Increase in the proportion in the sample:*
  - *Data up to 28 December taken into account, trend changes, Start of the wave*
- *PCR+Seq. in BL for week 52:*
  - *Proportion of typing in the BCs varies - Proportion of cases for which a variant-specific test is required is carried out in TH at 3%, but in BY at 42%*
- *The transmission of the data in DESH is somewhat delayed; it may be necessary to sensitise the user again. A relatively large number of incorrectly labelled data must be removed from the analysis.*

Figures on the DIVI Intensive Care Register & SPOCK — *MF2 (Semmler)*

- *Slides here*
- *Treated COVID-19 cases/new admissions:* — *MF4 (Fischer)*
  - *3562 people treated in ITS (as at 05.01.2022), reduction compared to previous weeks*
  - *New admissions to ITS have also fallen significantly, while the number of deaths remains high*
- *Share of COVID-19 patients in the total number of operational ITS beds:*
  - *Reduction or plateau in many BL*
  - *Slight increase in ITS occupancy in HH, SH also possible increase*
  - *North-eastern BL: decline in recent weeks, now plateauing*
  - *Centre: TH on high plateau (33%), SN sharp drop, nevertheless now at 30%*
  - *South: sharp decline*
  - *Nevertheless, 5 BL over 20%, 13 BL over 12%*
- *Treatment allocation according to severity:*
  - *Lighter ones have lost more weight, as in previous waves.*
  - *So far no reduction with ECMO.*
  - *More than 2000 patients are still on invasive ventilation*
- *Assessment of operating situation & ventilation situation:*

	▪ *"Restricted" rating declining, free invasive ventilation capacities are also increasing again* ○ *Development of age groups* ▪ *Decline or plateau in most age groups* ○ *Omikron ITS cases* ▪ *Most cases Delta or unknown, increase in Omikron visible since 22 December, currently 22 Omikron cases reported to ITS in system.* ○ *SPoCK:* ▪ *Germany-wide reduction forecast, but in the cloverleafs an increase is forecast again in the north. forecast* **International** ○ *Slides here* ○ *7-day incidence/100,000 p.e. EU/EEA* ▪ *Many countries in Western Europe now have an incidence of >1000/100,000 population* ▪ *In the time series of the selected countries, you can see the steep, rising curve in each case. Below the figures the previously estimated omicron prevalence with data status* **Discussion** ○ *Is it possible to introduce a mandatory field in DESH so that missing information is transmitted?* ▪ *The problem is that the primary diagnostic laboratories do not provide the data to the sequencing laboratories. transmit. Primary diagnostic laboratories need to be sensitised.* ***ToDo: Problem to be discussed in the diagnostics working group on 11 January. (Mielke, Semmler)***	*ZIG1 (Rohde)* *Dept.1 (Mielke)*
2	**International** • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)* • *(not reported)*	
4	**Current risk assessment** • **Adaptation of the risk assessment with regard to omicrons and the influenza situation** ○ *Document here* ○ *Addition "from other countries" deleted, as knowledge also from DEU.* ○ *"The 7-day incidence rates are currently very high in all age groups, especially in the unvaccinated group." changed to: "The 7-day incidence rates are currently very high in all age groups, especially in the unvaccinated group. Incidences in all age groups are currently still*	*All*

very high."

- *In the sentence "SARS-CoV-2 spreads wherever people come together, especially in enclosed spaces", "especially in enclosed spaces" is printed in bold. Therefore "Interiors" deleted in the next sentence.*
- *Paragraph on the spread, vaccination protection and disease severity of the Omikron variant in section "Background" revised:*
  - *Studies on disease severity often mix unvaccinated and vaccinated people. A study from the US shows also reduction of disease severity in unvaccinated people.*
  - *If a reference to reduced severity is inserted, it should be followed by a reference to the burden due to the expected increase in FC. Also inserted in the following paragraph.*
  - *Better instead of "less severe illness" "lower proportion of hospitalised", as otherwise there may be is misunderstood as a minor illness.*
  - *Paragraph is changed to "The Omikron variant is significantly more transferable than the previous variants (e.g. delta variant). There are initial indications of reduced effectiveness and duration of vaccination protection against the omicron variant. There is not yet sufficient data on the severity of illnesses caused by the omicron variant, although initial studies show a lower proportion of hospitalised cases compared to infections with the delta variant. Nevertheless, the healthcare system and other areas of care could be heavily burdened by the expected increase in the number of cases."*
- *Last section under "Background"*
  - *"...it is to be feared that if the Omikron variant becomes more widespread in Germany will again lead to a further increase in serious illnesses and deaths..." is changed to "...it is to be feared that with further spread of the Omikron variant in Germany there will again be a renewed increase in serious illnesses and deaths - already due to the expected massive increase in the number of cases - ..."*
- *The protective effect of the vaccination is specified in the "Recommendations" section:*
  - *"The vaccination currently offers good protection against the infection and, in particular against severe illness and hospitalisation due to COVID-19." is changed to "The vaccination generally offers good protection against infection and in particular against severe illness and hospitalisation due to COVID-19;*

	However, the protective effect - especially with regard to mild infections - wears off after a few months, so that it must be restored by a booster vaccination." o *Recommendation on influenza:* ▪ *The following half-sentence has been added to the "Recommendations" section "...and also help with this,* *also reduce the burden of disease caused by other acute respiratory infections such as influenza."* ▪ *The section "Resource burden on the healthcare system" also refers to the* *Burdens from the rising influenza* *Activity pointed out* o *In the "Disease severity" section, a half-sentence on the risk of hospitalisation is added: "Initial studies show a lower risk of hospitalisation compared with infections caused by the delta variant."* o *The effects outside the healthcare sector (large number of sick people unable to work) should be added in line with the presentation in the weekly report.*	
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Intensive discussions on vaccinations and disease severity at Omikron, discussions on 1G and 2G+ (plus test)* • *Household study from Denmark was presented.* • *Animal models show less involvement of the lungs, but may be different in humans, as well as results on entry in cell culture.* • *Desire for standardised national rules.* • *Confidential meeting contents were passed on to the press. A large number of people are listening.* • *Renewed meeting to discuss the rules of procedure this evening, 05.01.22.* • *Position on masks in the Expert Council is pro, higher priority than before.* • *If necessary, revision of the statement regarding the load on the normal wards in the hospital*	*Pres*
6	**Communication** **BZgA** • *No contribution* **Press** • **Omission of the disclaimer from 06.01.2022** o *The disclaimer should actually only be dropped next week, but from 6 January half of the BL will no longer be on holiday, doctors' surgeries will be open again and a more stable picture of the data is expected towards the end of the week.* o *The disclaimer is overinterpreted by the press to the effect that*	*BZgA* *Press (Wenchel), all*

	that the data is no longer meaningful. This is not the case. ○ *This year the public holidays were on the weekend, so the situation was a little different.* ○ *There is great public expectation that the RKI will present reliable data this week.* ○ *No major upward correction of the data is expected, as those who did not test last week will not be tested now.* ○ *In the weekly report, the categorisation could be made separately instead of as a general disclaimer.* ***ToDo: Remove disclaimer from dashboard, case numbers page, management report and weekly report as of 6 January 2022. (Press, LZ)*** • **Message for Twitter from weekly report for 06/01/2022?** ○ *Info that the data indicate that Omikron is the predominant variant in the near future and importance of booster vaccination and contact reduction also to delay influenza wave.* ○ *This should be communicated in such a way that everyone should reduce their individual contacts.* ○ *Current papers from FG37 and FG33 will be tweeted separately.* **P1** • *Discussion about presented graph on COVID cases and COVID deaths:* ○ *Desire for clear presentation to convince people of the effect of the vaccination, for Twitter* ○ *As deaths are reported later and the data is still incomplete in the 4th wave, it is better to communicate this later.* ○ *Presentation suggests monocausality, which is not the case.* ○ *Better age-stratified, as different population groups were affected in waves. Perhaps better age-adjusted decline in case fatality compared to increasing vaccination rates.* ○ *Or case fatality rate by reporting week and age group.* ○ *Alternative would be graphics as currently reported in the weekly report (based on CDC), age-stratified available* ○ *If this graphic, then better in a diagram and then "zoom in" for deaths*	*Press (Wenchel)* *P1 (Leuker), Präs, all*
7	**RKI Strategy Questions** **General**	*VPräs, ZBS7*

	• *"Correction: AFTER_REPORT: Overview_Quarantine_Isolation_after_BMG_Meeting"* ○ *De-isolation scheme not for patients in a hospital context, where reference should be made to the de-isolation paper. This must be adapted accordingly.* ○ *The paper should only refer to inpatients and residents of retirement and nursing homes* ○ *A further paper may be required for de-isolation in the outpatient sector; developments must be awaited.* ○ *Paper has been adapted accordingly. Changes in content* ○ *It is important to differentiate between isolation and discharge. Patients can also be discharged and go into isolation in a domestic context, reference in footnote if necessary.* ○ *In contrast to the paper for the general population, sustainable improvement should be inserted instead of freedom from symptoms.* ○ *Further adjustments (Ct value etc.) are not adopted for the KH context.* ○ *Voting in KRINKO is waived, as no changes were made to the content.* ***ToDo: ZBS7 revises the paper according to the discussion and sends it to Mr Mielke.*** **RKI-internal** • *Not discussed*	*(Herzog), AL1, FG14 (Arvand)*
8	**Documents** ***(Fridays only)*** • *Not discussed*	*All*
9	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
10	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Not discussed* **ZBS1** • *Not discussed*	*FG17* *ZBS1*
11	**Clinical management/discharge management** ***(Fridays only)*** • *See under "Strategy"*	*ZBS7*
12	**Measures to protect against infection** ***(Fridays only)***	

	• *Not discussed*	*FG14*
13	**Surveillance** *(Fridays only)* • *Not discussed*	*FG32*
14	**Transport and border crossing points** *(Fridays only)* • *Not discussed*	*FG38*
15	**Information from the situation centre** *(Fridays only)* • *Not discussed*	*FG38*
16	**Important dates** • *Exchange with CDC (05.01.; 13-14 h; Participants: Fg17+FG36, BMG) RKI was approached by the CDC for exchange, on the question of isolation/quarantine, syndromic surveillance, focus on Omikron, FG17 and FG36 and others participate.* • *HSC Meeting (05.01.; 11 a.m. - 1 p.m.; TN FG38, BMG) Maria an der Heiden takes part. There was a query about the Quarantine period at Omikron during which the BMG will make a statement.*	*All*
17	**Other topics** • *Next meeting: Friday, 07.01.2021, 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, 07.01.2022, 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*
  - *Michael Bosnjak*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Tanja Jung-Sendzik*
  - *Johanna Hanefeld*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 31*
  - *Göran Kirchner*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
  - *Luise Goerlitz*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Maria an der Heiden*
- *MF*
  - *Torsten Semmler*
- *P1*
  - *John Gubernath*
- *Press*
  - *Maud Hennequin*
- *ZBS1*
  - *Andreas Nitsche*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
  - *Agata Mikolajewska*
- *ZIG1*
  - *Anna Rohde*
  - *Sarah Esquevin*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	International *(Fridays only)*
	• *Slides here*
	• *Worldwide:*
	  ○ *Data status: WHO, 06/01/2022*
	  ○ *Cases: 296,496,809 (+73.8% compared to the previous week)*
	• *List of top 10 countries by new cases:*
	  ○ *Strong upward trend in all countries*
	  ○ *Almost 100% increase in USA, France*
	  ○ *Strong growth rates also in Italy and India*
	• *7-day incidence per 100,000 inhabitants worldwide*
	  ○ *Large increase in cases in all regions of the world*
	  ○ *Increase primarily in Europe and American countries*
	  ○ *In Africa, sharp rise in reported deaths, significant underreporting of cases.*
	• *Virus variant B.1.1.529 (Omikron) - UK - Hospitalisation*
	  ○ *Decoupling of case numbers and hospitalisations compared to alpha wave*
	• *Virus variant B.1.1.529 (Omikron)-France hospitalisation*
	  ○ *Peak of previous waves in case numbers clearly exceeded*
	• *Virus variant B.1.1.529 (Omikron) - USA - Hospitalisation*
	  ○ *ICU occupancy rates are approaching the previous peak.*
		ZIG 1 (Rohde)

	National
	• *Case numbers, deaths, trend (slides here)*
	  ○ *SurvNet transmitted: 7,417,995 (+56,335), thereof 113,632 (+264) Deaths*
	  ○ *7-day incidence 303.4/100,000 p.e.*
	  ○ *Hospitalisation incidence: 3.15/100,000 p.e., AG ≥ 60-year-olds: 5.96/100,000 p.e.*
	  ○ *Cases on ITS: 3,445 (-116)*
	  ○ *Immunisation monitoring: First vaccinations 61,930,498 (74.5%), Second vaccination 59,574,879 (71.6%), booster vaccinations 34.570.045 (41,6%)*
	  ○ *Course of the 7-day incidence in the federal states*
	    ▪ *Very significant increase in Bremen*
	    ▪ *Significant increase in Hamburg, Berlin and Schleswig-Holstein as well*
	    ▪ *Rising trend in almost all BL, not yet in Saxony Anhalt, Thuringia and Saxony*
	  ○ *Geographical distribution in Germany: 7-day incidence*
	    ▪ *No LK with incidence >1000*
	    ▪ *But 26 LK with incidence >500*
	    ▪ *Northern BL particularly affected, Brandenburg*
	  ○ *Geographical distribution of 7-day incidence by age group*
	    ▪ *Mainly 20-29 and 10-19 year olds affected*
	    ▪ *Not quite as high in older AGs*
		FG32 (Diercke)

	○ *Weekly death rates* ▪ *Progression of excess mortality relatively similar to COVID-19 cases* ▪ *Not easy to interpret: COVID or other causes of death?* • *Is 5.Welle picking up speed?* ○ *You could say that. Omicron share probably already > 50%, steep rise in northern BL, omicron wave has begun.* ○ *Intensive occupancy comparable to previous waves. We expect to reach or possibly even exceed the peak.*	
2	**International** *(Fridays only)* • *(Not reported)*	*ZIG*
3	**Update digital projects** *(slides here)* *(Fridays only)* • *(Not reported)*	*FG21*
4	**Current risk assessment** • *(Not reported)*	*All*
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *(Not reported)*	
6	**Communication** • *(Not reported)*	*BZgA* *Press P1*
7	**RKI Strategy Questions** **a) General** • *Reporting numbers, test capacities for very high case numbers* ○ *It is foreseeable that a lack of capacity for PCR tests will lead to problems in reporting the incidence. What should be reported then?* ○ *Options: Assessment of the situation based on syndromic surveillance or estimation of incidences also based on syndromic surveillance?* ○ *Estimate how high the incidence could be based on the ratio between positive antigen test and positive PCR test.* ○ *Do test criteria need to be tightened up? At the moment, every symptomatic case should be tested.* ○ *Numbers chaos in Denmark: many hospitalisations and deaths only have a secondary diagnosis of COVID, should be corrected.* • *Estimating the incidence of Covid-19 disease based on syndromic surveillance (slides here)* ○ *Where is the focus for a good situational picture?* ▪ *Surveillance from the reporting data: What is mapped depends heavily on the test strategy. Completeness of this data varies over time.* ▪ *The focus of syndromic surveillance is on symptomatic infections.*	*FG36 / FG32* *FG36 (Haas)*

- *Acute respiratory diseases, test-independent, cross-pathogenic*
- *Can be standardised and digitised via ICD10 diagnosis codes*
- *Individual case-based, epidemiological information on the pathogen is limited by combining it with ICD-10 diagnostic codes and virological surveillance available.*

- *Limitations:*
  - *Geographical resolution lower than in reporting data*
  - *Lower sensitivity*
  - *Depending on the voluntary cooperation of the organisations*
  - *No daily availability*
- *Prompt detection of symptomatic diseases, primary Surveillance tool*
- *Estimating the incidence of symptomatic diseases*
  - *Further information required: ICD10 diagnosis codes for COVID, positive rate, proportion of symptomatic cases in reporting data, proportion of patients who consult a doctor, survey of affected persons*
- *Comparison of COVID-19 in hospitals: hospitalisation incidence from reporting data and ICOSARI*
  - *Not all COVID cases in the hospital are included, only SARI cases.*
  - *Good accuracy of fit in phases with low disease burden, presumably underreporting in high-incidence phases in the Reporting system.*
  - *Publication shortly before submission*
  - *Different age groups: For 5-14 year olds, a large proportion of children were primarily identified due to other diagnoses.*
  - *Validation over many years of the overall recording of hospitalisation by DESTATIS*
- *Comparison in the outpatient sector: symptomatic diseases from notification data and SEEDARE (physician information system):*
  - *Good accuracy of fit with incidence of symptomatic reports as soon as exposure increases sharply Possibly underreporting in the reporting system.*
  - *Cautious estimate of affectedness in the total population: COVID-ARE/doctor's rate at 0-4 year-olds the highest (go to the doctor earlier, RSV wave).*
  - *Estimate of cases in the population significantly higher, probably closer to the number of unreported cases than in reported data.*
- *Summary*
  - *Incidence estimation by means of syndromic surveillance is possible.*
  - *3 Surveillance systems + further data*
  - *Currently at national level*
  - *Does not replace information from the reporting system*
  - *Important addition to the situation picture, less dependent on test strategy and availability*

	• *Antigen detection and reason for hospitalisation in the reporting system* ○ *Antigen tests should also be transmitted, without confirmation the reference definition is not fulfilled.* ○ *Proportion of cases with antigen detection is higher in low-incidence periods, then decreases again.* ○ *Many antigen detections later become a case. In addition, there are antigen tests that did not become a case, probably because no further testing was carried out.* ○ *64 districts did not submit any antigen detections, a further 80 districts only very few (capacity reasons).* ○ *Reason for hospitalisation is recorded (due to COVID, another cause), but is not well filled in.* ▪ *Currently many enquiries about hospitalisation incidence*	*Diercke*
	• *CWA (2nd slide here)* ○ *New infections and warnings match well, less strong decline in CWA over Christmas and New Year (smoothed figures).* ○ *CWA includes antigen tests and PCR tests.* ○ *Would it make sense to integrate the number of warning persons into the reporting?* ▪ *A relatively constant ratio between users and population is assumed, approx. 1/6, for the Dividing behaviour of the pos. test result ½ - 1/3.* ▪ *There is also regional information on data donation.* ▪ *The symptoms are queried to calculate the transmission risk.* ▪ *CWA is not used representatively and therefore offers a target, rather as additional information.*	*Schmich, Kirchner*
	• *Can an algorithm be found to calculate this deviation if the GA can no longer keep up with the reports due to the increasing number?* ○ *The aim is to map the disease burden. Symptomatic infections and disease burden can be visualised well.* ○ *The relationship between asymptomatic and symptomatic infections is more of a scientific question in the background.*	*Wieler* *Haas*
	• *Should syndromic surveillance become mandatory?* ○ *Many limitations due to voluntary nature. But not realisable with current resources. Should be carefully discussed as to which area could be developed at what speed and what resources would be required for this.* ○ *Surveillance instruments need to be stabilised and expanded.* ○ *Always with DEMIS connection, syndromic surveillance, cannot be massively expanded in a short time.* ○ *Medium and long-term planning should not be lost sight of; binding involvement of doctors has already been tried and failed.* ○ *Contribution to the Expert Council is possible, but there should be a clear vision of the future beforehand.*	*Haas*

- *Public demand cannot be fully met by syndromic surveillance. Reporting system is still necessary.*
    - *Antigen tests could also be reported to better reflect the trend. However, no full coverage of antigen tests: test centres are not connected to DEMIS, many districts do not report them, summits are therefore cut off.*
- *Transition to endemic phase, everything that is done for influenza will also be necessary for COVID, regular characterisation of the viruses, molecular surveillance.*
    - *Virological surveillance should also be strengthened. At the moment, paediatric practices are still over-represented, but this is currently being expanded to include internal medicine practices.* — *Oh*
- *Now the acute phase is relevant and not long-term plans. For each system, consideration must be given to how it will react if there are fewer PCR results.*
- *Stay with the reporting system, incorporate corrections with other systems.*
    - *Use the positive share in ARS to make a statement about the extent to which the event is underestimated; the positive share may then increase.*
    - *DEMIS contains information on what is transmitted from laboratories to GA.* — *Eckmanns*
    - *Causes for under-reporting are not only to be found in GA, e.g. doctors no longer test all family members.*
    - *Antigen detection should also be shown. However, many LK do not currently record this, due to capacity issues. Data is difficult to evaluate.*
    - *Syndromic surveillance should not replace the reporting system. Statements can be made about diseases. Virological surveillance, ARS and test number collection are further components.*
- *In the short term, communication is key: the focus must be shifted away from reporting figures. The number of infections is no longer the decisive factor. Hospitalisation and utilisation of healthcare systems are crucial, which is why syndromic surveillance is important.* — *Buda*

Hamouda

- *The focus is on avoiding overloading the healthcare system. The data for this is all available.*
    - *A factor x to calculate how many people are infected will not be found, but it is not central either.*
    - *Communicative challenge*
    - *Added benefit through data from doctors' practices in ARS? Either calculation of an adjusted corrected incidence or away from the incidence? Mr Haas is in contact with FG37, not quite so trivial to interpret.*
    - *Reporting data is necessary to control the situation on site.* — *Mielke*
    - *Correction at national level through syndromic surveillance. Important data and additional interpretation for the classification of the reporting data are currently available, focus on hospitalisation.*

Haas

	• *Adding a correction factor to incidences is not desirable.*
	  o *Correction factor could be introduced to strengthen the reporting system.*
	• *The foreseeable underreporting due to a lack of tests must be communicated. The sole focus on incidence in public should be broken*
	  o *Notification data are not intended to record all cases, they are intended to show trends. Other instruments are available to interpret the incidence of infection.*
	  o *Further registration figures are to be reported in the weekly report*
	  + additional instruments for interpretation.
	ToDo: Write an easily understandable text on how the situation will develop, possibly with a correction factor (Mr Eckmanns); report to be sent to the BMG;
	Initiate a background discussion with the press (FF Presse) next week or early the week after next
	FF Mr Hamouda
		Eckmanns

	• *Should the paper on the test criteria be changed? Testing no longer for every respiratory symptom?*
	  o *Diagnostics for diseases, antigen tests for management*
	  o *Currently no reason, regulated by access to the medical system, not everyone will go to the doctor with their complaints. Should not be changed at the moment, it has proved its worth. If this is no longer feasible, we can switch to high-quality antigen tests.*
		Mielke

	• *Mantelverordnung: Amendment of entry regulation and protective measures exception regulation*
	• *Entry regulation*
	  o *Is currently being changed in many countries. At the moment, a distinction is made between virus variant areas and high-incidence areas, and a move away from high-risk areas is desired.*
	• *Update proposal (here)*
	  o *Proposal: AG testing before entry of everyone aged 6 and over, testing after entry of the unvaccinated*
	  o *BMG probably want exemptions for boosted travellers for 3 months. Vaccinated people must be given some kind of privileges, this must be included in the entry regulations.*
	  o *Simplification of the regulation makes sense.*
	  o *What is the additional benefit? The time saved in virus variant areas. If Omikron is spread everywhere, what is the additional benefit of testing people travelling to Germany? Everyone who is in Germany should reduce contact in the event of symptoms, as well as regular testing in schools and hospital admissions.*
	  o *Removal of the designation of high-risk areas for a period of 3 months, thus eliminating any form of proof requirement for travellers from these areas.*
	  o *Note on contact reduction in the following 10 days is*
		Hanefeld

sensible, additional benefit from tests questionable. Purely a political decision, no sense from an epidemiological point of view.

- *Vote in favour of suspending high-risk areas, virus variant areas remain.*

Mielke

- *Updating the protective measures Exemption Regulation*
  - *In future, reference should be made to the contact person management paper when defining recovered, vaccinated and boosted.*
  - *Detection of convalescence to be adapted to international procedure, after 14 days for 180 days, linked to PCR test. At the moment, this should continue to be the wording of the regulation.*
  - *Ordinance can only be amended by the Bundestag and Bundesrat. It would therefore be desirable to refer to the RKI pages. If there is a page on convalescent detection, this could be revised.*
  - *There is greater flexibility if no times are specified.*
  - *Resolutions are cited on the RKI website, in accordance with the resolution of the MPK of [date] for contact person management.*
  - *According to the minister, those who have recovered will only be exempt from quarantine for 3 months. The definition of recovery must be discussed with the BMG.*
  - *Who is fully immunised is defined on the PEI side.*
  - *The paper is with the RKI for comment.*
  - *Reference to the contact person management of the RKI: unproblematic if in agreement with MPK resolutions, what about non-agreement?*
- *Must be changed quickly. Reference to our pages, includes own opinion of the RKI and MPK decisions, evaluation should be removed from document. -> Will be reported later*

- *De-isolation Contact Person Management Paper: for the general population and KRITIS*
  - *Isolation and quarantine for 7 days with subsequent testing or 10 days, 48 hours symptom-free*
  - *Paper does not refer to patients and residents of nursing homes, here reference can be made to the de-isolation paper.*
  - *Agreement on the paper on de-insulation (here)*
  - *Tougher measures for KRITIS than for the general population. Impressively extensive, after 7 days of free testing with antigen test from isolation for the general population; for KRITIS more difficult and not easier. Initially only intended for vaccinated people, now applies to everyone.*
  - *With shorter incubation time, same risk reduction as after 10 days, serial reduction time relatively short, corresponds to what was proposed .*
  - *Table with Omikron data should be recalculated.*
  - *Just for your information, it was discussed extensively with the minister and other parties involved. On the RKI side, the MPK*

Duke

Eckmanns

	Decision cited. **b) RKI-internal**	
8	**Documents** *(Fridays only)* • *(Not reported)*	*All*
9	**Vaccination update** *(Fridays only)* • *(Not reported)*	*FG33*
10	**Laboratory diagnostics** *(Fridays only)* • *(Not reported)*	*FG17* *ZBS1*

11	**Clinical management/discharge management**
	• *Antiviral therapeutics against SARS-CoV-2 (task from the crisis unit of 24 November 2021, ID 4635) (slides here)*
	  o *Overall little data on prophylaxis*
	• *Neutralising monoclonal antibodies*
	  o *The most data are available on casirivimab/imdevimab. Relative risk reduction (RRR) of 70% with therapy, 81% with PEP, 93% with PrEP (not tested on immunocompromised patients, only phase 1). Duration of infection significantly shorter after administration of antibodies.*
	  o *Regdanvimab: approved, but not available in Germany; therapy: 54% RRR*
	  o *Sotrovimab: approved, should be available in Germany shortly; therapy: 79% RRR; also conceivable as prophylaxis*
	  o *Tixagevimab / Cilgavimab: conditional approval in the USA, could be well suited for prophylaxis; 83% RRR as PrEP*
	  o *Effectiveness with Omikron variant*
	    ▪ *Casirivimab, Imdevimab do not work.*
	    ▪ *AZD7442: contradictory data*
	    ▪ *Sotrovimab works with relative safety.*
	• *Oral antiviral medication*
	  o *Molnupiravir: Can be ordered wholesale from pharmacies and administered on prescription in the early phase up to 5 days; 30% RRR. No data on prophylaxis are yet available.*
	  o *Nirmatrelvir and ritonavir: expected to be available from January; data from press releases: in high-risk patients: 89% RRR, with standard risk 70% RRR, many concerns regarding drug interactions*
	  o *Effectiveness with Omicron variant*
	    ▪ *Appear to remain effective.*
	• *Public health perspective*
	  o *Not a suitable substance for widespread use*
	  o *Patient population at risk of severe progression estimated at approx. 10 million.*
	  o *Patient population for PrEP is estimated at around 65 thousand.*
	  o *Benefit achieved*
		ZBS7
		Mikolajewska

	▪ *nmAb: approx. 70-89% RRR* ▪ *Molnupiravir: approx. 30% RRR (restrictions!)* ▪ *Paxlovid: approx. 89% RRR (restrictions!)* ○ *Risks: Side effects; Viral mutagenesis? VOC? Development of resistance?* ○ *Limited availability* • *In STIKO, the topic of prophylaxis with mAB and antiviral drugs is initially deprioritised.* *ToDo: Present results with focus on prophylaxis in STIKO, FF Ms Mikolajewska* • *Is publication within a suitable framework planned?* ○ *Possibly in the Ärzteblatt, was intended as a statement.* ○ *After presentation to STIKO: Publication not as a recommendation, but as a presentation of the current status*	
12	**Measures to protect against infection** *(Fridays only)* • *(Not reported)*	
13	**Surveillance** *(Fridays only)* • *(Not reported)*	*FG32*
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** •	*All*
17	**Other topics** • *Next meeting: Monday, 10.01.2022, 13:00, via Webex*	

End: *13:38*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 10.01.2022, 13:00 h*
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*
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  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
  - *Thorsten Semmler*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rhohde*
- *BZgA*
  - *Oliver Ommen*
- *More*
  - *Joachim-Martin Mehlitz*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 7,535,691 (+25,255), of which 114,029 (+52) deaths*
	○ *7-day incidence: 375.7/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 62,047,137 (74.6%), with complete vaccination 59,787,106 (71.9%)*
	○ *Course of the 7-day incidence in the federal states:*
	    ○ *Bremen, Berlin, Hamburg, Schleswig-Holstein highest 7TI with rising trend*
	    ○ *Thuringia, Saxony, Saxony-Anhalt declining or stagnating trend*
	    ○ *Increased incidence of infection in northern Germany*
	○ *Hospitalisation incidence: 3.37 / 100,000 p.e.*
	○ *Hospitalisation incidence, >60: 5.93 / 100,000 p.e.*
	○ *Number of districts with 7-TI >50/100,000: 411/411*
	○ *Number of districts with 7-TI >500/100,000: 50/411*
	○ *Number of districts with 7-TI >1000/100,000: 2/411*
		FG32

	Discussion: • *The decline in the number of cases in Thuringia and Saxony-Anhalt is probably not due to reduced testing activity.* **Adaptation of R-value calculation for Omikron** • *Slides here* • *Against the background of a significantly reduced generation time (~2 days) of the Omikron variant, a change in the calculation basis for the R-value was discussed* • *The influence of the reduced generation time on the R-value is considerable* • *The evidence on the generation time of the Omikron variant is still too uncertain to make a final determination* **Discussion:** • *The change in the calculation basis and its presentation must be implemented, but the optimum time, especially in the current situation, is not yet clear. The changeover should take place at the latest as soon as Omikron is clearly the dominant variant. Communication on the changes made + explanations should take place as soon as possible (next week, if possible)* • *A disclaimer would be possible, e.g. due to the observed shortened generation time, the R-value may change promptly due to the spread of the Omikron variant*	*Matthias an der Heiden*

	• *FAQ and sample calculations would also have to be adapted* ***ToDo:*** *Prepare communication on the change in the basis for calculating the R-value (e.g. in the weekly report), including research on the evidence of the generation time of the Omikron variant. The mathematical models and calculation examples should be adapted accordingly.* *The goal is completion next week.*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** **Initiative report Data basis Omikron** • *Sent to the BMG today. The individual case-based reporting system could reach its limits in the coming situation (rapidly increasing case numbers and limited testing capacities). Supplementary surveillance systems will, however, enable meaningful data to continue to be collected, on the basis of which decisions can be made* • *An adjustment to the weekly report will be discussed in the near future* • *An explanation of the limitations of the reporting system and the benefits of the supplementary systems should be provided, e.g. in EpiBull and other scientific publications* **Discussion:** • *Data on test capacity is currently being collected. These could be presented on Wednesday.*	*Dept. 3*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Agenda for the upcoming meeting has not yet been published* • *Rules of procedure are being finalised* • *The topic of communication should be discussed and a statement should be made on this topic*	
6	**Communication** **BZgA** • *An overview of information material has been compiled* • *A leaflet on the vaccination of children aged 5 and over has been produced and is being translated into various languages* • *An information poster for day-care centres on vaccinating children has been created* • *A leaflet "How to behave in the cold season" will be published soon* • *A leaflet for carers is to be published soon*	*BZgA*

	Press • *(not reported)* **P1** • *The terms isolation and quarantine were explained on Twitter*	*Press* *P1*
7	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*

8	**Documents** • *The MPK has decided to change the quarantine and isolation period as well as the discharge criteria. A summary of the new criteria can be found here* • *A version with more details is to be shared with the BMG today.*	*All*
	Result of departmental coordination COVID-19 protective measures exemption ordinance and coronavirus entry ordinance ○ *According to the upcoming amended ordinance amending the COVID-19 Protection Measures Exemption Ordinance and the Coronavirus Entry Ordinance (from 14 January 2022), the RKI is to indicate the technical conditions under which proof of recovery is valid* **Discussion:** • *The preferred test for detecting an infection remains the PCR test* • *The 28 days after the onset of symptoms or the first detection by PCR in asymptomatic cases should continue to be the minimum interval - the Ministry's proposal was to reduce this to 14 days* • *The new MPK resolutions have already taken into account some of the recommendations of the RKI. This includes the maximum interval of 180 days (3 months) between the onset of symptoms or the first test* • *In the new SchuAusnahmV, vaccinated recovered persons (vaccinated persons with a breakthrough infection or recovered persons who have received a vaccination following the disease) are exempted from the measures, regardless of how much time has passed between the events -> this is not based on a technical recommendation by the RKI* • *Website with recommendations regarding the recovered status should be designed and care should be taken to ensure that reference is also made to the MPK document* ***ToDo:*** *Order to Dept. 3 & FG 33 to compile the document, first draft here*	*Shade*
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*
	  ○ *## Metapneumovirus*
	  ○ *## Influenza virus*
	  ○ *Remainder negative*
	
	ZBS1
		FG17
		
		ZBS1

11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 12 January 2022, 11:00 a.m., via Webex*	

End: 14:13

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

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 12 January 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Susi Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **National** ◦ *Case numbers, deaths, trend, slides here* ◦ *SurvNet transmitted: 7,661,811 (+80,430), thereof 114,735 (+384) Deaths* ◦ *7-day incidence: 407.5/100,000 p.e.* ◦ *DIVI Intensive Care Register 3,154 (-99) in treatment* ◦ *Vaccination monitoring: Vaccinated with 1st dose 62,158,449 (74.8%), with complete vaccination 60,004,889 (72.2%), Booster immunisations 36,786,897 (44.2%)* ◦ *Current record figures: 150,000 DEMIS reports (13,000/h or 3.6/sec) received* ◦ *Massive increase in 7-day incidence* ◦ *Course of the 7-day incidence in the federal states:* ▪ *Continued increase in all BL* ▪ *HB 1394/100,000 p.e., BE developing in the same direction* ▪ *TH, ST, SN still at a lower level* ◦ *Geographical distribution of 7-day incidence by district* ▪ *63 LK > 500/100,000 EW* ▪ *4 districts > 1000/100,000 p.e., including two districts in Berlin, HB, Lübeck* ▪ *Also in BY some districts with very high incidence* ◦ *Incidence by age group and reporting week (heat map)* ▪ *From week 52 to week 1: sharpest increase among young adults* ◦ *Hospitalisation incidence* ▪ *Is relatively constant* ▪ *Presumably underestimated, as data incomplete due to transmission backlog caused by large Data volumes* ◦ *COVID-19 deaths by age group and week of death* ▪ *No increase, progression must be monitored as a possible increase occurs with a time delay*	*FG32 (Diercke)*
	Figures on the DIVI Intensive Care Register ◦ *Slides here* ◦ *Treated COVID-19 cases/new admissions* ▪ *3064 (last week 3562) people treated on ITS (as of 12.01.2022)* ▪ *1265 new admissions (1400 last week) to ITS also down significantly* ▪ *About 100 deaths/day (slight decrease)* ◦ *Share of COVID-19 patients in the total number ITS beds that can be operated* ▪ *Decline in almost all BL (NI, SN, TH, southern BL)*	*MF 4 (Fischer)*

or plateau (SH, HB, MV)
- Increase in HH

- *Treatment capacities and operating situation*
  - First decline also in severe cases (2000 invasive ventilations), resulting in release of Capacities
  - Availability increases
  - Staff shortage decreasing
  - Overall, the relief trend is currently continuing
- *Development by age group*
  - Decrease in 70-79 and 80+ year olds greater than in 50-59 year olds, partly due to higher mortality in the Elderly justified
  - Treatment on ITS without COVID symptoms: In 0- 17 year olds 17%
- *Omikron ITS cases*
  - 41 cases (last week 22 cases)
- *Vaccination status for new admissions*
  - Vaccination status has been recorded since 14 December (BMG order)
  - Data from 9669 cases (90%) are available:
  - Unvaccinated 61,8%
  - Fully immunised 22,8%
  - Complete + refresher 5,8%
  - Partially immunised 8,8%
  - Recovered without vaccination 0,8%
- *SPoCK forecast*
  - First slight upward trend for the BL in the north and east, plateau for the BL in the south, Southwest, West
  - Transition/trend swing phase since recently, turnaround data still limited, forecasts will be published in 2 weeks more reliable again

Syndromic surveillance — FG36 (Buda)

- *Slides here*
- *Flu Web:*
  - ARE rate fell from week 52 to week 1 by 2.6 % (previous week: 3.1 %), with adults at the level of the previous week. previous year, for children above the previous year's level, but in both AGs significantly below pre-pandemic levels
  - A total of 2.2 million ARE in Germany
- *ARE consultations*
  - Usual increase around the turn of the year
  - Level of consultation incidence 1000/100,000 p.e. corresponds to the four previous years
  - SEED^ARE : Increase in ARE doctor visits with COVID diagnosis to 157/100,000 p.e.
  - SEED^ARE by age group: Increase since week 1 especially among 15-34 year olds, but also among 34-59year-old
- *ICOSARI:*
  - 0-4-year-olds: 38%, RSV-related increase continues

	decline in the other age groups as well ▪ *SARI case numbers have remained stable overall, below pre-pandemic level* ▪ *COVID-19 slightly declining among 80+ year olds* o *Comparison of hospitalisation incidence ICOSARI/reporting data* ▪ *For children, the reporting data is available via ICOSARI data* ▪ *For older people, the ICOSARI data is higher than the reported cases during the waves (time delay/under-recording there with high case numbers)* o *Daycare centre/school dropouts* ▪ *Daycare centre: slight increase again since the beginning of the year (and with the end of the holidays)* ▪ *School: Also slightly rising trend again since CW 1/2022 (19 outbreaks transmitted so far, 17 thereof from SN)*	
	Virological surveillance, NRZ influenza data o *Slides here* o *CW 1/22: 120 entries, positives evenly distributed across all age groups (except 0-4 year olds)* o *SARS-CoV-2 share 11%, Omikron share increased to 36% by week 52/21* o *Influenza: H3N2 increase to 5 % (mainly in 5- to 15-year-olds)* o *Endemic coronaviruses: OC43 share highest (13%), NL63 and 229E stable at a low level* o *Other respiratory viruses: rhinoviruses declining, RSV wave ended, parainfluenza viruses declining, HMPV increase to 7%*	*FG17 (Dürrwald)*
	Test number recording at the RKI o *Slides here* o *Increase to 1.5 million tests in the last week,* o *Positive share almost 23%* o *Laboratory utilisation: still within limits, but a steep increase in sample numbers is reported, e.g. Berlin had as many samples per day as usual in a week, with a positive rate of 40%* o *Query of capacity increase possibilities* ▪ *PCR: Equipment and personnel have been increased, an increase of 1 million tests/week is planned for the coming years. feasible in the next three months* ▪ *HB: Has indicated highest PCR capacity, there may be a correlation between testing options and high case numbers there* ▪ *Laboratory-based AG tests: 500,000 tests/week could be carried out; doctors' surgeries also carry out AG tests through* ▪ *Capacities are not sufficient to analyse samples prior to evaluation according to the need for a CT value. sort* ▪ *NW: after resumption of pool tests high*	*Dept.3 (Seifried)*

	Workload due to current 8% positive pools ○ *Interim question: Can a supplementary section be included in the weekly report with a reference to test prioritisation in accordance with the National Test Strategy?* *Answer: Yes* ○ *SARS in ARS* ▪ *Increase in test numbers in many BL, increase at a lower level in SN, ST, TH* ▪ *With a sharp increase in the number of tests compared to week 52, the proportion of positives falls or stagnates* ○ *Delay between acceptance and result* ▪ *Increase in BY, HH, NI, number of tests still below previous year's level, but could still be a limit here be achieved?* ○ *Test locations* ▪ *Increase everywhere, particularly strong in surgeries, in hospitals the level of before the holidays has been reached again* ○ *Test incidence* ▪ *Increase in all age groups* ▪ *Positive share relatively stable* ▪ *Positive/100,000 p.e.: increase among 15-34 year olds, smaller increase among 35-59 year olds* ○ *VOC (SARS in ARS)* ▪ *Share in ARS 80%* ▪ *Omicron share of all evidence 65%*	*FG 37 (Eckmanns)*
	VOC Report/ Molecular Surveillance ○ *Slides here* ○ *Overview of VOC/VOI in collection systems:* ▪ *"Omikron is on the rise", week 52 in genome sequencing almost 60%, in IfSG data (week 1) >70%, (Delta corresponding to 30%)* ○ *Transmitted Omikron cases* ▪ *Number of reported Omikron cases: 118,298 (as of 12.01.22), 75.6 cases/100,000 p.e., geographical distribution Distribution. Map darkens* ○ *Description of the cases submitted* ▪ *Hospitalisation rate, death rate and reinfection rate are low* ▪ *41% with full vaccination, of which >60% with booster* ○ *Trend model: break-even point (omicron = delta) was exceeded on 3/4 January 2022* ○ *Note: So far no distribution of B.1.640.* in Germany* ○ *Question: Could the daily Omikron report now be cancelled?* ***ToDo:*** *Please continue to prepare the report until next week, then it can be posted after prior consultation/communication*	*FG 36 (Kröger)*

	Overview SARS-CoV-2_genome sequences o *More than 2000 sequencings, of which > 700 in the sample* o *Omikron share in the last week: 50%* o *The cumulative growth curve of Omikron in displacing Delta has overtaken the curve of Alpha in displacing the wild type*	*MF2 (Semmler)*
	Discussion o *Question: According to a Danish study, 30% of transmissions take place in private households. There may also be an infected household behind every infected pupil. What preventative measures are possible?* o *Agreement: Unchecked growth in NL too as no restrictions in the private sphere* o *Information should be provided: Reduce private contacts, narrative that children play no role in pandemic development should be rewritten* o *Additional mask recommendation: In the event of infection, a medical mask should be worn at all times, including by children, even in private households* o *Appeal: if one member has ARE symptoms, the whole household should stay at home for 5-7 days* o *7-day incidences by age group: Highest incidences >1000/100,000 p.e. for young adults (20-29 year olds), slightly lower for 30-39 year olds* o *Data on Omikron in adolescents would be desirable* o *Households should avoid spreading infection to the outside world, especially vulnerable people*	*All*
	***ToDo**: Please take up suggestions, appeal to families to stay at home in case of symptoms, avoid vulnerable people and also wear a mask in private households if a case of infection occurs. Temporal/spatial separation remains fundamental.*	*P1 (Leuker)*
	o *Question for M. Fischer: What data is used for the SPoCK forecast?* o *Modelling is carried out in Freiburg (University Medical Center Freiburg, IMBI), observations of the last two weeks are learned, changing patterns are also recognised/learned and included, at the beginning of a pattern change it takes some time until sufficient data is available so that a reliable prognosis can be derived* o *Question to M. Fischer: By whom and how is the term COVID symptomatology defined?* o *The original definition applies to adults. Patients who are PCR positive on admission to the ITS are counted, as the infection has progressed and is still present. Recovery process also for other underlying diseases*	

	influenced ○ *In children, this has been defined by the paediatric specialist societies to date, but paediatricians now want a distinction to be made in order to identify incidental findings* ○ *So far, there is no indication that financial interests play a role here*	
2	**International** • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)* • *(not reported)*	
4	**Current risk assessment** • **Adaptation of the risk assessment to the current situation** ***ToDo:*** *Document to be circulated in the crisis management team and released at the crisis management team meeting on Friday, 14 January 2022*	*FG 38 (Rexroth)*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Not reported*	*Pres*
6	**Communication** **BZgA** ○ *Question 1: What is the publication date for the recommendations on the Contact tracing/quarantine order planned?* ○ *Expected to be 15 January 2022 (certainly not before 14 January 2022)* ○ *Question 2: The federal/state decisions focus strongly on FFP2 masks in public transport and retail. Is there a scientific reason/justification for this, possibly specifically for Omikron?* ○ *Answer: The FAQ "What should be considered when wearing medical masks to prevent infection from COVID-19 in public?" (www.rki.de/covid-19-faq) was revised on 20 December 2021 and contains the current status and position of the RKI* **Press** ○ *Another BPK will take place on Friday 14 January 2022* ○ *The background press briefing on the reliability of reporting data is planned for next Wednesday, 19 January 2022* ○ *Press release on the publication of DIVI data on vaccination status is scheduled for 13 January 2022*	*BZgA (Rückle)* *Press (Wenchel),*

	○ *Planned as a Twitter message: Appeal to isolate the whole household in the event of an ARE case in the family and reinforce from the weekly report via Twitter.*
	
	P1
	○ *Two topics are being worked on, in direct contact with the relevant specialist departments:*
	  ▪ *VOC (with S. Kröger, FG 36)*
	  ▪ *Discussion cards on the question "How do I deal with vaccination opponents" (in cooperation with the University of Erfurt)*
	○ *Query on the subject of masks at home: should they only be worn for outside contact?*
	  ▪ *If a case occurs in the household, then also within the household*
	○ **Interposed question (Buda): Should** *there be* **a** *stronger focus on syndromic surveillance* **in the weekly report***?*
	○ *This is scheduled to ~~take place~~ next week~~.~~*
	
	ToDo: The weekly report should include preparatory comments on the future increased focus on syndromic surveillance
		P1 (Leuker)
		
		Buda

7	**RKI Strategy Questions** **General** • *Not discussed* **RKI-internal** • *Not discussed*	*All*

8	**Documents** ***(Fridays only)***
	• *Adaptation of CPM paper (also int. KoNa), implementation of MPK decisions on quarantine and isolation, discharge management and definition of convalescent status*
	  ○ *Today, 12 January 2022, a meeting will take place at 13:30 with BMG on the definition of convalescent status, participants Rexroth, Harder, Buchholz, Schaade*
	  ○ *Therefore, only informative notes on the paper were provided at the crisis team meeting*
	  ○ *Adjustments to the KoNa paper are necessary (international KoNa tracking is no longer recommended)*
	  ○ *Definitions in the table created in the MPK differ from the Mantelverordnung (e.g. legal framework requires orientation towards test date, MPK is orientated towards symptoms)*
	  ○ *Shortening the convalescent status from 6 to 3 months brings acute change for many people*
		All
		VPräs, Rexroth, Harder, All
		
		FG 32 (Benzler)

	ToDo: Please assign a task for the technical implementation (also in the digital projects)	*FG 21 (Schmich)*
	◦ *The Mantelverordnung refers to RKI and PEI, various constellations (vaccinated-infected in different numbers and order) must be mapped, in the AGI the desire for a table was expressed* *Note Harder: STIKO already offers such a table (Table 5)* ◦ *Proposal: Infection counts as a vaccination, would contribute to comprehensibility, is rejected by the minister, as study data indicate that AK status is very good in those who have recovered with a vaccination*	*Shade*
	◦ *Janssen vaccination should count as one vaccination* ◦ *These suggestions correspond to Table 5 of the STIKO* ◦ *Question: Counting from symptom onset or from PCR?* ◦ *The most precise way to count is from the date of collection of the sample that led to a positive result*	*Harder*
	◦ *Recovered status from when? BMG in favour of 14-day period, Data situation allows 21 days at best* ◦ *In previous STIKO recommendations, only a 28-day period appears, 21 days would be completely new* ◦ *Also in connection with post-COVID and long-COVID syndromes, 4-week deadlines have been introduced in each case* ◦ *For reasons of consistency and clarity, an argument should be made in favour of 28 days*	
	◦ *7-day quarantine with mandatory PCR (quantitative) for KRITIS personnel is viewed critically by the countries*	*Scheidt-Nave*
	◦ *Laboratories will not be able to sort the samples according to the need for Ct values* ◦ *All others can test themselves with the AG test, but alternative proposals such as 2 AG tests for KRITIS were not accepted*	*Seifried*
	◦ *Note: CT value only plays a role on release from isolation (which must be handled with care), not on release from quarantine, where the test must be negative* ◦ *Question: At what point can a positive AG test be used for the detection of geneses? The RKI is still holding on to PCR as the gold standard, but should give this question some thought*	*Mielke*
	◦ *In some laboratories, there will soon be a capping effect due to excessive sample volumes* ◦ *If the AG test is accepted, the AK test will also be required as sufficient proof*	*Rexroth*
	◦ *Asymptomatically infected people often do not develop AK, recovery alone does not lead to resilient immunisation, only in combination with 1 vaccination* ◦ *Conclusion: compromise line lies with AG test + symptoms, AK test as evidence should continue to be rejected*	*Shade*
	Discussion on the topic of compulsory vaccination	

	o *Note: This topic should probably be assigned to the Expert Council, which is actually reluctant to take up topics that are the responsibility of other bodies* o *The RKI position to date has been in favour of compulsory vaccination from the age of 18 (without further consideration of sanctions), are there any counter-arguments?* o *Implementation is complicated: Vaccination register? Via registration offices? Via health insurance companies?* o *Vaccination is intended to avert individual harm and reduce the burden of disease in the healthcare system, Omikron has made some changes in this regard* o *Reduction of transmission through vaccination is low with Omikron, but the prevention of severe courses is very good* o *A customised vaccine could improve the effect on transmission* o *Control/sanctions are difficult, sanctions should be handled loosely, possibly without centralised recording* o *Cosmo data shows that many unvaccinated people do not want to be vaccinated, they should be protected from themselves* o *Forcing people to do something for their own good is a rather paternalistic approach, better empowerment (PH basic idea)?* o *Vaccination comes too late for the Omikron wave, but even after that there will be no basic immunity in the population as a whole* o *Overall, the positive aspects of the vaccination outweigh the negative ones,* *Vaccinated people are always better protected than unvaccinated people* o *Long COVID (or its prevention) should also be considered* o *Control system: "The better is the enemy of the good"* o *The expectation of the RKI is: transparency regarding the basis and criteria for decision-making. The Institute should not take a stance on vaccination, but should communicate the basis and possible decision criteria transparently (example smallpox vaccination: possibility of eradication through compulsory vaccination, but comprehensive immune protection through vaccination)* o *Important discussion, RKI should provide additional criteria and basis for decision-making, decision will be very difficult if the situation becomes endemic* ***ToDo:*** *FG 33 will incorporate the content and suggestions from this discussion into the department's internal consultations*	*All* *Pres* *Mielke* *FG 33*
9	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
10	**Laboratory diagnostics** *(Fridays only)*	

	FG17 • *Not discussed* **ZBS1** • *Not discussed*	*FG17* *ZBS1*
11	**Clinical management/discharge management** ***(Fridays only)*** • *See under "Strategy"*	*ZBS7*
12	**Measures to protect against infection** ***(Fridays only)*** • *Not discussed*	*FG14*
13	**Surveillance** ***(Fridays only)*** • *Not discussed*	*FG32*
14	**Transport and border crossing points** ***(Fridays only)*** • *Not discussed*	*FG38*
15	**Information from the situation centre** ***(Fridays only)*** • *Not discussed*	*FG38*
16	**Important dates** • *Not discussed*	*All*
17	**Other topics** • *Next meeting: Friday, 14 January 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:	*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)*

	○ *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. For Omikron only assumptions, no data* ○ *Number of vaccinated people increases over time.* ○ *Model is calibrated on last shaft, is calibrated on ITS assignment*	*P4 (Maier)*

	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, even 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 by -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 about 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.* o *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.* o *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** o *> 40 million downloads, interest unbroken* o *Approx. 20,000 warnings per day* o *Next Monday: new version* o *Revisions: Omikron adjustment, exact time and location after risk encounters* o *33,000 Twitter followers* • **CovPass** o *29 million downloads* o *Challenge: booster vaccination*	*FG21 (Scheida)*
4	**Current risk assessment** • *Finalisation of Wednesday's revision (here)* o *Risk assessment:* ▪ *Goal of significantly reducing infection figures is achieved; only braking the dynamics of the omicron wave* o *Predominant variant instead of dominant* o *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.* o *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* o *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. o *The other option, the reporting form, involves a great deal of manual effort.* o *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.* • *Multi-component strategy: options for implementing containment recommendations in the ÖGD* o *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.* o *Will be difficult to communicate.* o *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.* o *KoNa paper: Create a rough structure for a very simplified and abbreviated paper: Who to contact, who to prioritise and deprioritise?* o *Publication date is this afternoon: many small adjustments, but no fundamental changes possible in the KoNa paper.* o *MPK resolution will be posted online today. KoNa paper cannot be removed from the website for revision due to references.* o *This afternoon, adapted paper will be posted on the website, no further discussion with BMG possible.* o *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* o *Documents refer to each other.* o *Need for coordination with PEI this afternoon: Adjustment for Johnsen & Johnsen. If positive serology and vaccination, 14 days until validity can be waived.* o *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.* o *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. o *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?* o *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.* o *Many other documents need to be checked.* o *Anyone referring to KoNa must adapt the documents and FAQs.* o *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:* o *Booster vaccination of 12-17-year-olds for both sexes with biontech vaccine* o *Janssen vaccine: Approval of 2nd dose as completion of basic immunisation. An mRNA vaccine should primarily be used as the 2nd dose.* o *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*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 17.01.2022, 13:00 h*
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*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Renke Biallas (protocol)*
  - *Claudia Siffcyk*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
  - *Thorsten Semmler*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Linda Seefeld*
- *More*
  - *Michael Bosnjak*
  - *Nikheil Popkhadze*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 8,00,122 (+34,145), of which 115,649 (+30) deaths*
	○ *7-day incidence: 528.2/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 62,428,260 (75.1%), with complete vaccination 60,474,763 (72.7%)*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *There is currently no longer a steep rise in the 7TI. In some CCs, incidences are no longer rising or are levelling off.*
	  ○ *Lowest incidence in Saxony, Thuringia and Saxony-Anhalt*
	  ○ *Highest incidences in Berlin districts and in the north of SH*
	  ○ *The highest incidences are now recorded among 5-14 year olds. A strong increase can also be observed among 0-4 year olds.*
	○ *The incidence of hospitalisation is increasing, particularly among younger AGs, and falling among the 60+ age group.*
	
	Discussion:
	• *How can the significantly different incidences in the LK be explained, especially the new low incidences, e.g. in Saxony or Thuringia?*
	  ▪ *Very high incidences were observed in the previous months in the low incidence areas. It would be assume that there is a certain immunity in circles that have a higher risk of infection.*
	  ▪ *It can be assumed that an omicron wave will occur in these BLs at a later date*
	• *Information on the infection setting is only available very sporadically. The depth of data decreases significantly with the high number of cases.*
		FG32

2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)*	*FG21*
4	**Current risk assessment** • *Was voted on and published last Friday* • *It could be that an adjustment / de-escalation of the risk assessment will soon be necessary*	*Dept. 3*

5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *The current situation and communication will be discussed at the upcoming Expert Advisory Board (Tuesday, 18 January 2022). The recommendations of the expert advisory board will be published on the BMG website as soon as possible.*	*Wieler*
6	**Communication** **BZgA** • *Leaflet on the subject of "Vaccination from the age of 5" has been produced and is currently being translated. A cover letter will be sent to daycare centres.* • *The STIKO recommendations on booster vaccinations for children aged 12 and over are being drafted.* • *A leaflet on the Novavax vaccine is being developed.* **Press** • *Many enquiries about the recovered status. A revision of the website with corresponding justifications for the changes made is being discussed / developed and is already with FG33.* • *The background discussion on the significance of the case numbers will take place on Wednesday 19.02.2022 - with the participation of Mr Hamouda* **P1** • *Material on the topics of "Wearing a mask at home" and "Dealing with a case in your own household" is being developed*	*BZgA* *Press* *P1*
7	**RKI Strategy Questions** **General** • *There are many questions and concerns regarding the new changes to the published recommendations resulting from the MPK on 7 January 2022. In particular, the changes to the duration of recovery status and contact person management should be discussed with the ÖGD* • *The ÖGD also raised questions about the increased use of antigen tests, e.g. in free testing in accordance with the discharge criteria.* • *There are also concerns about the time gaps between day 7 of discharge and the start of recovery status on day 28, as these are people who were not previously immunised* • *There are also questions regarding the implementation of the new regulations in the existing certificates* • *Many of the questions raised will be discussed in tomorrow's EpiLag* • *Furthermore, there is a lack of understanding regarding the difference between the international entry regulations (14-180 days) and the national regulations (28-90 days) for determining the immune status*	*FG38 (Rexroth)*

Discussion:

- *The shortening of the recovery status is justified by the evidence of increased reinfection with Omikron and a reduced protective effect of a previous infection with Omikron.*
- *Against the background of the evidence on the Omikron variant, the genetic status should be discussed anew.*
- *The special rules for the inpatient setting have also already led to questions - it is being critically scrutinised whether the MPK resolutions permit such special rules.*
    - *The current evidence shows that the time interval of possible excretion of the virus after infection with Omikron is not lower than with other variants. In the group of vaccinated and young healthy people, however, this time interval could be shorter. However, this cannot be assumed in the nosocomial setting. Therefore, these special rules have been included in the recommendations so that the protection of people at risk in this setting can be guaranteed as far as possible.*
- *There is a need to readjust the recommendations, particularly with regard to the regulations for combinations of vaccination and recovery status. These combinations are likely to occur more and more frequently and the corresponding measures are difficult to understand (especially for the general population). Good communication and presentation are therefore important. The STIKO is currently discussing this issue.*
- *The official requirements have a supposedly minor influence on the handling of the epidemic situation, as corresponding measures can only be implemented with a significant delay (mainly due to delayed recording and notification of cases). A strong sense of personal responsibility for the voluntary implementation of measures is therefore important and could, for example, be publicised in the media.*
- *The role of antigen testing in the overall strategy should be discussed and become more important, also in international comparison with the use of AG tests.*
- *Strategic considerations regarding the discontinuation of the situation centre and the de-escalation of infection control measures in the next phase with low infection numbers (post-Omikron) will be made and concretised in an upcoming discussion (in approx. 3-4 weeks)*
- *In view of the continuing increase in the number of Omikron cases, the current recommendations will probably have to be adapted further. Are there already any thoughts on this, e.g. on a possible timeline or need for adjustment?*
    - *If the current wave of infections subsides, measures could be focussed on specific groups. (e.g. symptomatic persons, risk setting.)*
    - *An effective immunisation campaign remains an important part of the RKI's efforts. A High proportion of vaccinated people is also important for the course of this year*

	• *In molecular surveillance, the proportion of sequencing continues to decline. Do we need this surveillance with the same intensity as at the beginning of the Omikron phase?* ▪ *A reduction in sequencing would make sense in the current situation. The high expenditure (also financially) brings not necessarily an additional gain.* ▪ *A defined sample size in which the sequencing is carried out would be conceivable. This requires a The sensitivity with which new variants / mutations are to be recognised can be selected.* ▪ *A definition of the criteria used for sequencing would be useful (e.g. clinical criteria)* ➢ *In cooperation with the Network of University Medicine (NUM), intelligent Strategies in this area designed / discussed* ***ToDo:*** • *A discussion on a strategy for the time after the Omikron wave will take place in 3-4 weeks* • *In an upcoming meeting on Friday, the scope of the sequencing performed will be determined.* **RKI-internal** • *(not reported)*	*MF2 (Semmler)*
8	**Documents** • *As part of the new recommendations on discharge criteria from quarantine and isolation, the document "Organisational and personnel measures for healthcare facilities as well as retirement and care facilities during the COVID-19 pandemic" and "Recommendations for retirement and care facilities and facilities for people with impairments and disabilities (02.12.2021)" are to be adapted. PCR tests should no longer necessarily be used for free testing. It should therefore be pointed out that AG tests are used and, in case of doubt, PCR testing can also be carried out* ***ToDo:*** *FG37 makes changes to the documents and presents them to the crisis team on Wednesday*	*FG37* *FG37 (Tim Eckmanns)*
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*
	  ○ *## Metapneumovirus*
	  ○ *## Influenza virus*
	  ○ *Remainder negative*
	
	ZBS1
		FG17
		
		ZBS1

11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 19 January 2022, 11:00 a.m., via Webex*	

End: 14:05

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 19.01.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
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  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
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- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF 2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: 8,186,850 (+112,323), thereof 116,081 (+239) Deaths*
	○ *7-day incidence: 584.4/100,000 inhabitants.*
	○ *DIVI Intensive Care Register 2,664 (-80) in treatment*
	○ *Vaccination monitoring: Vaccinated with 1st dose 62,530,950 (75.2%), with complete vaccination 60,652,751 (72.9%), Booster immunisations 40,139,877 (48.3%)*
	○ *Reporting volume with current record values*
	○ *Sharp increase in 7-day incidence*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *Highest values in Bremen, Berlin and Hamburg*
	  ○ *Increases are recognisable in all federal states except Saxony-Anhalt, Saxony and Thuringia*
	○ *Geographical distribution of 7-day incidence by county*
	  ○ *Northern and southern BL with highest values*
	  ○ *However, many districts in NRW, Hesse, RLP, BY, BW also have high incidences*
	  ○ *More than half of all CCs (218) have a 7-day incidence of over 500/100,000 population. No CC with a 7-day incidence below 100/100,000 population.*
	○ *Incidence by age group and reporting week (heat map)*
	  ○ *Significant increases in children: Partial doubling of incidences*
	  ○ *Strong increases in younger age groups, rather stable values among older people*
	○ *COVID-19 deaths by age group and week of death*
	  ○ *No increase recognisable, but delay expected, increase may still come, especially if older age groups are increasingly affected*
		FG 32 (Diercke)

	Figures on the DIVI Intensive Care Register
	
	○ *Slides here*
	○ *Treated COVID-19 cases/new admissions*
	  ○ *2,573 people treated on ITS (as at 19/01/2022)*
	  ○ *Reduction of COVID-ITS occupancy in many BLs*
	  ○ *1,029 new admissions to ITS in the last 7 days*
	  ○ *Death toll continues to fall*
	○ *Share of COVID-19 patients in the total number of operational ITS beds*
	  ○ *In most BL decline or plateau (HB, SH, HH, BE, MV)*
	  ○ *Increase in Saarland*
		MF 4 (Fischer)

- *Treatment capacities and operating situation*
  - *First decrease also in severe cases (invasive ventilation), thus freeing up capacity*
  - *Availability increases*
  - *Staff shortage decreasing*
  - *Overall, the relief trend is currently continuing*
- *Development by age group*
  - *Decline in almost all age groups*
  - *Plateau among 70-79-year-olds and 0-17-year-olds*
- *Omikron ITS cases*
  - *90 cases (last week 40 cases). Currently doubling of cases every 7 days in the last few weeks*
- *SPoCK forecast*
  - *Moderate decline for BL in the north, east and west*
  - *Slight upward trend for BL in the south and south-west*
  - *Turnaround phases only recently, forecasts will stabilise in 2 weeks*

Syndromic surveillance

- *Slides here*
- *Flu Web:*
  - *ARE rate increased from week 1 to week 2 3.2 % (previous week: 2.6 %), for adults at previous year's level, for children significantly above previous year's level; for adults significantly below pre-pandemic values, for children partly similar values in previous years before the pandemic*
  - *2nd week approx. 2.7 million ARE in Germany (1st week approx. 2.2 million)*
- *ARE consultations*
  - *Consultation incidence down slightly overall: in week 2: 1008 (previous week: 1094)*
  - *Consultation incidence is higher than last year, but lower than in other previous years*
  - *SEED^{ARE} : Stagnation of ARE doctor visits with COVID-Diagnosis at 178/100,000 p.e.*
  - *SEED^{ARE} by age group: Values fell in four of the five age groups, with the exception of 5- to 14-year-olds.*
  - *Regional differences (BL)*
- *ICOSARI:*
  - *SARI case numbers have fallen overall*
  - *In CW2/2022 below pre-pandemic level; so far only sporadic influenza cases (2-6 per week across all age groups)*
  - *Decline in AG aged 15 and over*
  - *Increase in AG 5-14 years, stable in AG 0-4 years*
  - *Share of COVID-19 largely stable compared to the previous week in the individual age groups*
- *Comparison of hospitalisation incidence ICOSARI/reporting data*
  - *COVID-SARI hospitalisation incidence has fallen slightly,*

FG 36 (Buda)

	Value for calendar week 2/2022: 4.7/100,000 ○ *Daycare centre/school dropouts* ○ *Outbreak frequency increases again in both settings (as expected after the holidays)* **Virological surveillance, NRZ influenza data** ○ *Slides here* ○ *CW 2/22: 143 submissions from 49 medical practices* ○ *SARS-CoV-2 share 12%, Omikron share increased to 80% by calendar week 2/2022* ○ *Influenza virus positive rate down to 2%* ○ *Endemic coronaviruses: SARS-CoV-2 share highest (12%), OC43 (5%) decreased and NL63 and 229E stable at a low level* ○ *Other respiratory viruses: HRV increase to 15%, HMPV increase to 10%, RSV and parainfluenza viruses declining*	*FG 17 (Dürrwald)*
	Test capacity, testing, ARS ○ *Slides here* ○ *Increase to 2.05 million tests in the last week* ○ *Positive share increased to 24.4* ○ *Test capacities increased by 200,000 tests per week* ○ *Laboratory capacity utilisation: Currently very high. The laboratories are very busy and at the limit of their capacities. There are regional differences.* ○ *Feedback on prioritisation for discharge of medical area from isolation after day 7 practically not feasible* ○ *Feedback on specifying a CT value for the purpose of discharge from isolation: conflict with the RiLiBBÄK, sorting of samples according to required CT value practically impossible to implement due to the staff situation*	*Dept.3 (Hamouda, Seifried)*
	○ *SARS in ARS* ○ *Number of tests Plateau in BW, BY, increase in BE, BB, HH, HE, NRW, decline in SA, SN, TH* ○ *Higher proportion of positive tests in doctors' surgeries compared to the total number of all tests* ○ *Testing BL and age* ○ *Sharp increase in 5-14 year olds in NRW (Lolli tests in schools)* ○ *Increase in testing of 15-59-year-olds across all CCs* ○ *Delay between acceptance and test date continues to increase steadily (currently 1.2 days)* ○ *Number of tests, positive rates and positive tests per 100,000 people by age group: sharp increase in 5-14 year olds, increase in 15-59 year olds, moderate increase in over 60 year olds* ○ *VOC (SARS in ARS):*	*FG 37 (Eckmanns)*

	○ *Omicron share in ARS: 90%*
	
	VOC Report/ Molecular Surveillance
	
	○ *Slides here*
	○ *Overview of VOC/VOI in collection systems:*
	  ○ *Omicron proportion for week 1 in genome sequencing increased to 62.4%, in IfSG data (week 1) 73.3% (delta corresponding to 26.7%)*
	○ *Transmitted Omikron cases*
	  ○ *Number of reported cases of Omikron: 226,860 (as of 19/01/2022), 106.3 cases/100,000 population, geographical distribution. Map darkens*
	○ *Description of the cases submitted*
	  ○ *Increase particularly in the 5-14 age group*
	  ○ *With a doubling of the total number of cases compared to the previous week, the hospitalisation rate of the over-80s also doubled and the proportion of deaths doubled*
	  ○ *27.1% not vaccinated, 11.3% incompletely vaccinated, 38.2% with full vaccination and 23.5% with booster. Declining trend in cases for which vaccination status data is available.*
	○ *Trend model: break-even point (omicron = delta) was exceeded on 3/4 January 2022*
	○ *Omikron doubling time: 5.8 days*
	○ *Delta halving time: 15 days*
	○ *Still low proportion of BA.2 (1.7%) among omicron detections in sample, but increasing (previous week: 1.1%)*
	○ *Dominance of Omikron visible in all collection systems*
	○ *Capacity of var. specific PCR tests should be utilised for SARS-CoV-2 detection.*
	
	○ *Note: Discontinuation of the daily overview of Omikron cases as of 22/01/2022*
		FG 36 (Kröger)

	Overview SARS-CoV-2_genome sequences ○ *Omikron share in KW2: 80%* ○ *Omikron's cumulative growth curve diverges even further from the growth of Alpha at that time*	*MF 2 (Semmler)*
	Discussion ○ *Switzerland Recovery status extended to 12 months. Scientific justification still unclear* ○ *Reduction of the recovery status to 3 months should be well communicated* ○ *Appeal to continue to be as proactive as possible communicate and not rely on other institutions*	*All*

	○ *Are low test numbers in BL such as SA, SN and TH responsible for the low incidences?* *No, this should not be seen as the cause. Rather the (still) low omicron content in these BLs, possibly also due to the recent strong delta wave and possibly (still) higher immunity*	
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* ○ *xxx*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* ○ *Preparation of various opinions, including opinions on the establishment of a panel, communication and digitalisation* ○ *Weekly meetings*	*Pres*
6	**Communication** **BZgA** ○ *not reported* **P1** *not reported* **Press** ○ *Many enquiries (telephone, mailboxes, social media channels running) due to shortening of recovery status* ○ *19.01.2022 at 9 a.m. the background discussion with data and science journalists on syndromic surveillance took place. Mr Hamouda and Mr Haas attended from the RKI side.* ○ *No information yet that a federal press conference will take place this week.*	*Press (Wenchel)*

7	**RKI Strategy Questions**
	
	General
	
	Clarify PCR prioritisation for inpatient area and testing of mild somatic outpatient cases with antigen tests? Stick to national testing strategy?
	    o *Remain with prioritisation of national test strategy. No reason to deviate from this. PCR tests should primarily be used for diagnostic purposes and not primarily for free testing*
	o *Can persons with a positive antigen test be identified in the reporting data at national level?*
	    o *No added value for epidemiology. The aim now is to map trends. This is also possible with the case definition, which only includes positive PCR evidence as a case. In principle, however, people with a positive antigen test could also be identified, but then this should only be done for people who also have symptoms. However, there are fundamental concerns regarding added value. Rapid test results from test centres currently have to be entered manually by the ÖGD. Connection of the numerous test centres (several 10,000) to DEMIS is currently not realistic. Pharmacies can use the DEMIS reporting portal.*
	o *Why were stationary antigen tests not included in the de-isolation scheme?*
	    o *It depends on the sensitivity of the individual test. A FAQ would be useful here*
	o *Discussion of convalescent status:*
	    o *In discussion with the countries. RKI can at best imagine extending the detection of illness to antigen test + medical COVID-19 diagnosis.*
	o *Start of convalescent status. Why 28 and not 21 days?*
	    o *For immunological reasons, 21 days is acceptable. 28 days covers as many groups of people as possible*
	    o *Reduction to 21 days brings hardly any change.*
	    o *RKI position: Retain for 28 days*
	o *Isolation of 14 days in hospital for SARS-CoV-2 infection. Can we imagine shortening this further?*
	    o *There are no arguments to deviate from this in the literature*
	    o *Agreement: no need for change*
	
	To Do: *How do we continue with ControlCOVID? With which strategies? Please define a task and form a working group. Leadership is determined by Department Head 3.*
	
	RKI-internal
		All

	○ *(not reported)*	
8	**Documents** ○ *(not reported)*	*All*
9	**Vaccination update** ***(Fridays only)*** ○ *(not reported)*	*FG33*
10	**Laboratory diagnostics** **FG17** ○ *not discussed, or see agenda item 1* **ZBS 1**	*FG17*
11	**Clinical management/discharge management** ○ *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** ○ *not reported*	*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: Friday, 21 January 2021, 11:00 a.m., via Webex*	

End: 13:12

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

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 21.01.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
  - *Emily Meyer*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Claudia Winklmayr*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Udo Buchholz*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Ariane Halm (protocol)*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Ines Lein*
- *P4*
  - *Pascal Klamser*
  - *Susanne Gottwald*
  - *Angelique Burdinski*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Carlos Correa Martinez*
  - *Regina Singer*
- *ZIG2*
  - *Francisco Pozo Martin*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	• *(not reported)*
	• *Slides here*
	• *Worldwide:*
	  o *Data status: WHO, 20.01.2022*
	  o *Cases: 33,790,193, deaths: 5,560,718*
	  o *Worldwide increase in the number of cases of almost 11% compared to the previous week*
	• *List of top 10 countries by new cases:*
	  o *USA, France, India, Italy, Argentina, Spain, UK, Brazil, Germany, Turkey*
	  o *USA & France at the top, increasing trend in France and highest 7-T-I (3,338/100,000), decreasing trend in USA*
	  o *India and Argentina also show strong increase*
	  o *New in the list: Brazil with biggest rising trend*
	  o *Declining trend in Spain, UK, Turkey*
	  o *This list includes a new column on the proportion of booster immunisations, highest proportion in European countries at around 50%*
	• *WHO Sitrep epicurve (data as at 16/01/2022):*
	  o *Slightly slower rise in cases overall, +20% globally, +4% in deaths*
	  o *Strongest increase in Southeast Asia (+145%, +12% in deaths), only region with falling case numbers is Africa (-27%, -4% in deaths)*
	• *Map with 7-day incidence (data as of 20 January 2022):*
	  o *Visible increase in 7-T-I in South America, especially Brazil, Chile, Paraguay and Peru*
	  o *Africa: varying trends, decrease in the south and east, strong increase in Maghreb countries*
	  o *Asia: Increase in 7-T-I on the Arabian Peninsula, in India, Nepal, Pakistan*
	  o *Australia: slight decrease but still high 7-T-I ~1700*
	• *Map of Europe with 7-day incidence (data as of 20/01/2022):*
	  o *Incidences very high, wave is currently travelling from west to east*
	  o *Declining case numbers in the UK, Spain, Ireland and Finland, but incidence rates remain very high*
	  o *7-T-I >500 in Germany, Balkan countries, Romania (was the last EU country to be listed as a high-risk country this week)*
	  o *7-T-I >1000 new in the Czech Republic, Austria, Baltic states, Norway*
	• *Discussion*
	  o *course of severe diseases would be interesting, as there are different test strategies in the countries, ZIG1 prepares this*
		ZIG1

for next week

- *Peak hospitalisation rate in the UK would be interesting again, countries with similar vaccination rates and healthcare systems are suitable for comparison, especially those that are ahead of Germany in the omicron to learn from, e.g. Denmark, UK, New York?*

National

FG32

- *Case numbers, deaths, trend, slides here*
  - *SurvNet transmitted: SurvNet transmitted: 8,460,546 (+140,160), of which 116,485 (+170) deaths*
  - *7-day incidence: 706.3/100,000 inhabitants.*
  - *DIVI Intensive Care Register 2,447 (-124)*
  - *Vaccinations, see slide*
  - *Course of the 7-day incidence in the federal states:*
    - *HB, BE and HH have risen sharply, in HB the increase has not continued, but case numbers are at a high level*
    - *Also in other BL (BB, SH, HE, NW) increase in 7-T-I*
    - *Now also in ST, SN, TH rising incidences*
  - *Geographical distribution of 7-day incidence districts: Almost 50 LK >1,000, Berlin centre over 2000*
  - *7-day incidence by age group: 10-19-year-olds most affected with very high incidences (many LK >1000), other AG also affected, no strong increase in >70 and >80 yet*
  - *Number of deaths: Death rates are declining or not yet following the increase, currently no excess mortality observed, but this should be interpreted with caution*
- *Discussion*
  - *Infections in the RKI low and as far as known all imported, the hygiene concept is good albeit burdensome for the OUs that manage this*
  - *HH, for example, is running ahead of the other BLs in the Omikron wave, which Can we learn from their data, especially for older AGs?*

FG34

- *Analysis of excess mortality from Destatis and reporting data (Matthias an der Heiden), slides here*
  - *Illustration of the trend in the number of deaths in 2020-21 overall and reports of COVID-19 deaths (not yet included in 2022), with the years 2016-19 in the background*
  - *Trends in 2020 and 21 are partly parallel including increases, deaths in autumn 2021 higher than 2020, this is not shown in the reporting data (below)*
  - *What is behind it?*
    - *Destatis has AG information, number of deaths among 65-74-year-olds is always higher than in 2020 and the 2016-19 median, also striking in comparison to other AGs*
    - *When population data is taken into account (deaths/100,000 inhabitants), this normalises again*
    - *Probably underreporting in the reporting system (more at*

	Destatis visible), whereby the 2020 (green) curve fits better with the recorded number of registrations than the 2021 (red) curve ▪ *In the shadow of the pandemic, deaths that can be explained in other ways, possibly due to overwork or bottlenecks in other areas?* ○ *Discussion* ▪ *This should be analysed together with Destatis* ▪ *RKI should be sure of this and should shed light on it and make it easier to understand before it is made public. is made* ▪ *Perhaps measures have also led to increased mortality?* ▪ *What is the indication that it is not COVID-19 mortality?* ▪ *The course is the same, unclear whether the reporting of COVID-19 deaths is incomplete, whether we have something or whether there has been an overload of care (due to COVID-19), which has also made it worse for other patients* ▪ *It could be directly related or a causal consequence, cannot be distinguished, is related to COVID-19 together* ▪ *Destatis also has statistics on causes, but data are only available with a considerable delay; they are currently available until Published in February 2021* • *Household study on the generation time of Omikron (Matthias an der Heiden), slides here* ○ *Paper on variant properties in households here* ○ *New analysis on Omikron* ▪ *For previous variants, there were times when these were present on their own, but this is not yet the case with Omikron* ▪ *Data analysis of the distribution of the proportion/number of cases in households with Omikron* ▪ *All symptom onsets in the household are necessary for this, Mean (average) of symptom onset of new generation calculated* ▪ *No major differences, but constant shortening of the generation time in the variants that have appeared so far (wild type, alpha, delta, omicron)* ▪ *Average generation time of Omikron is 3.86* ○ *Discussion* ▪ *UK has published serial interval, mean for Omikron is 3.7, delta 4.9, similar results* ▪ *This new German evaluation could be sent as a letter to E&I Journal to be sent*	*FG34*
2	**International** *(Fridays only)* • *Systematic Review of the Comparative Effectiveness of Contact Tracing Interventions (Francisco Pozo Martin), slides here* ○ *Objective: To evaluate the effectiveness of KoNa measures during the pandemic* ○ *Methods: systematic review of empirical and*	*ZIG*

	Modelling studies until July 2021 ○ *Selected results* ▪ *11 empirical studies* ▪ *UK: Digital CoNa has prevented many cases (Sep-Dec 2020)* ▪ *UK: Start of digital CoNa has led to incidence reduction* ▪ *Colombia: Decrease in mortality with increasing proportion of cases recognised by KoNa* ▪ *63 modelling studies* ▪ *Effectiveness KoNa can be increased by* ▪ *High level of CoNa, reduction of delay, high adoption level of the digital app, CoNa in schools, etc.* ○ *Evaluation of empirical studies* ▪ *Digital KoNa effective due to higher speed and coverage* ▪ *Limited impact KoNa due to overload, most high-risk KP in the household where insulation is not good is practicable* ○ *Limitation i.a.: 16% of the included studies preprints, not peer-reviewed* ○ *Conclusion slide: CoNa can be effective in pandemic control, but more evidence is needed* ○ *Discussion* ▪ *Difference in effectiveness of KoNa in households vs. not in households? Can be evaluated by modelling studies, One study found higher impact of KoNa outside of households* ▪ *Digital KoNa tool from the UK is not well known, unclear whether it is comparable to German CWA* ▪ *Be careful with the statement that KoNa is ineffective* ▪ *study suggests that KoNa is more effective in reopening than in the early phase, but this is more dependent on the incidences than from the phase* ▪ *The aim of KoNa is variable, e.g. not so effective as a target for reducing the R-value, but in nursing homes and care homes it can be used in a variety of ways. nursing homes may be very effective for transmission inhibition* ▪ *One study has shown that a 10% increase in CoNa is associated with a 1-4% reduction in mortality. very strong argument in favour of KoNa, although the timing of the epidemic is important* ▪ *KoNa effectiveness depends 1) on the phase of the pandemic, 2) of the resources and professionalism of those involved, 4) from the target at which you are aiming, 3) and other measures that are taken in this particular phase*	
3	**Update digital projects** *(Fridays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *No change*	*Dept. 3*

5	**Expert advisory board** • *Does not yet work in a very structured way (unlike the RKI), this is already being noticed by the outside world/the press, it is possible that criticism will come soon* • *So far no support from an office, not well set up, interesting but not yet so targeted/focussed* • *Monday evening meeting on the rules of procedure* • *7 topics were defined, e.g. children, communication* • *Acute statement for the upcoming ministerial conference next Monday will be finalised today* • *New RKI task force supports Präs for statements, Esther- Maria Antao, VPräs, AL3, Tanja Jung-Sendzik* • *Präs believes the best approach is to work on fundamental issues and not go into too much detail*	*Pres*

6	**Communication**
	BZgA
	• *Vaccination communication steering committee*
	  o *Supplemented by the Federal Press Office and BKA, significant influence and change of direction*
	  o *Should now address less of the general population, primarily address the unvaccinated to promote primary vaccination, more specific target group approach*
	  o *Vaccinated people are not forgotten but not a priority*
	  o *Target group, among others: East Germany, people with a low level of education, with a migration background, in healthcare professions, etc., also via appropriate intermediaries, trade unions, sports organisations, etc, Religious organisations, professional societies and other*
	  o *BZgA supports target group approach, special communication packages for test centres are in progress*
	• *Some of this is a direct result of the expert advisory board, communication was discussed here a fortnight ago, the Minister of the Chancellery Schmidt and the BMG are listening, what is said there can be immediately transformed into activities*
		BZgA

	Press • *Nothing to report*	*Press*
	P1 • *Tweets retweeted weekly on VOC graphics and proportions as well as on the RKI weekly report, also on surveillance monitoring*	*P1*
7	**RKI Strategy Questions** **General** • *(not reported)*	
	RKI-internal • *Assessment of Omikron development* o *France eases measures, science says this should*	*VPresident/all*

	only be initiated after a two-week decline in case numbers or a one-week decline in KKH cases ○ *Prime ministers meet on Monday* ○ *Is there a timeframe for when we think we know more to make recommendations?* ○ *Important to see how the development is, if >60-year-olds are affected, currently wave has not yet arrived in this AG, then it may become visible in the KKH and IST, then better assessable* ○ *Early easing was not good for the 1st SARS-CoV* ○ *France, for example, is relaxing its restrictions on discos and bars, young people are less compliant, transmission is maintained here in the high season* ○ *Modelling can be useful for decision-making* ○ *It is better to loosen carefully and not too early so as not to have to tighten again soon afterwards* ○ *The influenza season is also starting in Europe, the same measures are effective, this could be taken into account when discussing the easing of restrictions, but may not make strategic sense to communicate* ○ *Measures and recommendations and their effect are slow - BL advanced with Omikron can provide information* ○ *Trends in various AGs in northern BL such as HB, HH should be analysed with regard to incidence, KKH and ACTUAL admissions in an age-stratified manner; question: what happens in older people where the wave has perhaps already reached a plateau?* *ToDo: Dept. 3/FG32 investigate this*	

8	**Documents** *(Fridays only)* • *De-isolation Employees in retirement and nursing homes and KKH (medical staff, incl. outpatient area)* o *MPK resolution is not clear on this, makes no statement on what happens if free testing does not take place* o *Can I return to work on the 10th day without a free test (regardless of the CT value), or does the final PCR have to take place on the 10th day?* o *Virus cultivation is then unlikely but not impossible, before it was 14 days, 10 days without a final test is perhaps too risky?* o *Mandatory free testing on day 10 was originally RKI-approach, but costs (scarce) resources* o *Specified isolation for 10 days is scientifically justified, after 10 days the viral load is usually reached, which, together with a mask and contacting in routine procedures, is a practicable safety measure* o *In case of staff shortage, possibility of a pragmatic approach and shortening after 7 days* o *If laboratory capacity is limited, use of antigen test and omission of PCR test if necessary* o *Omicron is not a fundamental problem to be detected by antigen tests, recommendation of material collection naso- and oropharyngeal, quality of the swab is also very important here* o *The first serial test using the Ag test is carried out on a daily basis when work commences* o *A stricter approach should be taken in the medical sector than in other CRITIS areas* o *BMG PCR testing after day 10 was submitted for de-isolation in the inpatient area, could be modified so that antigen detection would also be acceptable after 10 days* o *FG37 sends the result of the meeting to BMG 614 Ziegelmann (previously voted on in a small circle), documents are currently not online but ready, will now be modified and sent to the BMG.* *ToDo: FG37 supplements yesterday's email to BMG (Ziegelmann) in this regard and adapts document in progress*	*All*
9	**Vaccination update** *(Fridays only)* **STIKO** • *Updated STIKO recommendations have been published* o *A single dose of J&J is not sufficient, mRNA vaccination is also necessary for basic immunisation* o *Booster recommendation for adolescents, interval between 2nd and booster vaccination of 3-6 months* **Vaccines**	*FG33*

	• *Novavax recommendation in finalisation*
	• *Goes into the comment procedure next week*
	• *20-21 February first doses are expected to be available*
	• *The political endeavour is to bring these to medical facilities first, as vaccination is mandatory here and employees may have concerns about the mRNA vaccine*
	
	Further topics
	
	• *Exchange with Israel MoH together with BMG yesterday*
	    ○ *Discussion about 4th vaccination/2nd booster vaccination*
	    ○ *Israel has been giving 4th vaccination to >60-year-olds, immunodeficient and healthcare personnel since 02.01.2022*
	    ○ *>60% of older patients have received a 4th dose*
	    ○ *4-fold vs. 3-fold vaccinated show lower incidence*
	    ○ *Less strong protective effect from 3rd to 4th dose than from 2nd to 3rd dose, study in KKH investigated immunogenicity after 4th dose, antigen titre increase after 4th dose was significantly lower than after 3rd dose*
	    ○ *Confidential report that there are currently doubts as to whether the 4th dose will be introduced to the general population or whether it will be reserved for certain groups*
	• *Many press enquiries about recovery status, also concerning healthcare staff, STIKO app with 500,000 users a good tool*
	
	• *Discussion*
	• *4th vaccination/2nd booster, is there differentiation with regard to variant-specific vaccine, e.g. Omikron vaccine?*
	• *Do multiple boosters against certain subtypes have a negative effect?*
	• *Immunity is not becoming broader, but rather (too) focussed on the subtypes - this is the concern of STIKO immunologists*
	• *There is still no data on the vaccine adapted to Omikron, we will have to wait and see*	

10	**Laboratory diagnostics** ***(Fridays only)***
	
	FG17*(please correct in the filed document if there are mistakes, I didn't follow it well)*
	
	• *Virological Sentinel had 462 samples in the last 4 weeks, of which:*
	    ○ *52 (13%) SARS-CoV-2*
	    ○ *52 Rhinovirus*
	    ○ *14 Parainfluenza virus*
	    ○ *13 Influenza virus*
	    ○ *58 seasonal (endemic) coronaviruses*
	
	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)* • *Analyses of the timeliness of the reporting system (Emily Meyer), Slides here* o *PAE project in FG32, evaluation of COVID-19 reporting system, Timeliness, start of pandemic until the end of the 3rd wave* o *Method: COVID-19 cases that fulfil the reference definition and are laboratory reports, plausibility checked for data, Calculation of median and IQR* o *Results of the evaluation of 3 different time periods* o *1. duration of laboratory report and transmission date from reporting software by GA* ▪ *Consistently median 1d until cases were transmitted, very promptly, even with higher case numbers during the wave* ▪ *% of cases submitted on the same day was between ~25% and increased to 43% during 3rd wave* o *2. transmission of GA and import by the RKI* ▪ *Median was 2.5 hours* ▪ *Over the course of the pandemic and wave shortening time* ▪ *Within 12 hours, 85% of cases are transmitted from the GA to the RKI via regional centres* o *3. occurrence of the outcome until transmission* ▪ *Greater time delay than the other two periods* ▪ *Death with median of 2d fastest >outcome in the transmission* ▪ *Symptom onset Median of 7d* ▪ *Hospitalisation also 7d* ▪ *Increase in information submitted within 5 days despite rising case numbers* o *Conclusion: Case submissions very promptly by the end of the 3rd week.* *Wave larger time delay* o *Discussion* ▪ *How quickly can this be publicised, very positive and impressive result?* ▪ *An evaluation is still pending, data set is missing, but will be available soon* ▪ *Please communicate publication well and widely*	*FG32*
14	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Fridays only)* • *Many questions about recovery status, explanations in preparation* • *Press office checks (completeness of?) documents on the website in this regard*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics**	

	• *Next meeting: Monday, 24.01.2022, 13:00, via Webex*	

End: 13:06

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 24.01.2022, 13:00 h*
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*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk (Minutes)*
- *ZBS7*
  - *Michaela Niebank*
- *MF1*
  - *Thorsten Semmler*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Oliver Ommen*
- *More*
  - *Michel Bosnjak → Dept.2*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: 8,744,840 (+63,393), thereof 116,746 (+28) Deaths*
	○ *7-day incidence: 840.3/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 62,753,672 (75.5%), with complete vaccination 61,023,959 (73.4%), with Booster vaccination 41,930,241 (50.4%)*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *All federal states with increasing trend except Bremen (HB), where the incidence is 4th highest*
	  ○ *Highest increases and incidences in Hamburg, Berlin(BE), Brandenburg(BB)); continuous increase visible in Bavaria*
	  ○ *Slight increase now also observed in Saxony, Thuringia and Saxony-Anhalt*
	  ○ *Highest incidences in Berlin city centre and Berlin boroughs as well as in Brandenburg districts*
	  ○ *The highest incidences are among 5-14 year olds, overtaking 15-34 year olds. A significant increase can also be observed among 0-4 year olds; 60+ not increasing nationwide.*
	  ○ *Slight increase in hospitalisation incidence noticeable*
	○ *7-T incidence, hospitalisation incidence and adjusted hospitalisation incidence by federal state*
	  ○ *BE: Highest 7-T incidences in 5-14 year olds; highest hospitalisation incidences in 80+, not increasing, not even with adjusted values*
	  ○ *BB: adj. 7-day incidence slight increase, over 80-year-olds with highest incidences, minimal increase in 5-14-year-olds, data incomplete due to high case numbers; will be provided later, many data missing*
	  ○ *HB: most severely affected age groups as in the national average; highest hospitalisation incidence in over 80-year-olds; current input problems: Hospitalisation data difficult to evaluate; few cases in young age groups, where hospitalisation incidences are difficult to evaluate.*
	  ○ *HH: Adj. hospitalisation incidence shows slight increase; cause not yet clearly definable, probably 80+; significant incidence increases in this age group, especially at the beginning of January and there*
		FG32

	higher incidences than nationwide ○ *BW: Hospitalisation incidences rising steeply* ○ *To summarise: Not yet clearly foreseeable. Nevertheless, the over-80s are most affected; if the incidence increases sharply there, significant increases in hospitalisation incidences are also to be expected* **Discussion:** • *For what number of hospital admissions is the KritIS /Is the efficiency of the hospitals jeopardised? If the normal wards are currently predominantly affected, is there possibly more room for manoeuvre than with high ITS capacity utilisation?* ▪ *The RKI does not have nationwide data on bed utilisation outside the ITS wards; insights, data are the responsibility of the federal states. Should a federal state enquiry be carried out to obtain figures?* ▪ *Focus on surveillance: Historical data, including on influenza waves, is available. Comparison with SARI data show that the ITS capacity utilisation of previous severe waves of influenza has not yet been reached. The primary aim of the RKI's measures is to protect the population from severe courses of the disease and not to guarantee hospital capacity. Capacity planning is the responsibility of the federal states.* ▪ *DIVI for normal wards? The challenge of defining a denominator for Germany.* ▪ *Representatives of the hospital associations are currently using the forum to focus on the long-standing (even before pandemic times) existing structural capacity shortage* • *Focus on surveillance: Current hospital load can be embedded in the events, as suitable data is also available for pre-pandemic times. Bed capacities should be adapted to the progression of severe cases.*	
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)*	*FG21*
4	**Current risk assessment** • *Minimal increase in hospitalisation incidence, ITS occupancy* • *No adjustments necessary at present, formulations still bear*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Two opinions were discussed in the Expert Advisory Board: on the infection situation and on digitalisation. For tomorrow's statement on communication, statement on children. The recommendations of the Expert Advisory Board will be published directly on the website of the Federal Chancellery as soon as they are issued (https://www.bundesregierung.de/breg-de), and support*	*Mr Wieler*

	MPK resolutions. • *High workload for all involved; task force at the RKI provides support in assessing the opinions* • *Important opportunity for the RKI to contribute topics and aspects directly* • *Mr Wieler is in charge of the next panel with two participants* • *Focus: So far, more acute topics have been dealt with, especially in relation to the subsiding of the expected pandemic wave in autumn. In the long term, general topics may also be dealt with in the Expert Council.*	
6	**Communication** **BZgA** • *(not reported)* **Press** • *Separate presentation on and with Covid-19 deceased ->see Point 7 "Strategy questions"* **P1** • *New focus on AG tests sufficient for measures against the background of mass PCR testing in other countries, see Austria/Vienna? New presentation?* **Discussion** • *The currently valid national testing strategy has presented technically justified recommendations for limited PCR testing capacities. Prioritisation on* • *Vienna exceptional example, high number of supporting institutes, focus on gargle tests enable high PCR testing capacities. In Germany: 3 million PCR tests analysed, evaluated and result in infection control measures, high quality standard. This is also an appropriately high number by international standards and other countries have also adapted their test concepts.* • *Presentation should be limited to Germany. Ourworld indata.gov- in future, if necessary, use suitable illustrations from it.*	*BZgA* *Press* *P1*
7	**RKI Strategy Questions** **General** • *Separate presentation on and with Covid-19 deceased in the weekly report: status of communication?* • *FG32 has already prepared a short text module* • *Nevertheless, please provide a more detailed explanation of the categorisation, why separate designation now, explain in detail with regard to Omikron, FAQs must also be updated. Bilateral exchange on this with FG 32 will take place* • *Reporting data at federal state level examined more closely, data quality for categories exceptionally high,*	*All,* *FG 32,* *Press;* *Dept. 3*

	Completeness is over 90%, 94% complete information for cause of death. Reporting artefact e.g. default setting (in various software products) appears possible. • *2/3 of GPs use SurvNet, default settings known here. Data plausible, order of magnitude compatible with study results, e.g. study by the Hamburg Institute of Forensic Medicine: 87% (?) of deaths were due to COVID-19, 85% of over 70-year-olds also had other underlying diseases, only the COVID-19 infection caused the lethal course. Good data quality, reporting data are easy to interpret, reasonable statements possible.* • *Cause of death extremely difficult to assess in practice in individual cases. "Death from" very complex assessment, not always possible.* • *Previously known underreporting of cause of death due to infectious disease, e.g. influenza, e.g. in the case of potentially fatal underlying diseases.* • *There is not yet a gold standard for assessing the cause of death, which is why it has not yet been shown separately in reports.*	
	TO DO: *Mr an der Heiden in exchange with the Federal Statistical Office, will compare IfSG notification data with data from the cause of death statistics, publication, including in Epid. Bull. Possible. Can then be used as a professional occasion to justify the differentiated presentation of COVID-19 deaths in the weekly report (by deceased from / deceased with). Then transfer presentation to routine reporting.*	*FG32 (Mr Zacher), FG34 (Mr an der Heiden), DESTATIS*
	• *Many enquiries regarding the shortening of the recovery status after 3 months*	*Press*
	TO DO: *More detailed explanatory text will be prepared and reworked. Coordinated in FG and sent to round*	*FG 33 (Mr Harder)*
	• *Important in communication: Technical basics apply to those who have "only" recovered (not additionally vaccinated)*	*FG 38 (Fr. Rexroth)*
	RKI-internal • *GMK resolution of Saturday, resolutions on PCR testing, quarantine and discharge management, is there a mandate for action for the RKI? (See attachments for documents)*	
	Discussion: • *No direct mandate for the RKI to act; federal states and districts regulate this via general decrees and ordinances*	*All*
	• *Self-management, i.e. information from the index person themselves to the contact persons, was also previously addressed in the RKI recommendations. The technical priority for PCR testing of vulnerable groups and HCW has been adopted; prioritisation of large outbreaks has been dropped.*	

	• *Necessary adjustments Changes in national test strategy: not many points. Next Thursday meeting with Mr Mielke, others, with BMG (Ms Korr)* • *Retesting with AG test, are adjustments necessary in the reporting system?* • *Pragmatic decision desirable. Case definition already includes transmission of AG tests.* • *What presentation of AG tests in routine reports?* **TO DO:** *FG 32 takes this on board and makes a proposal* • *Retesting of positive AG tests with further AG test in certified test centre - need for action?* **Discussion:** • *Due to high incidences, the positive predictive value (PPW) is currently high, so the confirmation is not so relevant* • *The quality of swab collection in test centres varies greatly* • *Confirmation test of an AG test by PCR is gold standard high in specificity and sensitivity. Confirmation of the AG test with AG test: Specificity is increased, but sensitivity decreases, i.e. recovered patients may be more likely to be negative in the 2nd AG test.* • *Possible topic for expert advice: PEI list: General recommendation for AG tests/diagnostics?* • *Perhaps better: Work with the PEI and BfArm in the working group on testing to ensure that the AG tests suitable for retesting are explicitly named. And, if necessary, report to the BMG on what is considered useful.* • *It was decided to wait for the results of today's MPK. Only then will an appointment be made with the BMG for further coordination in order to determine and discuss point by point how resolutions will be implemented in joint recommendations and presented on the RKI website. It remains important to make it clear who is the author of the decisions (decision of the MPK, or technical recommendations in consultation with the BMG).* • *Existing technical RKI recommendations must be considered independently of this. This also applies, for example, to the current RKI recommendations on de-isolation on the websites. They do not need to be adapted at present. However, it makes sense to prepare now for possible upcoming questions.* • *There is currently a political will to issue standardised recommendations.* •	*Mr Mielke, other,BMG* *FG 32* *All* *All*
8	**Documents** • *Recommendations, e.g. on de-isolation on the websites, do not yet need to be adapted. However, it makes sense to prepare for possible upcoming issues now.* *(see also discussion under strategy point 7)*	*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* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 26 January 2022, 11:00 a.m., via Webex*	

End: 14:32

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 January 2022, 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*
  - *Michael Bosnjak*
- *FG21*
  - *Wolfgang Scheida*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik (minutes)*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Elisa Wulkotte*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Maria an der Heiden*
  - *Navina Sarma*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
- *P1*
  - *Ines Lein*
- *P4*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *ZIG2*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	Slides here
	• *Top 10 countries: same as last week, Germany in 6th place*
	  ○ *The global rise in cases continues, albeit at a slower pace. Europe: 50% of new global cases.*
	  ○ *Decline in the number of cases in North and South America and Africa, particularly in southern Africa.*
	  ○ *Decline in case numbers also in the UK and Finland*
	  ○ *7TI, however, is still at a very high level everywhere.*
	
	• *Comparison of number of PCR tests carried out/week/100,000 inhabitants in various European countries; withdrawal of measures in DK:*
	  ○ *KW2 PCR tests performed/week/100,000 inhabitants: D: 2,467; AUT: 41,149; DK: 22,874*
	  ○ *DK: Withdrawal of most COVID-related measures: 7TI is just under 5,000, PCR positive rate of 24%; high immunity in the population: 81% of the total population fully vaccinated, 60% boosted. Analysis of newly hospitalised cases per number of daily cases 10 days ago: ratio is falling and stabilising. Beginning of Dec.: (delta predominant) Hosp.rate 3%; 10.01.22 (Omikron predominant) Hosp.rate 1.5 %. Hospital occupancy and number of patients on ventilators in ITS are declining. Hospitals are seeing an increase in COVID diagnoses as a secondary finding, especially in the younger age groups.*
	  ○ *Hospitalisations in NY State: at high level; largest increase in children 0-4 and 12-18 (over 800% increase). 0-4 year olds: 54% of children had no comorbidities, 64% with symptoms. 47% were hospitalised for reasons other than COVID-19.*
	
	National
	Case numbers, deaths, trend, slides here
	  ○ *SurvNet transmitted: 9,429,079 (+190,148), thereof 117,484 (+170) Deaths*
	  ○ *7-day incidence: 1,073.0/100,000 inhabitants.*
	  ○ *DIVI Intensive Care Register 2,274 (-89)*
	  ○ *Vaccinations, see slide*
	  ○ *Trend report: proportion of positives and number of PCR tests increasing, proportion of COVID in SARI on ITS decreasing; deaths slightly decreasing.*
	  ○ *Course of the 7-day incidence in the federal states:*
		
		ZIG1
		
		FG32

	Berlin, Hamburg and Bremen are the frontrunners, while increases can be seen in all federal states. o *Geographical distribution of 7-day incidence counties: Only 39 counties have an incidence below 500.* o *7-day incidence by age group: Highest incidence in 5-9 year olds (2,365), which corresponds to a doubling from week 2 to week 3. Increases can also be observed in the over-60 age groups, although not quite as strong as in children.* o *Hosp. Incidence: slight increase in all age groups* *Discussion/additions* o *Don't just look at COVID-19 reporting data, but also consider it in context. This is already communicated externally in the management report.* o *SARI cases in children and adolescents, with and without COVID diagnosis: SARI cases are rising slightly. Hospitalisations are well below the level of previous years.* o *Is the decline in ITS occupancy due to the decline in Delta? Answer: Yes, and even lower share of Omikron, and younger age groups have been very strongly affected so far.*	*FG36* *FG17*
2	**International** *(Fridays only)* **Activities** o *February: Establishment of sequencing capacities in Montenegro* o *Beginning of March Establishment of laboratory capacities in Kosovo* o *2 SEEG missions: Laboratory training in Tajikistan (13-24 Feb) and a Rapid Response Team to The Gambia (March)* o *Also 2 missions: COVID Response Ivory Coast and Burkina Faso* o *Corona Global: Laboratory support Madagascar* o *Together with Dept. 3: completion of a mission in Ukraine this week*	*ZIG*
3	**Update digital projects** *(Fridays only)* ▪ *Slides here* ▪ *> 41.5 million downloads |35,500 followers,* ▪ *> 1.5 million who have warned with PCR, >40,000 warnings/day* ▪ *> 12 million alerts received, 700,000/day* ▪ *Version 2.17 (beginning of February)* ▪ *(Luca contracts are cancelled -> check-in function becomes important)* ▪ *Many requests for changes to PCR prioritisation, and effects on the CWA; also many requests for 2G, 2G+ and booster presentation (a language regulation is being developed with the BMG).* ▪ *Red tiles do not currently cause frustration among users.* **Supplement:** *Enquiry from test coordinators and federal states: Use of CWA by test centres?*	*FG21* *Diercke/ Hamouda*

	There were approaches for a CWA rapid test portal: centres could transmit reports directly via the portal and its connection to DEMIS. Discussions on this have already taken place with T-Systems. No expansion of the CWA functionalities was planned by the BMG. desired. Discussions on this could be resumed.	
4	**Current risk assessment** *No change*	*Dept. 3*
5	**Expert advisory board** ○ *Statement Communication was adopted yesterday and will be published on the website of the Federal Chancellery shortly.* ○ *Statement on children in the pandemic: Feedback on this and evaluation in house was 100% in line with the view of other experts; will be revised.* ○ *Opinion Panel: Lead management Mr Wieler, Mr Drosten, Mr Streek. In preparation by Mr Bosnjak.*	*Pres*
6	**Communication** **BZgA** ○ *Digital daycare centre package on childhood vaccinations (poster and leaflet) in cooperation with the Federal Association of Non-Statutory Welfare (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege)* ○ *A similar package for schools is planned for the beginning of February* ○ *Beginning of Feb.: Vaccination leaflet for care facilities* ○ *The information sheet on booster vaccinations has been updated* ○ *Communication with Novavax in planning* *All information sheets are available in German, in easy language German, in English, French, Turkish, Arabic and Russian.* **Press** ○ *The short link to contact person management was redirected at the request of the BMG: link to table.* ○ *Many enquiries as to whether patients are hospitalised with COVID-19 or due to COVID-19. Some federal states already indicate this. Differentiation is not technically meaningful.* *Additions to this: The ICOSARI data in the management report can be used to compare with the reporting data (S. Buda). Reference should be made to ICOSARI data in the event of enquiries.* *Discussion:* ○ *Currently a hot topic in the press: Number of PCR tests in Germany compared to number of PCR tests in Vienna; completely different logistics: citizens take samples themselves (video-monitored), followed by pool testing. Logistically not feasible in Germany in the next few weeks.*	*BZgA* *Press/All*

	P1 ○ *Twitter: updated FAQ on longCOVID, preparation for Instagram* ○ *Info: What should I do if someone in my household has COVID? Info on quarantine and isolation.*	*P1/All*
7	○ **Discussion of case recording**: *Due to the limited PCR tests: Proposal to include antigen tests in case detection. This proposal does not make sense, and it is neither sensible nor possible to aim for full coverage.* *To Do: Include in the Jour Fix with BMG (E. Antao?).* ○ **Transition to endemic/de-escalation strategy** *Should be gradual and only after the Omikron peak has been reached. Working group to be formed, first meeting Monday, 31.01.* *To Do: Assignment of tasks by situation centre* ○ **Implementation of the MPK resolutions of 24.01.22/ related decrees (ID5010)** ○ *Shortening of recovery status: should be explained in more detail by the RKI; explanation sent to the Minister for information. No action necessary at present; will be published next week. Can be sent to the press in case of enquiries.* ○ *Proof of recovery: by means of 1 or 2 AG tests? Only by one test, anything else would not be feasible in practice.* ○ *Email Mr Rottmann on decree report ID5010 to LZ, 28.01 : LAMP tests should not be mentioned separately as a form of NAT POC. Congenital immunisation (antibody detection followed by vaccination): Where to categorise? Are treated in the same way as those who have been vaccinated and recovered. The brevity of the wording creates false incentives for laboratory diagnostics and demand for antibody tests. This group is actually already covered by the wording "after an infection".* *To Do: Feedback to Mr Rottmann from U. Rexroth.* ○ **J. Hanefeld: Presentation of a JHSPH working paper on the effects of lockdowns on COVID-19 mortality** Slides. ○ *Result of the meta-analysis: Lockdowns in Europe and the USA were not effective. 2 paper from ZIG on the effectiveness of NPIs: similar methodology, different results. JHSPH has only one measure individual measures generally show very high*	*AL3* *LZ* *VPresident/all* *ZIG*

	low effect; merging several NPIs has an effect. ○ *Known problem: Depth of implementation cannot really be assessed.* ○ *To assess the depth of implementation: New study BUA: Pandemic non-pharmaceutical interventions to flatten the curve: needs, effectiveness and impact in the global South - the example of Ghana (Busse, Brockmann, Drosten, Hanefeld, Sander)*	
8	**Documents** *(Fridays only)* *None*	*All*
9	• *Tue /Mi Opinion procedure: Recommendation in favour of Novavax;* *4th vaccination dose for over 70s and people with immunodeficiency (minimum interval: 3 months), as well as healthcare workers (minimum interval: 6 months).* • *In the vote: Update on paediatric vaccination for 5-11-year-olds: possible boosting and extension of the recommendation to all children in this age group.* • *Living syst. Review is currently being updated: Efficacy of vaccination in omicron.* **Further topics** • **COVIMO survey, evaluation of wave 9: Special evaluation - Vaccination rate monitoring in Germany as an immigration society** ○ *Slides here.* ○ *2 samples in 9 waves: immigrants and their direct descendants, compared to people without a migration background.* ○ *Approx. 1000 interviews each, conducted in different languages.* ○ *Vaccination rate by migration history: slightly lower than vaccination rate among citizens without a migration history. However, willingness to be vaccinated is higher.* ○ *Better language skills: higher vaccination rate* ○ *Explanatory approach: Migration history and correlation between vaccination rate: difference explained by income, education and age, as well as experience of discrimination in the healthcare system and language barriers.* ○ *Recommendations: Target group-orientated vaccination campaign, create trust.* ○ *Publication in preparation for next week and information event with Bielefeld University and Bremen Ministry of Health.* ○ *Some of the study data is already available to the BMG and the Federal Chancellery.* ○ *Question: How was discrimination in the healthcare*	*FG33*

	sector surveyed? - By means of a 5-point scale: "very often" to "never".	
10	**Laboratory diagnostics** *(Fridays only)* • *Virological sentinel had 557 samples in the last 4 weeks, of which: 519 fully analysed* ○ *67 (13%) SARS-CoV-2* ○ *16 RSV* ○ *64 Rhinovirus* ○ *17 Parainfluenza virus* ○ *14 Influenza virus* ○ *61 seasonal (endemic) coronaviruses* **ZBS1** • *162 samples, of which 67 positive 41.4%*	*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)*** • *Software sometimes reaches its limits.* • *10 million cases that have to be queried daily.* • *Digitisation of hospital reports (direct reporting to health authorities): A topic specified by the BMG that is currently being considered in the further development of DEMIS. This will not improve data quality. A parallel solution may be generated here that is not sustainable. Technical arguments have already been put forward.* *To Do: Topic should be addressed again in the Jour Fix with the BMG.* • *Complete data must be made available for ESRI, otherwise there will be a discrepancy with the federal states.*	*FG32* *E. Antao?*
14	**Transport and border crossing points** ***(Fridays only)*** *(not reported)*	*FG38*
15	**Information from the situation centre** ***(Fridays only)*** *The LZ was put into operation 2 years ago* *Info with key data on LZ sent by U. Grote by e-mail*	*FG38*
16	**Important dates** *None*	*All*
17	**Other topics** • *Demand for isolation in care facilities: Feedback from various parties that the recommendations can hardly be adhered to. Mr Wieler forwards the enquiry to T. Eckmanns.*	*FG37*
	Next meeting: Monday, 31.01.2022, 13:00, via Webex	

End: 13:06

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 31.01.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Julia Schilling*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Claudia Siffczyk (Minutes)*
- *ZBS7*
  - *Christian Herzog*
  - *Agata Mikolajewska*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG1*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Linda Seefeld*
- *More*
  - *Wiebe Külper-Schiek*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	○ *not reported*
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 9,815,533 (+78,318), of which 117,786 (+61) deaths*
	○ *7-day incidence: 1,176.8/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 62,999,870 (75.8%), with complete vaccination 61,501,394 (74.0%), with booster vaccination Vaccination 43,895,972 (52.8%)*
	○
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *HH, BE, HB continue to have the highest incidences, followed by HE, BY, BB, NRW: Rise in incidence in populous BL justifies further increase nationwide*
	  ○ *HH, BE, HB report recording problems and backlog of many cases*
	  ○ *Increases also observed in Saxony-Anhalt, Thuringia and Saxony*
	  ○ *Many districts with very high incidences now uniformly in all BCs*
	  ○ *Highest incidences in Berlin Tempelhof-Schöneberg as well as LKs in Bavaria, Berlin districts*
	  ○ *The highest incidences continue to be among 5-14 year olds (>3,000/100,000), then 15-34 year olds, then 35-59 and under 5 year olds. 60+ have the lowest incidence nationwide, with a minimal increase.*
	  ○ *The incidence of hospitalisation is increasing.*
		
		ZIG1
		
		FG32

	○ **Discussion:** • **Colouring:** *A new colour category for an incidence of over 2,000/100,000 inhabitants does not appear to make sense, as this does not appear logically justifiable; it also suggests a relevance for further measures that does not exist. It is assumed that the peak of cases will be reached in around 2 weeks. In some CCs, the number of cases already appears to be decreasing. The colour scheme is retained.* • **Wastewater surveillance:** *In the fortnightly meeting with the experts from NL, DK, AUS, the NL reported yesterday on their wastewater surveillance: The SARS-Cov2 data from over 350 measuring points with regional coverage, which are collected 3 times/week, correlated well with the current high incidences in the population. It is being considered in NL in view of the high incidences in the*	*Hamouda, all* *Wieler, all*

	Reporting to switch to this data. Other pathogens are also covered. • *Wastewater surveillance could also represent supplementary monitoring in Germany. Rather an instrument for early detection of new pathogens. Good correlation with population data possible with high disease burden. But no information possible on individual cases, affected population groups or whether infections or diseases are involved. Only a supplementary instrument.* • *It is currently being set up in Germany and appears to make sense, also for other pathogens, but there are currently also some unresolved questions and discussions, e.g. on forensic cut-off values.*	
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* • *First draft (FG36/FG38) was presented (here), points among others* ▪ *Risk downgrading from very high to high* ▪ *Significant reduction and focus on realisable recommendations* ▪ *Goal: to minimise serious illnesses and deaths and provide the best possible healthcare for all. enable* ▪ *Recommendation to consult a doctor in case of symptoms cancelled* • *Reductions are welcomed, risk downgrading is understandable in view of the lower severity of the diseases due to the Omikron variant and lower ITS utilisation, but the data situation on very old people in Germany is not yet entirely clear; utilisation of normal wards must be taken into account* • *Unvaccinated children (<5 years) can fall ill and die, even long COVID cannot be ruled out; mortality of children higher than with influenza, very high incidences in this age group; immunocompromised people also at risk due to very high incidences* • *Established practices currently very busy; if necessary, specify recommendation as "presentation especially for symptoms of people with risk factors"* • *Definition of vulnerability: a distinction must be made between population groups with a basic risk of severe COVID-19 and population groups with a high risk of infection from infectious diseases* • *Adjustments are necessary. The effects of BA.2 compared to BA.1 cannot yet be estimated, and the timing of the publication of an adjustment to the risk assessment must also be taken into account. Communication is important: not a change of strategy but an adjustment of strategy, in which for*	*Dept. 3* *Buda/ Rexroth* *all*

	the recommendations in more detail in the relevant areas. • *Cuts are generally welcomed, and the risk downgrading is welcomed by many.* • *A few individual points need to be sharpened, e.g. risk assessment for the very old, nursing homes for the elderly and children: assessment not yet conclusively possible for Germany due to data available, and requires careful and clear wording together with the risk assessment for children, as do the recommendations for presentation to the medical profession in the event of symptoms* **TO DO:** • *Draft is sent to the round for written comments for internal technical coordination* • *Draft is then sent to the management of the BMG* • **Important:** *Send changes to the RKI recommendations and also the risk assessment to the head of the BMG before publication/coordinate with the head of the BMG and thus create a clear file situation*	
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *The children's statement is currently being revised.* • *The communication statement has been published.*	*Wieler*

6	**Communication**
	
	BZgA
	
	• *New activities:*
	   ▪ *Information sheet for the target group of care staff*
	   ▪ *Digital leaflet on quarantine and isolation*
	   ▪ *Digital package for "School" in several languages (D, D: easy language, Russian, French, English, Arabic, Turkish): will be available soon.*
	   dispatched in February
	Discussion:
	• *Urgent request that current leaflets for nursing staff and on quarantine and isolation be coordinated with the RKI in advance in order to harmonise them with RKI recommendations and MPK resolutions*
	TO DO: *Sent to situation centre and distributed internally to FG for technical coordination*
	
	Press
	
	• *Currently no news*
	• *Mr Wieler's retweet of the Postillion article on homeopathy was very well received in the community*
	
	P1
	
	• *Change to the segregation table, is something coming?*
	• *We are currently still waiting to hear back from the BMG (Mr Rottmann), the situation centre has already made an explicit enquiry.*
		BZgA
		
		FG14, FG 36
		
		Press
		
		P1

7	**RKI Strategy Questions** **General** • *not reported* **RKI-internal** • *not reported*	*All* *Dept. 3*
8	**Documents** • *not reported*	*All*
9	**Vaccination update** *(Fridays only)* • *not reported* **STIKO** • *xxx*	*FG33*
10	**Laboratory diagnostics** **FG17** • *not reported* **ZBS1** • *not reported*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *not reported*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 02.02.2022, 11:00 a.m., via Webex*	

End: 14:02

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 02.02.2022, 12:00 noon*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Dschin-Je Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
  - *Benedikt Zacher*
- *FG33*
  - *Wiebe Külper*
- *FG34*
  - *Viviane Bremer*
- *FG 35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *ZBS7*
  - *Christian Herzog*
- *MF 2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *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: 10,671,602 (+248,838), thereof 118,504 (+170) Deaths*
	- *7-day incidence: 1,349.5/100,000 inhabitants.*
	- *DIVI intensive care register 2,262 (-45) in treatment Vaccination monitoring: Vaccinated with 1st dose 63,027,698 (75.9%), with Complete vaccination 74.3%, booster vaccinations 53.9%*
	- *7-day incidence remains at a high level*
	- *Course of the 7-day incidence in the federal states:*
	  - *Plateau in HB, HH. BE*
	  - *Slight decline in SH*
	  - *Increases in HE, BY, SL, SN, ST, TH*
	  - *Climbs no longer as steep as they were last week*
	- *Geographical distribution of 7-day incidence by county*
	  - *All LK with 7-day incidence >500/100,000 inhabitants.*
	  - *More than half of all LCs (268) have a 7-day Incidence of >1,000/100,000 inhabitants on*
	  - *The most severely affected districts are spread throughout Germany*
	- *Incidence by age group and reporting week (heat map)*
	  - *Age group most affected: 5-14-year-olds*
	  - *Increases from week 3 to week 4 in all other age groups as well, albeit less pronounced than the week before*
	- *Covid-19 deaths by age group and week of death*
	  - *No increase*
	
	Figures on the DIVI Intensive Care Register
	
	- *Slides here*
	- *Treated COVID-19 cases/new admissions*
	  - *2,307 people treated on ITS (as at 02/02/2022)*
	  - *Slight sideways movement of COVID-ITS occupancy; turning point?*
	  - *1,285 new admissions to ITS in the last 7 days; significant increase*
	  - *Death figures have decreased, but are still relatively high*
	- *Share of COVID-19 patients in the total number of operational ITS beds*
	  - *Sideways movement in HB, HH, SH, BE*
	  - *Climbs in NRW, SL*
	  - *Strong continuing decline in SN, TH*
		FG 32 (Diercke)
		
		MF 4 (Fischer)

	- *COVID-19 treatment occupancy by severity*
	  - *Decline in the various treatment groups*
	  - *Proportionate increase in the number of cases with unknown treatment*
	- *Invasive ventilation capacity*
	  - *Free capacity is increasing. Relief trend continues.*
	- *ECMO capacity*
	  - *COVID burden still very high despite decline*
	  - *Free capacities are increasing*
	- *Development by age group*
	  - *Increase in the 70-79 age group and in the 80+ age group*
	  - *0-17 and 18-29 year olds plateau at a high level*
	  - *ITS occupancy with detection of virus variants: Delta decrease, Omicron increase, plateau/increase with unknown*
	- *Omikron ITS cases*
	  - *204 cases; roughly 7 days doubling time*
	- *SPoCK forecast*
	  - *Slight decline/sideways movement forecast for Germany as a whole*
	  - *Declines in NRW*
	  - *Increase in SL, decrease in RLP, reference to consideration of individual BLs*
	
	Syndromic surveillance
	- *Slides here*
	- *Flu Web:*
	  - *4,800 ARE per 100,000 inhabitants in week 4*
	  - *A total of just under 4 million ARE in Germany, regardless of a doctor's visit (3rd week: just under 4.2 million)*
	  - *ARE rate fell in week 4, increase did not continue initially, thus no longer close to pre-pandemic values (in week 4).*
	  - *Compared to the 3rd week of 2022: Decreased among children, slightly increased among adults (mainly affects younger adults (15 to 34 years)*
	  - *Due to decline, even in children no longer in the pre-pandemic range.*
	- *ARE consultations*
	  - *4th week of 2022: higher than last year, in the range of the seasons before the pandemic*
	  - *Around 1,470 doctor consultations due to ARE per 100,000 p.e. (approx. 1.2 million visits to the doctor due to ARE in Germany)*
	  - *ConsInc remained relatively stable overall: in week 4: 1,470 (previous week: 1,450)*
	  - *ConsInce (total) is higher than last year, Im Pre-pandemic seasons, with the exception of 0-4Y: the AI is currently not quite as high as before the pandemic.*
		FG 36 (Buda)

Pandemic
- *Regional differences: increases in BW, BY; decline in the BL SH, HH, BB*
- *Overall, the picture is still relatively mixed*

- *ARE consultations with COVID diagnosis / 100,000 inhabitants:*
  - *ARE with COVID-19 consultations by 4th week of 2022: Around 380 doctor's visits ARE with COVID diagnosis / 100,000 inhabitants (= around 320,000 ARE-COVID doctor visits in Germany)*
- *ICOSARI:*
  - *Remained stable overall*
  - *in week 3/2022 below pre-pandemic level; 10 influenza cases in current week (previously/in 2021 between 1-6 per week); affected AG: all U80s*
  - *Slight decline in AG 0 to 4 years and 80 years*
  - *Largely stable in all other age groups*
  - *Largest proportion of COVID cases in the 35-59 age group (70%)*
- *COVID-SARI hospitalisation incidence*
  - *COVID-SARI hospitalisation incidence of 5.0 per Pop. 100,000 (remained stable)*
  - *Hospitalisation incidence for AG 0-4 in recent weeks higher than in previous waves in both reporting data and ICOSARI*
  - *AG 0-4 with highest hospitalisation incidence after AG 60 years and older; increase in AG 80+*
- *Intensive treatment of SARI cases until 4th week of 2022*
  - *Significant decrease in SARI intensive care patients in AG 35 to 79 since the beginning of the year*
- *Outbreaks in kindergartens/day nurseries*
  - *Rapid increase since the beginning of the year*
  - *Significant delay due to late registrations*
  - *Outbreak size has remained relatively constant in terms of the median*

Virological surveillance, NRZ influenza data — *FG 17 (Dürrwald)*

- *Slides here*

- *KW 4/22: 141 entries*
- *SARS-CoV-2 share 22%, Omikron share to almost 100% by calendar week 4/2022*
- *Influenza viruses in week 4 slight increase to 3.1%, predominantly A/H3N2 viruses*
- *Influenza virus activity still very low considering the time of year*
- *ß-coronaviruses: decline in OC43, increases in 229E and SARS-CoV-2*
- *Other respiratory viruses: HRV and HMPV increase to 15%, RSV and parainfluenza viruses decline*

Dept.3

o

(Hamouda)

Test capacity, testing, ARS

- *Slides here*
- *Increase to 2.54 million tests in the last week*
- *Positive share rises sharply again to 40.58%*
- *Test capacities could be further increased*
- *Laboratory utilisation extremely high, partly due to Backlog, but still functional*

- *SARS in ARS*
  - *The proportion of positives is rising in all CCs and is higher in medical practices higher*
  - *Positive share of over 50% in medical practices*
  - *Delay between acceptance and test date decreases steadily. Currently at 1.5 days*
  - *Number of tests, percentage of positives and positive tests per 100,000 by age group: Further increase in the 5-14 year-olds, increases in all age groups with the exception of 0-4-year-olds*
- *Outbreaks in medical Treatment facilities/nursing homes for the elderly*
  - *Number of active outbreaks on the rise*

FG 37 (Eckmanns)

VOC Report/ Molecular Surveillance

- *Slides here*
- *Overview of VOC/VOI in collection systems:*
  - *Omicron proportion for week 3 in genome sequencing increased to 94.5%, in IfSG data (week 3) 96.0%*
  - *Omikron variants BA.1 at 89.2%, BA.2 5.1%, BA.3 0%, B.1.1.529 at 0.2%*
  - *BA.2 variant continuously increasing*
  - *IfSG data on Omikron cases (detection and suspicion): Plateau in week 2 and 3*
  - *Variant-specific PCR tests not expedient*
- *IfSG data on Omikron*
  - *Proportion of people without full immunisation increased slightly*
  - *Proportion of 5-14 year olds continues to rise, proportion of 15-34-year-olds fell slightly, all other age groups Age groups unchanged*

FG 36 (Kröger)

MF 2 (Semmler)

Overview SARS-CoV-2_genome sequences

- *Increase in the Omikron BA.2 line to 6.7% (week 4)*

FG 32 (Zacher)

Comparison of disease severity Omicron-Delta

- *Slides here*
- *Cases with report date between 1.11.21 and 17.01.22 from the*

	Laboratory sample of the IMS genome sequences (data status 01.02.2022)	

	○ *In the data set 33,577 Delta and 6,025 Omikron cases, Complete information in 37% of cases*
	○ *Limitations: Completeness depends on occurrence of new VOC and overall incidence, peak times for VOC in phases of different immunisation or seroprevalence, Samples from the IMS only a small part of the total cases*
	○ *Hospitalisation + adj. OR*
	    ○ *Significant reduction in almost all age groups at Omikron*
	    ○ *Almost all ORs below 1; 4 groups with significant results*
	○ *Comparison adj. OR IMS sample vs. all IfSG-VOC data in the period*
	    ○ *Significant reduction in all OR of over 35-year-olds*
	    ○ *No reduction in the odds of hospitalisation in the unvaccinated group (5-14, 15-34-year-olds)*
	
	Discussion
		Praes Zacher

	- *Has the influenza wave officially started in Germany?*
	  - *No, the wave has not officially started. Currently still in the background activity area*
	- *You don't see any difference in the vaccination status of younger people in terms of disease severity Delta-Omikron, but you do in older people?*
	  - *No reduction in the odds of hospitalisation in the unvaccinated group (5-14, 15-34-year-olds)*
	  - *Too little data in the individual groups for basic immunisation + booster vaccination*
	- *Question about the ARS data: The positive rate depends on the AG very high in some cases. To what extent is it possible to estimate whether the discussions on the shortened recovery status mean that people who thought they were still in the 2G area are now seeking confirmation in order to return to it? There is a big difference to sentinel surveillance.*
	  - *It is largely the doctors' surgeries and it can be assumed that the children are mainly there. What is behind this can be interpreted with the help of information from the various systems. The aforementioned suspicion cannot be read from the data.*
	- *Question about the mapping of tests in hospitals, doctors' surgeries and others: What is behind the other 400,00 PCR tests?*
	  - *These are the test centres where official PCR tests are carried out.*
	- *Reference to laboratory confirmed reporting data of severity in children and young adults regarding Delta-Omikron. The fact that there is no difference in hospitalisation could be due to a lack of*
		Buda
		Eckmanns
		
		Eckmanns
		
		Haas

	The difference in severity can also be interpreted and explained as an indication that the hospitalisation occurs independently of Delta or Omikron, as these are hospitalisations with evidence of infection. o *Question to Zacher: Is there enough data to publish? Could it be interpreted that full vaccination against Delta protects better than against Omikron? Would it make sense to calculate OR Delta vs. Omicron in double vaccinated people?* o *Consider limitations when interpreting the data* o *Regarding the amount of data: make a decision Limitation to laboratory sample or include all data* o *Make limitations transparent, disclose them and be brave enough to publish* o *The amount of data is still somewhat small (currently up to 17.01.22). Significance will increase in the coming weeks. It is conceivable to take other factors into account.*	*Schaade* *Zacher* *Kroeger*
2	**International** ***(Fridays only)*** *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** *Risk assessment on COVID-19: Discussion of edited draft amendment Filed here* o *De-escalation from "very high" to "high"? ECDC recommends procedure for vaccination rates above 75%* o *Wait and see, as the numbers are rising in BL with low vaccination rates* o *Downgrading to "high" makes sense with a good explanation at the same time. At the time, the "very high" rating was partly due to uncertainty in Omikron's severity assessment* o *Downgrading, as now more meaningful and to increase the population's trust in the RKI* o *Use the current state of knowledge as a basis for assessment This justifies a gradation.* o *De-escalation should be communicated in a wider context. It could also give the impression that Omikron is the reason for de-escalation.* o *The document signals a change in strategy: focussing only on preventing serious illnesses. It should be explained exactly why a change in strategy is being made.* o *If we go down to "high", the stratification should be (severity of illness) cannot be cancelled: This would then be*	*All*

	a positive message with regard to Omikron (unvaccinated: high, 2x vaccinated: moderate, boosted: low?) if feasible. o *The burden of illness is still high / has increased* o *In the current situation, downgrading from very high to high is perceived by the population as a sign of relaxation. Damage to the RKI could be great. There is currently no need to downgrade Strategy change should be well communicated with the BMG* o *Vulnerable groups among children should be taken into account in the draft* o *Vulnerable groups yes, but not limited to a specific age group* o *No need for downgrading at the present time. The draft should be coordinated with the BMG for preparation* o *Communication is very important for de-escalation. It should continue to be seen as a social task.* o *The draft will be finalised internally. The aim should be to be able to present this paper to the BMG in the week before the MPK.*	
5	**Expert advisory board** **(Monday preparation, Wednesday follow-up)** o *Statement on de-escalation is being prepared* o *Children's statement has been revised; new draft has been prepared* o *Discussion on convalescent status; difference between convalescent and immunised was emphasised* o *Possible preparatory discussion for RKI Panel*	*Pres*
6	**Communication** **BZgA** o *Information sheet on vaccination for employees in care professions in completion*	*Back*

	o *Summarised information sheet on quarantine and isolation in coordination*
	o *Information sheet on the Novavax vaccine is being prepared*
	
	P1
	
	o *No update since Monday*
	
	Press
	
	o *Background discussion on modelling the omicron wave on 03.02.2022 | 10 a.m.*
	o *3 questions:*
	  o *1. will the antigen tests be shown in the weekly report tomorrow?*
	    ▪ *Only on written instruction from the BMG*
	  o *2. what is the current status of the segregation tables?*
	    ▪ *The institutions involved are still in the process of coordination. Currently no further Information from the BMG.*
	  o *3. do we have a message for tomorrow's weekly report on Twitter?*
	    ▪ *Perseverance in relation to measures*
		Flax
		
		Press (Wenchel)
		
		Hamouda

7	**RKI Strategy Questions**
	
	General
	
	o *ECDC Transition Discussion Paper. Who can/should comment on this from the RKI for the BMG?*
	  o *Discussion paper shows strategy adjustment with focus on severe courses. Focus on syndromic surveillance. Consideration of vulnerable groups, behavioural aspects, vaccinations, etc.*
	  o *The paper will be discussed tomorrow in the Advisory Forum. The ECDC's risk assessment was recently criticised by many countries as being too alarming. As a result, this paper was produced.*
	  o *Syndromic surveillance should also be prioritised in the interests of the RKI. Statement should be drafted in support of this.*
	  o *Maria adH writes a statement. Walter Haas offers his support.*
		All
		
		Maria adH
		
		Hamouda
		
		Maria adH

	RKI-internal *(not reported)*	
8	**Documents** *(not reported)*	*All*
9	**Vaccination update** *(Fridays only)* *(not reported)* **STIKO** *(not reported)*	*FG33*
10	**Laboratory diagnostics** **FG17** *not discussed* **ZBS 1**	*FG17*
11	**Clinical management/discharge management** *(not reported)*	*ZBS7*
12	**Measures to protect against infection** *not reported*	*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: Friday, 04.02.2022, 11:00 a.m., via Webex*	

End: 13:55

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 04.02.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Klaus Stark*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Julia Schilling*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Inessa Markus(Protocol)*
- *ZBS7*
  - *Christian Herzog*
- *ZBS1*
  - *Janine Michel*
- *MF3*
  - *Nancy Erickson*
- *MF4*
  - *Martina Fischer*
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  - *Johanna Hanefeld*
- *ZIG1*
  - *Romy Kerber*
- *ZIG3*
  - *Sabrina White*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *Worldwide: Slides here* ○ *Data status: WHO, 02/02/2022* ○ *Cases: 380,321,615 Deaths: 5,680,741 (CFR: 1.5%)* *Global decline in the number of cases by 7.6% compared to the previous week* ○ *List of top 10 countries by new cases:* *USA, France, India, Brazil, Germany, Italy, Russia(new), UK, Turkey, Japan(new)* *The low vaccination rate in Russia is striking* *USA, France, India and Italy declining trend India and also Argentina show strong increase* ○ *WHO Sitrep (data as of 30 January 2022): Similar to previous week* *Increase in the number of cases in regions: Western Pacific, south-eastern Mediterranean and Europe* *Africa, Southeast Asia, the number of cases is stable* *Falling number of deaths in Africa (-7%) and Europe (-2%)* *Africa Declining case numbers, number of new infections as at the beginning of the coronavirus wave. Embassy reports confirm the positive development of the situation on the ground (measures, hospital capacity utilisation)* *Tonga reports the first COVID-19 outbreak since the beginning of the pandemic (5 cases) and is in lockdown.* ○ *Map of Europe with 7-day incidence (data as of 28/01/2022): No changes, incidence rates remain very high* ○ *Slide: Virus variant Omikron - Worldwide (01.02.2022)* ○ *Slide: GISAID Omicron* *worldwide: Currently only 6.7%* *VOC delta* *BA.2 over 50% in some countries, Denmark now dominant* ○ *Preliminary results from household studies and transfer of BA.1 and BA.2* *Both studies show higher SAR for BA.2* *Denmark reports increased susceptibility regardless of vaccination status* *Non-vaccinated cases with BA.2 show increased transmission in HH* *ToDo: ZIG1 to clarify the following aspects/questions by next week: What happens in EU countries that withdraw/"open" measures despite high incidences? Is there an acceleration in the rate of infection? What trends?* *What exactly does opening mean? Are all measures*	*ZIG1* *VPräs/ FG36/Abt3/ Abt1*

omitted or are there any restrictions? If so, which ones?
What is the high BA2 share in the states? High peak? New wave? What is the hospitalisation rate in Denmark and UK? Severity of the disease? What is the spread/geographical distribution?

National

FG32

- *Case numbers, deaths, trend, slides here*
- *SurvNet transmitted: 10,671,602 (+248,838), thereof 118,504 (+170) Deaths*
- *7-day incidence: 1,349.5/100,000 inhabitants; hospitalisation incidence: 5.5/100,000 inhabitants;*
- *DIVI Intensive Care Register 2,262 (-45) in treatment*
- *Vaccination monitoring: Vaccinated with 1st dose 63,027,698 (75.9%), with Complete vaccination 74.3%, booster vaccinations 53.9%*
- *Course of the 7-day incidence in the federal states: 7-day incidence different trend in BL*
  Plateau in HB, slight decline in BE and HH
  Increase in BB, HE, BY, SN, ST, TH
- *Geographical distribution of 7-day incidence by district: 13 districts with 7-day incidence <500/100,000 inhabitants; these are distributed nationwide; Berlin-Charlottenburg is in position 1 with 3,552/100,000 inhabitants; TOP10 LKs are distributed nationwide*
- *Incidence by age group and reporting week :*
  Age group most affected: 5-14-year-olds, increase flattens out. Continuous increase can also be seen in all other age groups
- *Hospitalisation incidence after AG: increase in >60J*
- *Death rates (DESTATIS): no excess mortality compared to the 2018-2021 median; change of reference period in 2022 (previously 2017-2020)*

	○ *Discussion:* ○ *What factors and AG contribute to the high incidence in Charlotten-Wilmersdorf? A quick look at the data shows that it is mainly 5-14-year-olds who are affected.* ○ *The reference year for the calculation of excess mortality has been adjusted and this leads to changed results. Are own analyses planned at the RKI to consider other (more suitable) time frames as a reference period?* *The first mortality surveillance data will be available at the end of the 1st/beginning of the 2nd quarter. Mr Zacher and Mr an der Heiden are currently carrying out further analyses on mortality from the reported data and will present these in the KS.* ○ *The illustration of the 7-day incidence and breakdown according to LK (folder) in the different BLs and LKs in comparison shows clear differences. BL and LK in comparison shows clear differences. The system can depict trends even when capacities are heavily utilised. This is important for general communication, even if the BMG would like to see comprehensive recording and the AG testing in is to be recorded in an additional system.*	*FG32/ FG36/Abt3/ Abt1*
	○ *Modelling* ***(Fridays only)*** ○ *(not reported)*	
2	**International** ***(Fridays only)*** • *There will soon be a mission to Madagascar to support the development of sequencing capacities as part of the HCW study and partly as part of the collaboration with Africa CDC.* • *Capacity building in the Western Balkans (slides here):* ○ *Started multiple missions to Kosovo since Sept. 2020 to support various areas (including PCR testing in the regions and sequencing capacities). areas (including PCR testing in the regions and sequencing capacities)* ○ *Three missions to Montenegro since April/May 2021 to support numerous areas together with various institutions. A summer school on data analysis and bioinformatics (WALTON) is planned for 2022, funded jointly by BMG MF1 and P5.* ○ *North Macedonia: Support WHO training on biosafety, biosecurity and risk assessment in December 2021*	*ZIG*

3	**Update digital projects** *(Fridays only)* • *240 million CWA downloads with 40,000 PCR tests, 500,000 red warnings for TN data donation.* • *Update of the delete function and the booster quota is now displayed in the app.* • *As all BLs are not renewing their contracts with Luca-App, the check-in function is becoming increasingly important.* • *Discussion: Since BL interpret/determine regulations/criteria for 2Gplus differently, will the usability of the status display (2Gplus) be restricted with CWA?* • *In version 2.18, the display of 2Gplus will be possible, the adaptation to country-specific regulations will take place in version 2.19. This is expected at the end of March.*	*FG21*
4	**Current risk assessment** • *Not discussed*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Not discussed*	
6	**Communication** **BZgA** ○ *Information sheet on vaccination for employees in care professions in completion*	*BZgA n.a.*
	○ *Fact sheet on the Novavax vaccine is being prepared* **Press** • *The background discussion with the media on Omicron modelling and the press conference on the COVIMO report were very good and received good feedback. Many thanks to the RKI experts.* • *Overall Twitter activity (surprisingly) good (tweets on STIKO, EpiBull article and weekly report)* • *Website: Modification of the segregation table and scientific justification of the proof of recovery have been added* • *Nights BPK next Tuesday at 10 am* **P1** • *This week: Insta-Post about Long-COVID and FAQ* • *Insta tiles for COVIMO report (together with press); adaptation of language to younger AL groups will be considered* **FG36:**	*Press* *P1*

	• *Flyer on syndromic surveillance according to IfSG; infographic and tweet are intended to explain syndromic surveillance and the additional contribution to the reporting data.* *Draft is shared with FG32*	
7	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	 *All* *Dept. 3*
8	**Documents** • *The new MPK table is addressed in a footnote entitled "Test-to-stay strategy".* *"***** Exceptions (e.g. "test-to-stay approach") possible if the above-mentioned requirements, i.e. systematic, serial testing including mandatory masks (in schools), are established in the institution."* • *This makes the table easier to understand, but this strategy cannot be implemented in schools or kindergartens. An FAQ has been drafted for the strategy, which will be put to the vote in the KS on Monday* • *Pathogen profile: Status of the current version 26.11. 2021. Information on Omikron is not yet included. Proposal until the next revision to first add a disclaimer to*	*FG36*

	create. The aim is to focus the profile as it progresses. *ToDo: FG36 is circulating the draft disclaimer and FAQ "Test-to-stay strategy" and it will be presented on Monday* • *Revision of the definition of reinfection (here)* ○ *Many reinfections are to be expected in the context of the numerous infections with Omicron. This was previously rather rare (with B.1.1.7/ B.1.617.2) and therefore the case definition (FD) was previously very specific. To make this variable easier to analyse in Survnet, the FD was made more sensitive. An information letter for the GA is planned.* ○ *Significant changes:* *1. The GA can be entered in Survnet for infections at least 28 days apart. The time interval between infections is taken as the basis.* *2. The RKI then identifies "certain/confirmed and possible reinfections". Only on the basis of variant-specific differences/sequence differences can reinfections be reliably proven and, if present, be classified as Classified as "safe/confirmed". Variant-specific PCR as proof is possible.* *3. Probable reinfection was excluded because it requires a lot of additional information (CT value etc.) and this is often not available to the RKI and has to be researched at great expense. This is not possible with the expected number and high number of cases.* ○ *There is a massive underestimation of reinfections; this approach enables better recording. Currently, reinfections are hardly ever reported, so this adjustment should not cause a break in reporting.* ○ *Coordination with BMG is important to the management before publication.* *ToDo: FG32 sends the changes with an accompanying text to the BMG. FG36 arranges an appointment with the BMG for explanation/discussion at specialist level*	*FG36/FG32*
9	**Vaccination update** ***(Fridays only)*** • *Comment procedures are underway for two amendments: Inclusion of Novovax in the vaccination recommendation and recommendation of the second booster vaccination for medical staff and older population groups.* • *Participation in the Working Group on Compulsory Vaccination with other ministries, contribution to the explanatory memorandum on the general compulsory vaccination law* **STIKO** • *No booster vaccination is currently recommended for groups of people who have been vaccinated twice and have subsequently recovered.*	*FG33*

	• *Booster vaccination with Novovax is recommended with an mRNA vaccine; Novovax can only be boosted if contraindicated.*	

10	**Laboratory diagnostics**
	
	FG17
	
	• *Virological Sentinel had 541 samples in the last 4 weeks, of which:*
	  ○ *103 SARS-CoV-2*
	  ○ *14 H3N2*
	  ○ *14 RSV*
	  ○ *63 seasonal coronaviruses*
	  ○ *59 Metapneumovirus*
	  ○ *14 Parainfluenza virus*
	  ○ *70 Rhinovirus*
	
	ZBS1
	
	• *192 samples/80 (42%) positive, increasingly Omicron BA.2*
	
	• *The RKI's comments on the draft bill for the First Ordinance amending the Coronavirus Test Ordinance are currently at L1 and will be sent to the BMG by 2 pm today. FG32 (Diercke) and AL3 (Seifried) were involved in the commentary. The focus on vulnerable groups could complicate the processes in the laboratories due to the necessary selection process for the samples submitted. It is unclear when confirmation by AG test instead of PCR at the end of isolation is an option, as capacity utilisation can vary greatly from region to region.*
		FG17
		
		ZBS1
		
		Dept.1

11	**Clinical management/discharge management** • *A TC on the availability of Paxlovid with BMG will take place this afternoon; report on Monday* • *Guideline Commission is currently revising the guideline on COVID-19. will be updated. FG COVRIN specialist group draws up an overview of the recommendations for drug therapy.* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*

13	**Surveillance** • *s. Documents FD Reinfection* • *Antigen test collection* *Current status:* *BMG would like antigen testing to be better recorded in order to have a better feeling for the actual incidence. RKI should draw up a proposal on how this could be recorded. Dept. 6 BMG favours aggregated recording by test date.* - *The following data flow options are available:* 1. *The data is first transmitted to the GA, summarised here and transmitted to the RKI via the state level. Challenge: Overview of all existing test centres (TS) and their authentication. A centralised query must control who accesses the system and reports.* 2. *All TS report to the RKI, the data is collated at the RKI and then a report is sent to the BMG and the federal states. The GAs would rather have an overview of test centres under their responsibility, but this would mean an additional burden for GAs and possibly heterogeneous data.* *Discussion:* *TS are heterogeneous and the federal states and KV are responsible for authorisation and billing and are therefore obliged to record test numbers. This also offers the opportunity to gain a better overview of the local situation and to check quality. The added value of the information obtained is to be seen more at the local level and it is not suitable as a surveillance instrument.* *It should be borne in mind that testing is not recorded in schools and daycare centres. Recording via the federal states requires the approval of the federal states and will be re-examined there for feasibility and benefits.*	*FG 32*

14	**Transport and border crossing points** *(Fridays only)* • *The relevance of designating high-risk areas in the current high-incidence phase was discussed within the IGV Airports working group. In terms of technical content, the WG is of the opinion that the designation of high-risk areas should be suspended in a high-incidence phase. This would significantly reduce the number of DEA notifications to be processed and support the ÖGD. The RKI would like to communicate this to the BMG.* *Discussion:* *ZIG is currently working on a position paper (FF ZIG1 Esquevin) on this topic and is in regular dialogue with the BMG and represents the same position. The federal states and the IGV-Airports working group have the opportunity to bring this issue to the attention of the BMG in order to draw attention to the overburdening of the authorities. The RKI's technical and substantive arguments can be included in the position paper.* *ToDo: Ms an der Heiden/FG38 will contact ZIG on the subject of a position paper and, in addition, a joint communication of the IGV Airports Working Group will be prepared again.* *stimulated.*	*FG38*
15	**Information from the situation centre** *(Fridays only)* • *The call for the LZ shows results. New employees are joining the LZ. Thank you!*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Expectations and current assessment of Omicron (B.1.1.529) subtype BA.2* • *Discussion:* *Sybtype BA.2 appears to have changed characteristics compared to the previously dominant subtype, so it is expected that there could/will be strong competition or replacement of the currently dominant subtype.* • *No additional wave is expected due to subtype BA.2, but a further increase in the number of cases and a broadening of the current wave. This is already visible in other countries. The situation in Denmark should continue to be monitored in terms of disease burden and hospitalisation. The possible increase in case numbers could be attributed to a further increase in infections among vaccinated people. Currently, no differences in clinical effectiveness are seen in relation to vaccination for symptomatic infections.* • *Focusing the test criteria will have an impact on typing (fewer/pre-selected isolates) and will make it increasingly difficult to observe/assess the situation.* • *The WHO will be discussing this topic next week.* • *There is currently no indication that BA.2 unlike the previous*	

	known subtypes. • *Next meeting: Monday, 07.02.2022, 13:00, 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, 09.02.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Genie Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Luise Goerlitz*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Meike Schöll*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	○ *not reported*
	
	National
	
	Case numbers, deaths, trend
	○ *Slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 11,521,678 (+234,250), of which 119,215 (+272) deaths*
	○ *7-day incidence: 1451/100,000 inhabitants (slight increase, but steep rise of recent weeks does not continue)*
	○ *Vaccination monitoring: Vaccinated with 1st dose 63,191,233 (76.0%), with complete vaccination 61,943,072 (74.5%)*
	○ *Course of the 7-day incidence in the federal states:*
	    ○ *Increase flattens out, slight decline in HH and BE, further increase in BY and HE*
	    ○ *LK with highest 7-day incidence: LK Fürstenfeldbruck and SK Charlottenburg-Wilmersdorf over 3500 / 100,000 pop.*
	○ *Incidence by age group and reporting week: over 600 in almost all age groups in week 5/2022 (slightly lower in the age groups of 65 to 89-year-olds), overall incidence only slightly higher compared to the previous week, increases in children not quite as large, but increases are also observed in older age groups*
	○ *COVID-19 deaths by age group and week of death: no visible increase*
	○ *Update on SK Charlottenburg-Wilmersdorf: Discrepancy between the number of reports and the number of cases reported suggests that the increase in cases cannot be explained by an increase in the number of reports. For Dachau, the increased number of reports and cases correspond well. The reporting date is usually not changed manually later.*
	
	ITS occupancy and Spock (Wednesdays only)
	○ *Slides here*
	○ *As of 9 February 2022,* ***2,409*** *COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals). Turning point in COVID-ITS occupancy becomes visible for January. ITS-COVID new admissions rising with* ***+1,569*** *in the last 7 days, probably all Omikron cases*
	○ *Proportion of COVID-19 patients in the total number of operational ITS beds: Most CCs show moderate increase (5 CCs exceed the threshold of 12% COVID-19 patients in the total number of operational ITS beds)*
	○ *COVID-19 treatment occupancy by severity: invasive*
		
		ZIG1
		
		FG32 (Diercke)
		
		MF4 (Martina Fischer)

	Ventilation increases (also non-invasive ventilation and high-flow oxygen therapy), "unknown treatment" increases the most (e.g. secondary findings, no or support required) o *High-care treatment: more unavailability is reported, staff shortage as the most important reason (small turning point in the dynamics)* o *Development by age group: Increase in older age groups, others moving sideways, but also increase in 0-17 year olds and young adults (but at a lower level than other age groups)* o *SPoCK forecast: continuation of sideways movement, possibly slight increase, differentiated analysis by cloverleaf necessary (regional patterns)* *Syndromic and virological surveillance* ***(Wednesdays only)*** o *Slides here* o *Flu Web: ARE rates not increased, slight decrease especially among adults, remained stable among children; 4,400 ARE per 100,000 inhabitants in KW5, which corresponds to a total number of* **approx. 3.7 million ARE in Germany, irrespective of a visit to the doctor***,* *(4th calendar week: approx. 4 million);* o *ARE consultations: There was a slight increase in the 5th week of 2022; higher than in the previous year, similar to pre-pandemic seasons, around 1,760 doctor consultations due to ARE per* *100,000 inhabitants (= approx. 1.5 million visits to the doctor due to ARE in Germany). The picture varies from region to region (in BY an increase in all age groups, in HH/SH rather a decrease).* o *ARE consultations with COVID diagnosis / 100,000 inhabitants: high among schoolchildren and young adults, but also increase among older people, many recodings.* o *ICOSARI-KH-Surveillance: SARI case numbers have remained stable overall, below pre-pandemic level since week 52/2021; increase in 5-14 year olds also at a low level.* o *COVID-SARI hospitalisation incidence shows a slight increase in recent weeks* o *Intensive treatment SARI cases until CW 5 2022: level rather lower than in previous flu waves,* o *Compared to the previous year's season: sideways movement, not such a steep rise* o *Outbreaks in nurseries/after-school care centres have reached new highs, while outbreaks in schools have reached delta wave levels. Cases mainly affect children (not carers)* o *CW 5/22: 531 submissions, SARS-CoV-2 strongest virus in the Sentinel, remains at a high level. Proportion of SARS-CoV-2 is lowest in the 0 to 4 age group, and lowest in all age groups.*	*FG36 (Buda)* *FG17 (Dürrwald)*

	others between 20 and 30 %. o *The Omikron share until calendar week 5/2022 is almost 100%.* o *Influenza viruses show a slight increase to 5% in week 5, but are only detected in the younger age groups. A/H3N2 viruses continue to dominate.* o *Among the ß-coronaviruses, OC43 and 229E are decreasing, NL63 is increasing, SARS-CoV-2 is most strongly detected in the sentinel.* o *Among the other respiratory viruses, HMPV shows an increase to 16%, RSV and parainfluenza viruses are declining.*	
	Test capacity, testing, ARS data ***(Wednesdays only)*** o *Slides here* o *Number and capacity of tests: in CW5/2022, almost 2.6 million tests were carried out with a positive rate of 44% (higher than in the previous week). Testing capacity was increased, but the situation is still tense.* o *Utilisation: Laboratories in some BL (including BW, BB, HB) are over 100% utilised, but the trend there is now declining. Laboratory utilisation is increasing in SN, ST and TH.*	*Dept. 3 (Hamouda)*
	o *SARS in ARS: The number of tests is falling slightly in BW and significantly in NW. The proportion of positive tests is increasing in the BL, although it is unclear why this proportion is higher in doctors' surgeries than in the sentinel presented above* o *Breakdown by test centre not feasible for data protection reasons* o *In NW, the number of tests among 5- to 14-year-olds is falling, while the proportion of positives is rising (possible explanation: NW is also not currently dissolving any positive pools from schools (only with antigen tests).* o *Number of tests, proportion of positives and positive tests per 100,000 by age group: The diagram above right shows a relatively low number of tests in the 60 to 79 age group with a relatively high proportion of positives (diagram left).* o *The monthly report provides further information by age group over time.* o *Outbreaks in medical treatment facilities and retirement and nursing homes: many active outbreaks in medical treatment centres (increasing for weeks); also in the* *There has been a further increase to 373 active outbreaks in retirement and nursing homes. A further increase and higher death rates may be expected.*	*FG37 (Eckmanns)*
	Molecular Surveillance, VOC ***(Wednesdays only)*** o *Slides here* o *The Omikron variant continues to dominate, which is also reflected in the IfSG data* o *Share of BA.1 stable at approx. 90% (BA.2 has advantage in the transmission and could soon take over the action)*	*FG36 (Kröger)*

	Modelling *(Fridays only)* ○ *(not reported)* *<u>Discussion</u>* ○ *The SEED^{ARE} data for older people is about the same as in the 4th wave (Nov 2021). More COVID-19/ARE visits are expected, there are indications of increasing cases in the older population, peak is approaching, otherwise older people tend not to visit medical practices because of ARE.* ○ *The overall interpretation of the various recording instruments is complex. It is unclear to what extent the ITS trends from the DIVI intensive care register, which show an increase in occupancy in the older age groups and suggest more deaths, are also reflected in syndromic surveillance, where the SARI and COVID-SARI figures in the older age groups are only rising moderately.* ○ *It is important to look at the overall situation, as many people with COVID-19 are hospitalised or treated in intensive care for other diagnoses. The objective of the recording instruments is different and must be clearly communicated; ICOSARI is used to record the burden of disease.* ○ *Any contradictory trends in the recording instruments would have to be explained.* ○ *The question is whether Omikron may result in fewer respiratory symptoms than other variants and would therefore be less represented in SARI. The proportion of "unknown treatment" in the ITS figures may play a role.* ○ *It is possible to analyse the DIVI data filtered by ICOSARI hospitals.* ○ *It is suggested that in future the weekly report should interpret the core statements from the individual chapters in an overall view of the results with a focus on current developments. If not already implemented, core statements per chapter could be described and made available for the overall view via nCov-Lage. It might be conceivable to restructure the weekly report according to questions (instead of data collection instruments), but this would require much more coordination (and thus a longer lead time) and would mean significant changes to the procedure.* *ToDo: With the support of FG32, Matthias an der Heiden and MF4, FG36 will include an interim paragraph in the weekly report on the interpretation of the results (differences in incidence/prevalence, reporting week, limitations, possibly in a footnote) of the different data collection instruments.*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*

3	**Update digital projects** *(Fridays only)*	*FG21*
4	**Current risk assessment** • *Risk assessment: The date of publication is dependent on the approval of the BMG, probably not before the MPK on 16 February 2022. A downgrading before then would possibly be interpreted as a signal of de-escalation and is therefore politically undesirable. Content revision and discussion will be postponed until next week.*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Not discussed*	*Schaade/ Wieler*
6	**Communication** **BZgA** • *Next Monday, the Ministries of Education and Cultural Affairs will provide schools with a package of materials on childhood immunisation (with foreign language and plain language options). This will be supported by the press office.* **Press** • *The RKI website on COVID-19 could be shortened in some places. Corresponding suggestions will be sent to the crisis team distribution list.* • *Tomorrow's Twitter message will include the booster vaccination to protect against hospitalisation.* **P1** • *no news*	*BZgA* *Press* *P1*
7	○ *The paper's target group appears unclear: the population on the one hand and politicians on the other. The measures could possibly be organised by target group. Some of the measures appear to be small-scale, others are aimed at post-pandemic aspects.* ○ *In principle, the strategy paper is addressed to the BMG as a technical statement, but should also be published on the website after approval by the BMG.* ○ *The professional de-escalation sequence differs from the public perception: from a professional point of view, active case search, contact tracing and broad testing strategy would lose importance, while AHA + L should certainly be retained for a long time. Reference is only made to 2G/2G+ etc. in the sense of lifting access restrictions.* *To Do: Tanja Jung-Sendzik is revising the document today, then*	*All* *Dept. 3*

	Distribution via crisis team distribution list for prompt commenting • *Decisions of the Conference of Heads of Office (ACK)* ○ *As no one from the RKI took part and no resolutions have been passed, it is suggested that the BMG be asked whether the resolutions will result in work orders for the RKI. It has become known that a designation of antigen tests is probably no longer planned.* *ToDo: Ute Rexroth asks the BMG.* **RKI-internal** • *Not discussed*	
8	**Documents** • *Not discussed*	*Haas*
9	**Vaccination update** *(Fridays only)* • *(not reported)* **STIKO** • *(not reported)*	*FG33*
10	**Laboratory diagnostics** **FG17** ○ *Not discussed* **ZBS1**	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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 tasks and dates** • *HSC meeting Wed 09.02.2022* • *DCC-EU meeting Thu 10.02.22 (for RKI J. Benzler)*	*All*
17	**Other topics** • *Next meeting: Friday, 11.02.202, 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:	*Weekday, 11.02.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG 16*
  - *?*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Hauer Barbara*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
  - *Amrei Wolter*
- *ZBS1*
  - *Janine Michel*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Regina Singer*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *Worldwide: Slides here*	 *ZIG1 (Singer)*

- *Data status: WHO, 06/02/2022*
- *At a global level, the number of cases fell by 17.6% compared to the previous week, mainly in North America, Africa and South-East Asia,*
  Western Europe
- *Strong increase in EMRO, especially Iran, Jordan, Palestinian territories*
- *Global increase of 7% in the number of deaths*
- *Measures in DK, DE and UK*
  - *Denmark: Relaxations since 01.02.2022, BA.2 85%*
  - *UK since 27.01.2022, BA.2 7%*
  - *COVID-19 Stringency Index: DE 87.96 points, DK 16.67, UK 42.13*
- *COVID-19 cases, hospitalisation, ITS occupancy and deaths in DE, DK and UK*
  - *Case numbers: Plateau in DK, decrease in UK*
  - *Hospital admissions: Increase in DK and DE, decrease in UK*
  - *Intensive treatment: decrease in DK and UK, increase in DE*
  - *Deaths: No major differences between countries*
  - *Cave: Data on disease severity from UK and DE only comparable to a limited extent (see summary)*
- *Measures DK*
  - *Focus on people at increased risk of severe progression and medical staff*
  - *MNS and COVID pass in hospitals and nursing homes as well as MNS in airports (previously also in public transport, shops)*
    and restaurants)
  - *MNS and COVID pass voluntary for events, hotels, bars, etc.*
  - *Also recommended AHA-L recommended*
  - *Hospital admissions increase, including psychiatric admissions)*
  - *Proportion of admissions due to COVID-19 decreases, proportion of admissions due to other diagnoses increases*
- *Measures UK*
  - *NHS COVID pass no longer mandatory*
  - *Masks: no longer mandatory indoors, recommended for gatherings, required in*
    Healthcare facilities and pharmacies
  - *Isolation (since 17.01.22): 10 days without negative test **or** 5 days with negative rapid test on day 5 and 6*
  - *Current discussion to lift all measures one month earlier (24 February instead of 24 March), incl. isolation in case of positive test*
- *Summary*
  - *Changes in test strategy and case definition in UK and DK - possible effect on case number development*
  - *UK: easing of measures + low BA.2 share -> slight decline in case numbers since 27 Jan.*
  - *Denmark: Relaxation of measures + high BA.2 share -> plateau in case numbers*
  - *Low ITS occupancy in Denmark despite rising hospitalisation rate*
  - *Higher rate of booster immunisations in DK (62% vs. 55% in*

UK and DE)

- Different definitions of hospital/ITS occupancy (WITH or AGAINST COVID)

Discussion

- *Question: Is the number of deaths in DK increasing? Yes, but so far no excess mortality according to EUROMOMO*
- *Fatalities for DK very high, had very low fatality rates so far*
- *Limited comparability must always be taken into account*
- *Stringency index: How does the high score for DE come about, measures were already much stricter here, where would China be then? Classification probably compared to the average of all countries?* https://ourworldindata.org/metrics-explained-covid19-stringency-index
- *Note: A high increase in the number of cases is inevitably accompanied by a higher number of deaths; moreover, half of the deaths >80 years and other pathogens that may be the cause are not tested*
- *Note: Definition of intensive care beds differs greatly between countries*
- *Question: Could the data from children also be presented for DK and UK? In South Africa, Omikron infection is less severe in adults, but no difference to Delta in very young children*
- *Further slide: Hospital admissions in DK are almost as high for 0-2 year olds as for >80 year olds, Cave: Hospital admissions <12h are also included in the statistics in DK*
- *Note: This indicator allows statements on capacity, utilisation and demand, but the severity of illness must be considered separately, with the help of surveillance data on serious illnesses*

National

FG 32 (Diercke)

- *Case numbers, deaths, trend, slides here*
- *SurvNet transmitted: 12,009,712 (+240,172), thereof 119,679 (+226) Deaths*
- *7-day incidence: 1,472.2/100,000 p.e.*
  Hospitalisation incidence: 6.5/100,000 p.e.
- *DIVI Intensive Care Register 2,396 (-2) in treatment*
- *Vaccination monitoring: Vaccinated with 1st dose 63,257,882 (76.1%), with Complete vaccination 74.7%, booster vaccinations 55.2%*
- *Incidence stable at a high level*
- *Number of DEMIS notifications by notification date: Peak at > 300,000 reached, possibly no further increase, but a plateau*
- *Trend in 7-day incidence in the federal states: rise now less steep (also in BY and HE), rise in ST continues, HH and BE down slightly, HB maintains level*
- *Geographical distribution of 7-day incidence by district: frontrunners Eichstätt (BY), Offenbach (HE) and Barnim (BB)*

	are widely distributed o *Incidence by age group and date: 5-14 year olds highest, followed by 15-34 year olds, slight increases in 60-79 and >80 year olds* o *7-day hospitalisation incidence: increases in at 0-59 and at >60year-olds* o *Death rates (DESTATIS): no excess mortality to date, caveat: the 2018-21 reference period now includes 2 COVID years* o *Extra film for hospitalisation after reporting week for various reasons* ▪ *due to the reported illness* ▪ *due to another cause: this proportion has increased somewhat, but does not yet predominate* ▪ *due to unknown cause* ▪ *To isolate: there is a software error here, probably due to an unknown cause become* **Discussion: no questions** o *Modelling* **(Fridays only)** ▪ *No changes to the Omikron modelling* ▪ *Co-operation Maier/Abood (PHI) is initiated*	*P4 (Gottwald)*
2	**International** ***(Fridays only)*** • *Not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *Not reported*	*FG21*
4	**Current risk assessment** • *Update has already been circulated* *ToDo: Please put voting and finalisation on the agenda of the crisis unit for Monday 14.02.2022*	*Dept. 3 FG38 (Rexroth)* *LZ*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Not discussed*	
6	**Communication** **BZgA** o *Information sheet for nursing homes on vaccination incl Novavax (in coordination with the German Nursing Council) will be published, will also be available in foreign languages and in plain language* *ToDo: Please also distribute the finalised information sheet to FG 14 and*	*BZgA (Dietrich)*

	FG 37	

	○ *Information pack for schools in planning*
	○ *Information/leaflet on Novavax and all vaccines available to date as well as on vaccination sequences in progress (in close coordination with RKI)*
	○ *Website (microsite) on Long Covid is being developed, RKI is involved*
	
	Press
	
	• *Social media group is sparsely staffed next week, please register your needs early*
	
	P1
	
	• *COIVID-19 website is currently being "tidied up" by R. Wenchel*
	• *Outdated flyers with behavioural recommendations will be removed, flyer with recommendations for winter will remain, will soon be replaced by spring recommendations, flyer on 2G/3G will be updated*
	• *Question: How can the "number of unreported cases" be quantified, it is planned to calculate the probability of an infectious encounter, the additional risk due to the number of unreported cases should be pointed out*
	  ○ *Notes: Please be careful with numbers and wording, definition of dark figure is not fixed, better use the term Use "under-recording"*
	  ○ *The risk of an infected person depends heavily on their own behaviour and also on the incidence of infection; it cannot be assumed that the population is evenly mixed*
	  ○ *The statement that the risk increases with the high incidence and is in fact even higher due to underreporting is correct, concrete figures would be wrong*
		BzgA
		
		Press (Wenchel)
		
		P1 (Leuker)

7	**RKI Strategy Questions**
	
	General
	
	• *De-escalation paper*
	  ○ *Document here*
	  ○ *Thanks to all contributors*
	
	ToDo: Please submit (only the most necessary) final comments and additions by close of business today, 11 February 2022, paper will be submitted on Monday Präs, so that it can be sent to the BMG before the MPK if necessary
		Dept. 3
		
		(Jung-Sendzik)
		
		All

	○ *Structure in* ▪ *Introduction,* ▪ *a) 1-5: Measures that should be gradually withdrawn,* ▪ *b) 1-11: Measures that should be maintained* ▪ *c) 1-5: Measures to increase vaccination protection* ▪ *d) Endemic outlook* ○ *Re b 3: Testing of symptomatic persons "according to medical necessity" should be added*	*All*

- *All distinctions according to status (vaccinated/vaccinated according to certificates) should be avoided*
- *Should symptomatic people no longer be isolated by order of the authorities? Quarantine is explicitly mentioned in a)2.*
- *Isolation could be listed under measures to be retained*
- *Isolation could also be listed under measures to be gradually withdrawn*
- *Is perhaps already implied in the text of the test (...no longer primarily serve to order individual infection protection measures...)?*
- *Perhaps too subtle, better explicit: b)1. symptomatic people should isolate themselves and not go to work, Entry bans in special facilities*
- *Note: High number of cases after the models for another 5-6 weeks*
- *It is efficient to point out self-isolation, suggestion footnote: There are infectious diseases for which protective measures are still ordered by the authorities, this should be explicitly mentioned*
- *In general: quarantine and isolation as an official order should be kept to a minimum (hospitals, care facilities), self-isolation should take centre stage*
- *Question: whoever has little money will symptomatically continue to go to work if no official measures are ordered? Sick leave can be granted in these cases*
- *It is about a target vision: Where will SARS-CoV-2 be classified in the pathogen spectrum - that will be in the direction of influenza*
- *Could it also be like polio? A few get very sick? No evidence so far, plus these recommendations are for a shorter time frame/as the wave subsides/until lower levels are reached and can be adjusted at any time, longer term plans like summer measures /Winter measures (Streeck concept) can be discussed at a later date*
- *The relaxation discussion is (already) taking place in politics in any case, with and without comment from the RKI, which is why a substantive contribution on a technical basis is important, it should be formulated in concrete terms, but without details that may quickly be inappropriate for further developments*
- *Was the topic of CWA deliberately omitted? Yes, the possible abolition of the CWA should not be specified at this time, it could possibly also be adapted, etc. ... ...*
- *As the highest authority for infection control, the RKI should be very carefully, there will be new, possibly more virulent variants, COVID_19 leads to chronic*

Diseases, we will be judged by them

- *RKI is also a PH institute, avoiding any infection cannot be the primary goal*
- *The paper can only set out the current development "under the premises of the current development"*
- *It can be pointed out that the connection between acute and chronic illness needs to be more focussed on*
- *The paper should be framed in perspective: In which direction could it go*
- *Advice to politicians that a lot of time and energy is being invested in the technical and legal design of certificates and in the drafting of legal regulations that will no longer be necessary in the foreseeable future*
- *Outlook: Transition to the "endemic state" sounds like a stable and situation does not do justice to the situation? The difficult process is described in more detail in the paragraph*

RKI-internal

- *(not reported)*

8	**Documents**	
	• *Disclaimer on the pathogen profile* ○ *Document here* ○ *Thanks to everyone who has contributed so far* ○ *Should be placed in front of the profile as "instructions for use"* ○ *All sections of the profile are illustrated and should be provided with links and references to further current information on the respective topic.*	*FG36 Haas)*
	ToDo: Paper is circulated, please incorporate feedback, comments, additions by Monday 14.02.2022 close of business, the disclaimer is to be finalised and published on Tuesday	*All*
	• *FAQ: Test-to-stay* ○ *Document here, Parent information Berlin here, KITA-Information Berlin here* ○ *Thanks to all contributors* ○ *Should it remain an FAQ with an explanation of the concept or should separate RKI recommendations be formulated, which can be used to respond individually to enquiries about the footnote of the MPK resolutions?* ○ *It remains with FAQ* ○ *The two papers from the Berlin health administration do not refer to the RKI* ○ *There is no clear distinction between RKI and MPK recommendations, as the MPK decision is published on the RKI homepage* ○ *1st paragraph: different wording for "non-emergency testing"? Preventive testing? Tests are not preventive Solution: no adjective, "serial testing" is good* ○ *Should the paragraph "Since the TTS approach requires the consistent implementation of the recommended infection prevention measures, including the continuous and correct wearing of a medical mask, it is only suitable for the school setting and not for younger (daycare centre) children" be deleted?* ○ *Yes, can be omitted, cannot be clearly justified from the literature, internationally (Ontario paper) this is handled differently and under point 2 of our FAQ the wearing of masks is explicitly listed anyway*	*FG36 (Haas)*

9	**Vaccination update** *(Fridays only)* • *The BMG is currently requesting extensive additional work on the subject of compulsory vaccination* **STIKO** • *Publication of the statement on Novavax and 2nd booster vaccination is slightly delayed, probably Wednesday 16 February 2022, as scientific justification for older AG must be readjusted with data from UK*	*FG33 (Wichmann)*
10	**Laboratory diagnostics** **FG17** • *Not reported* **ZBS1** • *119 samples/64 (54%) positive* • *These include study samples mainly from Berlin, occasionally also from external sources with a request for typing*	*FG17* *ZBS1 (Michel)*
11	**Clinical management/discharge management** • *Not reported*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *Since Wednesday, 09.02.2022, pharmacies can also report positive rapid tests to the GÄ (please correct if necessary)*	*FG 32 (Diercke)*
14	**Transport and border crossing points** *(Fridays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Fridays only)* • *International communication is heavily burdened by the high number of cases*	*FG38 (Rexroth)*
16	**Important dates** • *none*	*All*
17	**Other topics** • *none*	
	• *Next meeting: Monday, 14.02.2022, 13:00, via Webex*	

End: 13:10

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 14.02.2022, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Toni Aebischer*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Hauer Barbara*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Amrei Wolter (minutes)*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	• *Case numbers, deaths, trend, slides [here]*
	• *SurvNet transmits: SurvNet transmitted:*
	• *(+76,465), of which 119,977 (+42) deaths*
	• *7-day incidence: 1,459.8/100,000 inhabitants.*
	• *Vaccination monitoring: Vaccinated with 1st dose 63,290,587 (76.1%), with complete vaccination 46,105,414 (55.4%)*
	• *Course of the 7-day incidence in the federal states:*
	  ▪ *Declining trend or plateau in case numbers in most BCs and only a few BCs (SA, ST) with rising case numbers.*
	  Case numbers
	  ▪ *Little change since the last staff meeting*
	  ▪ *Similar development observed in all age groups (plateau or declining trend)*
	• *Course of hospitalisation incidence*
	  ▪ *Increasing 7-day HI, especially in > 80 year olds*
		FG32 (Diercke)

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*
	• *Significant changes to the previous version (in terms of content and structure)*
	• *Amendment of the Risk Assessment document:*
	  o *Risk assessment to be changed from "very high" to "high", communicating that Omikron is not the reason for the de-escalation*
	  o *A differentiated presentation of the assessment of the risk of serious health consequences in different population groups (e.g. in pre-vaccinated and unvaccinated children and young adults) has been incorporated.*
	  o *There may still be regional capacity restrictions in medical care for patients.*
	  o *Editorial and other content adjustments (z. B. Focus on isolation of sick people) were presented, discussed and implemented.*
		Dept. 3

	○ *The current version will be circulated in the crisis team and the date of publication will be determined with the Minister.* **Discussion:** • *As vaccination under the age of 5 is an off-label use, the question arises as to how children who belong to a vulnerable group (pre-existing condition/trisomy) can be adequately protected in everyday life/daycare centres.* • *Explicit mention of the group of children in the section "Disease severity"; replacement of the term "people" with "young adults and children"* • *Reference to the fact that long-term consequences can occur even after mild courses and that unvaccinated people can also be affected* • *Disease severity: long-term consequences can occur even after mild courses, risk minimisation through vaccination* • *With regard to the strain on the healthcare system's resources, a milder formulation is conceivable with regard to the paragraph on regional restrictions on the capacity of medical care by Omikron. In view of the dynamic development of the situation, however, this formulation should be retained for the time being* ***ToDo**: Risk assessment to be circulated in the crisis team and then sent to the Minister for approval. Response from the Minister with an assessment of the paper just submitted is to be awaited.*	
5	**Expert advisory board** **(Monday preparation, Wednesday follow-up)** • *The revision of the "Children" opinion of the Expert Council is to be finalised this week.*	*Wieler*
6	**Communication** **BZgA** ○ *No report* **Press** ○ *Tagespiegel article: https://www.tagesspiegel.de/berlin/berliner-kitas-und-die-oeffnungsstrategie-test-to-stay-kita-eltern-halten-risiken-fuer-nicht-tragbar/28062008.html* ○ *The Tagesspiegel published an article at the weekend in which the parents' council criticised a contradiction between public health officers/GA and the RKI* ○ *This is the test-to-stay procedure in which Contact persons of infected persons with daily negative tests and who are symptom-free can attend the daycare centre*	*BZgA (Ommen)* *Press (glassmaker)* *FG36 (Haas)*

	○ *RKI requires the continuous and correct wearing of masks, which is not a prerequisite in the daycare centre in Berlin, question about the RKI's reaction to this* **Discussion:** ○ *Before the article was published, answers to the relevant questions had already been prepared and were to be published in the FAQs. Publication has not yet taken place.* ○ *A direct answer should be avoided and the FAQs should therefore not be published, so that the impression is not created that it is a reaction to this case.* ○ *There are already several recommendations for the daycare centre setting. In this setting, the focus should not just be on testing. In principle, NPIs must be in place to prevent the entry and spread of the virus in the setting.* ○ *Criticism of the test-to-stay procedure, as it does not prevent cases of infection in daycare centres and the protection of vulnerable children is no longer guaranteed; infections continue to pass through the daycare centre if they are registered.* ○ *The question arises as to how the relevant populations can be effectively protected in this setting, particularly in view of the lack of opportunities to vaccinate children under the age of 5 with pre-existing conditions and/or disabilities.* ○ *The continued strong measures in the day-care centre setting (especially serial testing) stand in contrast to the recommendations made for de-escalation (no serial testing).* ***ToDo:*** *Request for STIKO statement on off-label use of a vaccine in children under 5 years of age with pre-existing conditions and/or living with disabilities. - Ute Rexroth assigns task to STIKO office* **P1** ○ *No report*	 *P1 (Leuker)*
7	**RKI Strategy Questions** **General** **RKI-** **internal** • *(not reported)*	*All* *Dept. 3*

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:* ○ *# SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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, 16.02.2022XX, 11:00 a.m., via Webex*	

End: 13:59

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 15.02.2023, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
- *FG12*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG23*
- *FG 24*
  - *Thomas Ziese*
- *FG25*
- *FG31*
  - *Ute Rexroth*
  - *Alexandra Hofmann*
  - *Regina Singer*
  - *Nadine Püschel (protocol)*
- *FG32*
- *FG33*
  - *Jonathan Fischer-Fels*
- *FG34*
- *FG35*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *ZBS1*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF2*
- *MF3*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
  - *Julia Pantoglou*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Jamela Seedat*
  - *Ronja Wenchel*
- *ZIG*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Christoph Peter*
- *BMG*

ENTWURF

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Worldwide: cases 7d: 1,133,692, deaths 7d: 8,831* ○ *Data status: WHO, 14 February 2023* ○ *America: falling case numbers even in countries with high incidence rates (USA, Chile)* ○ *Asia: falling case numbers even in countries with high incidence rates (Japan and South Korea)* ○ *Europe: rising case numbers in Poland, Romania and the Russian Federation.* ○ *CW5: Case numbers, admissions to intensive care units and deaths at the lowest level of the last 12 months* ○ *Oceania: Increase in deaths due to late registrations from Australia; deaths there falling since 05.01.23* ○ *COVID-19 situation in China* ▪ *Case numbers, hospitalisations and deaths: falling in mainland China, Macau and Hong Kong* ▪ *In the period 01.12.2022 - 30.01.2023, a total of 11,878 SARS-CoV-2 sequences from mainland China analysed. BA.5.2.48 (61.1%) and BF.7.14 (27.8%) are still the predominant virus variants.* ▪ *At present, the ECDC does not expect the COVID-19 wave in China to have a significant impact on the epidemiological situation in Europe.* ▪ *Italy, Japan, India and South Korea have eased measures for arriving passengers from China. announced.* ○ *XBB.1.5* ▪ *USA: Falling case numbers, hospitalisations and deaths, proportion of XBB.1.5:* ***74.7%****, >90% in the north-east of the country. Country (nowcast, as of 11/02/2023)* ▪ *Europe: The share of XBB.1.5 is between 4.9% and 14.6% (CW3-CW4). The ECDC does not anticipate a Dominance of XBB.1.5 in the region in the coming months* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 37,949,446 (+20,502), of which 166,999 (+124) deaths* ○ *7-day incidence: 97/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,871,286 (77.9%), with complete vaccination 63,557,003 (76.4%)* ○ *Course of the 7-day incidence in the federal states:*	*ZIG1* *FG31*

ENTWURF

	▪ Only one district with a 7-day incidence of over 500/100,000 inhabitants.
	▪ All BL at a stable low level
	o Discussion on mortality figures Change in reference period DESTATIS
	▪ Is there an exchange with DESTATIS?
	▪ EUROMOMO data on excess mortality?
	▪ Postponed to the next meeting
	o Test capacity and testing here
	▪ ALM has discontinued its own query of test figures. The option of reporting via DEMIS is not yet available. set up. Transmission via VOXCO on a transitional basis (approx. 50%). Procedure for further reporting extra agenda item (see agenda item 2)
	o ARS data here
	▪ Slight increase in GAS and Streptococcus pneumoniae from CW3/2023
	o VOC report here
	o Molecular surveillance
	o (not reported)
	o Syndromic surveillance and virological surveillance, NRZ influenza data here
	▪ The value (total) in week 6 was 9,400 ARE (in week 5: 8,300) per 100,000 inhabitants.
	▪ Corresponds to a total number of
	▪ 7.8 million ARE in Germany, irrespective of a visit to the doctor.
	▪ Compared to the previous week: increase in 4 of the 5 age groups; decrease in the oldest 60+ age group
	▪ Total ARE: increased: week 6: 9.4 % (previous week: 8.3 %)
	▪ Peak 50th week of 2022 with 11.1 %
	▪ Further increase in the ARE rate since the turn of the year (ARE total);
	▪ Total ARE in the upper range of previous years since the turn of the year
	▪ Clearest increase among 15- to 34-year-olds.
	▪ Total ILI: also up: 2.1 % (previous week: 1.7 %)
	▪ ARE consultations / 100,000 inhabitants by the 6th week of 2023:
	  ▪ Remained stable from week 5 to week 6
	  ▪ approx. 1,700 doctor consultations due to ARE per 100,000 P.E.
	  ▪ 6TH CALENDAR WEEK 2023: approx. 1.4 million visits to the doctor due to ARE in Germany
	  ▪ Compared to the previous week: relatively stable in all age groups; slight decline in the 5 to 14 age group year-olds (by 9 %)
	▪ after there was an overall decline in the number of doctor consultations due to COVID-ARE from week 52/2022, an increase has been observed again since week 4/2023
	▪ after there was an overall decline in the number of doctor consultations due to COVID-ARE from week 52/2022, an increase has been observed again since week 4/2023
	▪ The number of children aged 0 to 14 continues to rise.
		AL3
		FG37
		
		FG36

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	The figures for 15 to 59-year-olds have remained stable, while those aged 60 and over have risen ▪ *Stabilisation of SARI case numbers and SARI with intensive care treatment, values are currently in the range of the years 2021 and 2022 (SARI) or significantly lower, at summer level (SARI with intensive)* ▪ *Proportion of COVID-19 in SARI and SARI with intensive care increased slightly with relatively stable SARI case numbers* ▪ *Proportion of RSV in SARI with intensive treatment fluctuating; Share of influenza stable* o *Figures on the DIVI Intensive Care Register here* ▪ *As of 15 February 2023, 774 COVID-19 patients are being treated in intensive care units.* ▪ *Slight increase in COVID-ITS occupancy* ▪ *ITS-COVID new admissions with +717 in the last 7 days* o *Modelling* o *(not reported)*	*MF4*
2	**Important points for the weekly report** o *WB; 3.1.1Test number development and proportion of positives: Consider whether this can be removed next time. Significance also continues to decline because the pre-testing with self-tests makes it all less meaningful.* o *Request from team to refer to pandemic radar, which shows positive percentage but not total number of tests* o *Should SARS in ARS continue to be presented in the weekly report?* o *Proposal to refer to pandemic radar is accepted* o *Overlap between SARS-in-ARS and VOXCO with regard to laboratories: 30% of data with Voxco about 50%* o *Is it possible to shorten or stop displaying breakouts in the weekly report?* o *Discussion:* ▪ *Basically weekly report to shorten good, but SARS- CoV-2 continues to play role in current Infection events, in which preventive measures are also dismantled* ▪ *It is not foreseeable whether variants will exacerbate the epidemiological situation again or whether waves will come* ▪ *Documents when the mask requirement expires?* ▪ *KRINKO documents must be adapted* ▪ *Adaptation of the documents in planning, WG has prepared these for consultation, consultation for this spring planned* ▪ *Experience with changes Publication in autumn* ▪ *Nursing home documents need to be revised* ▪ *Exchange at working levels to bridge the gap if necessary?*	*All*

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	must be agreed with the respective FGL ◦ *Dealing with public holidays on which the weekly report is prepared* ◦ *Weekly report in week 10 → Wed, 8.3. public holiday → Postpone the release to 10.3?* ◦ *Handling as in the last times, on the weekly report with public holidays was created within one week: shortened version, postponement*	*FG31*
3	**Vaccination update** ◦ *Slides here* ◦ *New monthly report from 02/02/2023* **STIKO** ◦ *Update of the STIKO recommendations: Statement 7.2: No recommendation for extra doses during pregnancy* ◦ *25th update of the COVID vaccination recommendations (planned 23 February)*	*FG 33*
4	**International** • *(not reported)*	*ZIG*
5	**Update digital projects** • *(not reported)*	*FG21*
6	**Data from health reporting** • *Note: next meeting Contribution to promoting physical activity in Daycare centres planned during the pandemic*	*Dept.2*
7	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ◦ *xxx*	*All*
8	**Expert advisory board** **(preparation on Mondays, follow-up on Wednesdays)** • *Note: Mr Wieler is named as a person, not as a representative of the RKI, therefore he will retain this position even after his departure, changes can only be initiated by the Federal Chancellery*	*VPresident*
9	**Communication** **BZgA** • *(not reported)*	*BZgA n.a.*

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	Press • *xxx* **P1** • *Welcome to our new colleague Julia Pantoglu* • *on the occasion of Love-Date Week, currently a daily record on Twitter and a post on LinkdIn* *Discussion on accompanying communication at the end of the pandemic:* • *Needs are regularly discussed with BMG in the Jour-Fix* • *Needs at specialist level are recognised, decision by the ministry is pending* • *Requires accompanying, joint communication* • *A working group has already been set up in AGI for this purpose* • *Feedback from the countries in the Epi-Lag: the same needs are also seen there*	*Press* *P1*
10	**RKI Strategy Questions** **General** • *Time of adjustment Recommendation for segregation of care recipients in nursing and KHS (feedback from Jour Fixe)* o *No feedback so far, will be included in the next Jour Fix* **RKI-internal** • *Should reporting on the R-value be included in the management report?* • *Generally shut down the situation report and refer to the pandemic radar and dashboard* • *Proposal to shut down Reporting on the early end of the measures on 1 March will be taken to the Friday meeting with the BMG*	*ZBS7* *All*
11	**Documents** • *(not reported)*	*All*

12	**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

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13	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
14	**Measures to protect against infection** • *not reported*	*FG14*
15	**Surveillance** • *not reported*	*FG 32*
16	**Transport and border crossing points** • *Info: Measures for arrivals from China as a virus variant area in which a variant of concern threatens to occur, sequencing in Frankfurt (airport) not yet successful, feedback from BMG: wastewater surveillance continued,*	*FG31*
17	**Information from the coordination centre** • *not reported*	*FG31*
18	**Important dates** • *none*	*All*
19	**Other topics** • *Next meeting: Wednesday 01.03.2023, 11:00 a.m., via Webex*	

End: 12:39 pm

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COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 16 February 2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Christian Wittke (minutes)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	○ *(not reported)*
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 12,800,135 (+219,972), of which 120,467 (+247) deaths*
	○ *7-day incidence: 1,401/100,000 inhabitants (slight decrease)*
	○ *DIVI Intensive Care Register 2,494 (+21) in treatment*
	○ *Vaccination monitoring: Vaccinated with 1st dose 63,304,258 (76.1%), with complete vaccination 62,267,767 (74.9%), with Booster vaccination 46,202,246 (55.6%)*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *Decline in the nationwide 7-day incidence rate*
	  ○ *no more steep rise in any BL*
	  ○ *Sideways movement with adjusted incidence*
	○ *Geographical distribution of 7-day incidence by LK*
	  ○ *341 LK with 7-day incidence of >1,000*
	  ○ *Infection situation remains high*
	○ *Incidence by age group and reporting week (heat map)*
	  ○ *Hardly any change in week 6 compared to the previous week*
	○ *Hospitalised COVID-19 cases + hospitalisation incidence*
	  ○ *Hospitalisation incidence clearly highest among 80+ year olds; slight decrease compared to previous week*
	○ *Adjusted hospitalisation incidence*
	  ○ *Predicted increase in 0-59 and 60+ year olds continues less strongly; sideways movement in adjusted incidence*
	○ *COVID-19 deaths by AG and week of death*
	  ○ *Plateau in deaths*
	○ **ITS occupancy and Spock**
	  ○ *Slides here*
	  ○ *DIVI Intensive Care Register: Slight increase to 2,498 people treated on ITS (as at 15/02/2022), previous week: 2,409 (as at 09.02.2022)*
	  ○ *ITS-COVID new admissions rising with +1,645 in the last 7 days*
	  ○ *Share of COVID-19 patients in total number of ITS beds: 0 BL > 20%, 7 BL >12%. Trend: decline halted, sideways movement*
	  ○ *Availability assessment of high-care treatment: Plateau formation when not available*
	  ○ *COVID-19 treatment occupancy by severity: increase in "milder" respiratory diseases in particular*
		ZIG1
		
		FG32 (Diercke)
		
		Rexroth on behalf of Fischer

	Forms of treatment
	- *SPoCK: Forecasts of COVID-19 patients requiring intensive care*
	Patients; increase in older age groups
	- **Syndromic surveillance**
	- *Slides here*
	- *FluWeb*
	  - *ARE rate in week 6 stable at 4.4 % (previous week at 4.5 %), increase has not continued (see week 3), thus no longer close to pre-pandemic values (as in week 3).*
	  - *Children up significantly (especially 0-4 year olds), adults down slightly.*
	  - *For 5 AGs: significant increase only for 0-4yrs, all other AGs decreased or remained stable*
	- *ARE consultations / 100,000 inhabitants. By the 6th week of 2022*
	  - *ConsIncy down overall: in week 6: 1,686 (previous week: 1935; based on population in Germany: 1.6 million)*
	  - *ConsInc (total) is higher than last year, still in the range of the pre-pandemic seasons; 0-4Y: The AI is currently lower there than before the pandemic*
	  - *Trend in the BCs: AI is falling overall, in some cases the rates for children are rising (ST, HE)*
	- *ARE consultations with COVID diagnosis*
	  - *Around 490 visits to the doctor ARE with COVID diagnosis/100,000 population (total number of around 410,000 ARE-COVID doctor visits in Germany)*
	  - *Consideration of approx. 30% late reporting (COVID-19 diagnosis is often delayed) → Attenuation of the increase or similar case numbers in week 6/2022 as in previous week*
	- *ICOSARI-KH-Surveillance | SARI cases (J09-J22)*
	  - *SARI case numbers have remained stable overall since calendar week 2/2022*
	  - *Below pre-pandemic level since week 52/2021*
	  - *Slight decline in AG 5-14 and 15-34 years*
	  - *Largely stable in all other AGs for several weeks*
	  - *Number of COVID-19 cases remains relatively stable in all age groups (significantly higher proportion in AG 0-4 since calendar week 2/2022)*
	- *COVID-SARI hospitalisation incidence*
	  - *A total of 6.3 COVID-SARI per 100,000 inhabitants, which corresponds to approx. 5,300 new hospital admissions due to COVID-SARI in D*
	  - *Slight increase in the last few weeks*
	  - *Hospitalisation incidence for AG 0-4 significantly higher in recent weeks than in previous waves*
	  - *Very stable figures in AG 35+ in recent weeks*
	  - *Slight increase in AG 80+, levelling off*
		FG 36 (Buda)

	possibly at a stable level ○ *Intensive care SARI cases* ○ *No more than in previous years and less than in previous COVID waves* ○ *Comparison of winter 2020/21 and 2021/22* ○ *Sideways movement in COVID-SARI cases* ○ *Both COVID-SARI cases* **with** *intensive treatment and deceased COVID-SARI cases with decline in winter 21/22* ○ *Relatively stable level since the turn of the year, in AG 60-79 there are signs of a slight increase* ○ *Outbreaks in kindergartens/day nurseries* ○ *Daycare centres:* ○ *Mid-Jan about twice as many outbreaks/week as in the high phases of wave 3&4* ○ *Share of AG 0-5 from mid-Dec to mid-Jan relatively constant at 62%; share of AG 15+ constant at around 25%* ○ *Proportion of outbreaks ONLY involving children (0-10 years) at around 35% since 2022* ○ *Schools:* ○ *New high with 1,023 breakouts/week so far in mid-Jan* ○ *Share of AG 6-10 increased significantly again to 59% after the turn of the year (AG 11-14: 27%, AG 15-20: 10%; AG 21+; 4%)* ○ *Proportion of outbreaks ONLY involving children (6-14 years) at around 70% since 2022* ○ **Virological surveillance, NRZ influenza data** ○ *Sample volume has fallen by 50 samples per week since the turn of the year compared to the previous year. Reason: heavy workload at doctors' surgeries* ○ *SARS-CoV-2 positivity rate of 27.8 % in week 6; highest value to date* ○ *Omikron share at 100%* ○ *Highest proportion (70%) of over 60s* ○ *SARS-CoV-2 strongest virus in the sentinel in week 6* ○ *Influenza viruses: decline from 5% (previous week) to 1% (week 6). Influenza virus activity remains unusually low.* ○ *ß-coronaviruses: SARS-CoV-2 (27.8%) currently at the same level as NL63 in summer 2021. Second most common coronavirus: 229E (5%) followed by OC43, NL63 and HKU1* ○ *Other respiratory viruses: HRV and HMPV roughly equal at 15%. RSV and PIV only sporadically, occasionally* ○ *Evidence.* ○ **Test capacity, testing, ARS** ○ *Slides here* ○ *Slight decrease in number of tests; capacity remains high* ○ *In week 6, 2,455,265 tests with a positive rate of 44%. No further increase compared to the previous week.* ○ *Passage weekly report: "In the event of changes in the*	*FG 17 (Dürrwald)* *Dept. 3 (Hamouda)*

	test strategy/prioritisation, the weekly data is not directly comparable with the data from previous weeks." o *Use disclaimers with restraint due to current press attention* o *The impression that the RKI might have uncertainties in its assessment should be avoided* o *It should be expressed that the positive proportion of tests is stabilising and the margin between utilisation and capacity is becoming more favourable again* o *Another, more cautious formulation is favoured* o *Laboratory capacity utilisation declining in many areas while remaining at a high level* o **Molecular surveillance** o *Recognisable relief for laboratories; delay between testing and test result is decreasing* o *SARS in ARS* o *Number of tests declining in most BL, especially in HH, plateau in NI, increasing in TH* o *Proportion of positive tests declining in most CCs. Exceptions: Rising in medical practices in TH, SA, MV (catch-up effect)* o *Number of tests in doctors' surgeries declining, remaining the same in hospitals and significantly lower in others (mainly test centres and Lolli tests)* o *Positive share remains constant in medical practices* o *Number of tests per 100,000 population by age group and week:* o *Significant decline in AG 5-14 (fewer lollipop tests)* o *Positive shares by age group and week* o *Increase in 60-79 and especially 80+ year olds. Decline in all other age groups* o *Age groups in BL* o *Negative example BW: number of tests falling, Positive share increasing* o *Proportion of positive tests among older people rising in all CCs* o *Outbreaks in medical treatment facilities / retirement and nursing homes* o *No increase in KH* o *Increase in cases in retirement and nursing homes*	*FG 37 (Eckmanns)*
	o **VOC/VOI** o *Slides here* o *Omikron with 99% share in genome sequencing sample, BA.2 share still rising at 14.9* o *Announcement: With the amended test regulation (reimbursement for variant-specific PCR will be cancelled), the number of transmissions will also fall sharply. VOC table in the*	*FG 36 (Kröger)*

	weekly report will no longer be listed from next week. A decision will be made next week depending on the data situation. o *BA.2 in BL: BB, BE, MV, SA with highest shares* **Discussion / Summary** o *All our data suggests that we have reached the peak of the wave at a national level. Some regional developments are different. For example, in federal states where the wave started later, the number of cases is still rising slightly or is at a plateau. There are rising incidences among the very old and indications of severe cases among the very old, but at a lower level than was the case in the fourth wave. At the same time, there is only a moderate increase in hospitalisation rates among the very old. We can conclude that there is sufficient PCR diagnostic capacity to map different regional trends. Furthermore, it can be said that there is no major concomitant wave of influenza at the same time. The current protective measures have an effect on all respiratory diseases. The assessment of the severity of the disease by the Omikron BA.2 variant is currently still an uncertainty factor.*	*Hamouda*
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* o *A BMG/RKI Jour Fixe has been held for the past two weeks: topics that are relevant at the moment and have a strong echo in the press are discussed there. The aim is to reduce ambiguities.*	*Dept. 3/ Pres*

5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)*
	○ *Discussion of procedures for the preparation of opinions*
	○ *Statement on RKI panel*
	○ *Statement on preparation for autumn/winter (currently looking for topics) Led by Prof. Dr Karagiannidis*
	○ *Health Committee:*
	    ○ *Ambiguities regarding press releases on the recovered status have been corrected*
	○ *Role of Prof Dr Karagiannidis (DIVI) Why lead on the above point as an intensive care physician?*
	    ○ *Position of the RKI is not undermined*
	    ○ *Very open to factual technical comments and suggestions for change*
	○ *The topic of COVID (syndromic surveillance) is becoming increasingly relevant. Provision of materials as soon as required.*
		Pres

6	**Communication**
	BZgA
	○ *Information sheet on vaccination for employees in care professions has been sent to the RKI. Feedback is still pending.*
	○ *School mailing could not be realised on Monday. Further materials from the BMG will be included. New date still open.*
	Press
	○ *BPK on Friday 18 February with Mr Schaade*
	○ *COVID-19 overview page has been revised and adapted*
	○ *Message suggestions for the weekly report tweet:*
	    ▪ *Be careful with new/changed contact patterns and contact with older people*
	    ▪ *Protection of the elderly / vulnerable groups*
	P1
	(not reported)
		BZgA (Rückle)
		
		Press (epee)
		
		P1 (Lein)

7	**RKI Strategy Questions**
	
	General
	
	o *Discussion of recovered status*
	    o *already mentioned by Mr Wieler, see above point Expert Advisory Board*
	
	o *Note on adaptation of COVID-19 website: Documents on lollipop tests/PCR in schools. Adapt again if necessary in the event of a change in strategy. Possibly still premature.*
	    o *Press can customise page at any time if required*
	
	RKI-internal
	
	o
		All
		
		Dept. 3

8	**Documents**
	o *[ID 5091] Adaptation of isolation in the inpatient sector and retirement and nursing homes*
	    o *Frequent enquiries from various directions (clinics, GÄ, AGI)*
	    o *Possible adjustment relates only to asymptomatic cases*
	    o *Shortening to 10 days ~~is in question~~ due ~~to~~ risk assessment and consideration of consequential damage, justifiable in the opinion of the Diagnostics Working Group*
	    o *No uniform/clear picture in the crisis team*
	    o *AGI is critical of the ~~discharge management~~ de-isolation-~~paper~~*
	    o *Revised ~~discharge~~ management ~~isolation paper~~ with Shortening to 10 days is being prepared and will be discussed further down the line*
		Dept.1/ ~~ZBS7/FG37~~ (Mielke, Niebank)

9	**Vaccination update** ***(Fridays only)*** *(not reported)* **STIKO** *xxx*	*FG33*
10	**Laboratory diagnostics** **FG17** **ZBS1**	*FG17* *ZBS1*

11	**Clinical management/discharge management** *(not reported)*	*ZBS7*
12	**Measures to protect against infection** *not reported*	*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** ○ *HSC Meeting Wednesday, 16.02. 3 pm for RKI: Ute Rexroth*	*All*
17	**Other topics** *Next meeting: Friday, 18 February 2022, 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:	*Friday, 18.02.2022, 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*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG15*
  - *Sindy Böttcher*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Katrin Kremer-Flach*
- *MF2*
  - *Thorsten Semmler*
- *Press*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Agata Mikolajewska*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 13,255,989 (+220,048), thereof 120,992 (+264) Deaths* o *7-day incidence 1,371.7/100,000 inhabitants.* o *Hospitalisation incidence: 6.24/100,000 p.e, AG ≥ 60-year-olds: 12.25/100,000 p.e.* o *Cases on ITS: 2,471 (+5)* o *Immunisation monitoring: first vaccination 76.2%, second vaccination 75.1%, Booster immunisations 56.1%* o *Course of the 7-day incidence in the federal states* ▪ *Decline in most BL, very marked in Hamburg* ▪ *In Thuringia, the number of cases is still rising.* o *Geographical distribution in Germany: 7-day incidence* ▪ *No all-clear yet, still many LK with very high incidences.* o *7-day incidence by age group* ▪ *Strongest decline among 5-14 year olds* o *Hospitalisation incidence* ▪ *No increase recognisable with adjusted* o *Weekly death rates* ▪ *Mortality at median 2018-2021* • *Could Delta have an advantage again in autumn due to the infestation with Omikron? Is immune protection against Delta lower after infection with Omikron?* o *No publications known. Delta hardly circulates at the moment, so data can hardly be collected.* o *Is the displacement of Delta by Omikron a counterargument?*	*ZIG 1* *FG32 (Diercke)* *Shade* *Oh*
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(slides here)* *(Fridays only)* • **CWA** o *Download numbers are falling slightly, but there are still a lot of people warning.* o *Preparations for version 2.18* o *Information campaign is in the hands of BMG: 2G+, dynamic rules can be mapped.* o *A new version will be presented to the crisis team next week.* o *CWA should be taken into account when preparing for the autumn wave.*	*FG21 (Scheida)* *Smear*

	◦ *Is there data on how much time elapses between the warning to third parties and the relevant date?*
	  ▪ *There is. The less time delay in the laboratory, the closer the warning is to the relevant date.*
	◦ *CWA is strongly linked to the management of contact persons. Containment will be reduced in future. Main purpose of CWA (start of a pandemic) decreases, possibly focussing on new variants.*
	◦ *Focus on quarantine of contact persons at the beginning of a pandemic and not in the transition to the epidemic phase.*
	◦ *The functionality of the CWA is not dependent on containment measures, but should be seen as an indication for the population for recommendations for action.*
	◦ *What will happen from the end of March? What role will CWA play?*
	  ▪ *Main functions: Warning function and certificate management*
	  ▪ *Question of strategy in the future, political will is still unclear. Need for discussion between RKI and Ministry*
	◦ *In relation to other respiratory diseases, it is unlikely that Delta will recur. Epidemiological expertise should also be taken into account.*
	
	• **CovPass**
	  ◦ *New version already in stores*
		Haas
		
		Smear

4	**Current risk assessment** • *Must be adapted.* • *Draft to be discussed with BMG today at 3 pm at jour fixe.*	*All*
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *Collection of points for comments on autumn/winter preparation*	
6	**Communication** **BZgA** • *School despatch will be delayed.* • *Revision of care leaflet* • *For next week information sheet on Novavax vaccine* • *Adaptation of all information sheets to current STIKO recommendations* **Press** • *This morning BPK with Mr Schaade, only political questions, no questions to the RKI* • *Tweet sent yesterday on the weekly report: Protecting the Elderly*	*BZgA (Seefeld)* *Press (epee)*
7	**RKI Strategy Questions** **a) General**	*All*

	b) RKI-internal • *This afternoon at the jour fixe, we will find out what the minister is planning.* • *Now double hedging strategy, after jour fixe again discussion between Wieler and Lauterbach, which was decided.* • *Testing strategy after 31 March to be outlined. What is still required in the summer, do citizen tests continue to make epidemiological sense? Is maintenance of 3G planned?* *-> will be discussed by the crisis team on Monday.*	*Wieler* *Mielke*
8	**Documents** *(Fridays only)* • *(not discussed)*	*All*

9	**Vaccination update** *(Fridays only)*
	• *The STIKO recommendation was published in the Epid Bull.*
	• *Yesterday webinar on the 2nd booster vaccination from the ECDC*
	  ○ *The positions differ widely. In Denmark, for example, no 2nd booster is offered, in Germany risk groups are adapted.*
	STIKO
	• *Prioritises the vaccination of children aged 5-11 years. It is being discussed whether vaccination should only be given to risk groups or to all children.*
	• *Meeting with BionTech at the beginning of the week*
	  ○ *Interest in Omikron-specific vaccine is rather restrained. Fears that this vaccine might not cover other variants as well. Data probably not available until May, only then can a decision be made on whether to switch to Omikron-specific vaccine. Benefit is controversial.*
	• *Evidence on the question of protection after infection is to be summarised in an article by the week after next.*
	• *Is a multivalent vaccine possible?*
	  ○ *Combination with other pathogens, e.g. influenza*
	  ○ *Combination of e.g. Omikron + Delta*
	  ○ *Tendency towards mRNA vaccines; question of whether long-lasting immunity develops.*
	• *Why is the focus still only on neutralising antibodies? Are there developments in T-cell response?*
	  ○ *Neutralising antibodies play the most important role, and protection against serious diseases can also be explained by humoral immune responses.*
	  ○ *Why is effectiveness against serious illnesses good, but decreases so quickly against infections?*
	  ○ *Important research gap, T cells and T memory cells are of great importance in preventing severe courses. mRNA vaccination shows little long-term effect. Laboratory correlate would be an important research question.*
	  ○ *Still unresolved question, crux lies in manifestation in tissue, not so relevant in blood.*
		FG33 (Wichmann)
		
		Haas
		
		Oh
		
		Buda
		
		Mielke

10	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological Sentinel had 644 samples in the last 4 weeks, of which:* o *154 SARS-CoV-2* o *91 Rhinovirus* o *12 Parainfluenza virus* o *12 RSV* o *68 seasonal (endemic) coronaviruses* o *52 Metapneumovirus* o *21 Influenza virus* **ZBS1** • *In week 7 so far 111 samples, 46 of them positive for SARS-CoV-2 41.4%.*	*FG17 (Oh)* *ZBS1 (Michel)*
11	**Clinical management/discharge management** • *Consideration is being given to shortening the isolation of asymptomatic patients in institutions. No new status yet.*	*ZBS7 (Mikolajewska)*
12	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	
13	▪ *Evaluation of the pilot phase* ▪ *Prospects for national wastewater monitoring* o *Data management* ▪ *Central cloud contains aggregated case numbers per drainage area from health authorities, Accompanying parameters from sewage treatment plant, biomarkers from laboratory.* o *Do biomarkers only refer to human samples or is the veterinary side also taken into account (animal hosts)?* ▪ *It is generally assumed that the main excretion takes place via humans. Project is relatively complex, therefore initially limited to human samples. Discussion with FLI takes place.* o *Coordination problems with technical implementation* ▪ *High pressure from the political side, from the epidemiological side it still has to be assessed whether the effort is worth it. is justified.* ▪ *It must be ensured that the RKI is responsible from an epidemiological perspective.* ▪ *If it proves to be a promising method for RKI, it should be integrated into DEMIS. In At the moment, new systems are being set up.* o *Would also be an important additional instrument for Dept. 2. The possibility of a small-scale perspective should be worked towards.* ▪ *Contact with Dept. 2 already exists, exchange is planned.* ▪ *Sewage treatment plants with different sized*	*FG15 (Böttcher)* *FG32 (Kremer-Flach)*

	catchment areas, in urban and rural regions. ○ *Ethical aspects must be taken into account.* ○ *What activities are planned depending on the results?* ▪ *As an early warning system: Due to increased values, a lockdown for high-risk settings was introduced in Canada, for example.* *decided. Jurisdiction must be ensured.* ▪ *Great benefit in the all-clear system, if there is still a lot to be found in the wastewater, relaxations could be postponed.* ▪ *For additional information if other systems are omitted, e.g. more testing as a consequence.* ○ *How far should we go into detail, metagenome sequencing, PCR?* ▪ *plenty of scope for trend and more detailed analyses* ▪ *Exchange with the sequencing laboratory for "new" sequences. Mr v. Kleist and Mr Hölzer develop tools in order to also* *to identify unknown variants.*	*Haas* *Diercke*
	• *ECDC: International situation (slides here)* ○ *Significant decline in the number of cases worldwide* ○ *14-day incidence is particularly high in Northern Europe, Australia and South America.* ○ *Number of deaths did not increase as much as the number of cases* ○ *Case numbers also declining in Europe -22%* ○ *Increasing: e.g. Denmark, Netherlands, Norway* ○ *Number of deaths: significant increase in Denmark, slight increase in France* ○ *No new risk areas, many removed* ○ *Denmark: for timely presentation, deaths with and not only from SARS-CoV-2 were also reported.* ○ *No information known on the average duration of the respective waves.*	*Ziese*
		FG38 (Rexroth)

		Buda

14	**Transport and border crossing points** *(Fridays only)*
	• *Discussion on the use of funds from the Pact of the Public Health Service to improve capacities at airports.*
	• *Do high-risk areas still make sense? Discontinuation is not planned at the moment.*
	• *International CoNa is no longer carried out. Only cross-border, international cases are passed on. Most exchange with direct neighbouring countries. Can this be reduced in the future, as it is still very time-consuming?*
	  o *Resource strain is not a good argument. What happens to this information? Evidence that the information is not used further would be a better argument.*
	  o *Question of containment: If containment and high-incidence areas are not fundamentally abandoned, it would be contradictory to discontinue them. The only argument would be that the information comes too late.*
	  o *How long does the information take?*
	    ▪ *If measures no longer make sense due to the time that has elapsed, they will be capped anyway. The limit is 7 days, after 7 days information is no longer forwarded.*
	  o *How often is information no longer forwarded?*
	    ▪ *Researched Maria an der Heiden*
		FG38 (an der Heiden)

15	**Information from the situation centre** *(Fridays only)*
	• *Deadline for internal interim report is 28 February, will it stay that way?*
	  o *Isolated feedback so far.*
	  o *Purpose: To record processes before they are too long in the past. The last report was very useful.*
	  o *Deadline should be met if possible.*
		FG38

16	**Important dates** -	*All*
17	**Other topics** • *Next meeting: Monday, 21.02.2022, 13:00, via Webex*	

End: *12:45 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 21.02.2022, 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*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Djin-Ye Oh*
- *FG 24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Amrei Wolter*
- *ZBS7*
  - *Christian Herzog*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
  - *Carlos Correa-Martinez*
- *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: 13,636,993 (+73,867), of which 121,297 (+22) deaths* ○ *7-day incidence: 1346.8/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 63,377,472 (76.2%), with complete vaccination 62,491,708 (75.2%)* ○ *Laboratory reports via DEMIS: declining trend* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decline in almost all federal states with the exception of Thuringia (increase) and BY, BaWü and MeckPomm (plateau)* ▪ *Geographical distribution: Only 2 districts with 7d incidence < 100/100,000 inhabitants.* ▪ *Incidence per age group: most affected: 0-49-year-olds, least affected: 70-79-year-olds* ▪ *Hospitalisation incidence also at a high level in 0-59 year olds, if necessary comparison with syndromic Surveillance for validation* ○ *Test capacity and testing (Wednesdays only)* ○ *(not reported)* ○ *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)* ○ *(not reported)* ○ *Modelling (Fridays only)* ○ *(not reported)*	*ZIG1* *FG32 (Diercke)*
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 (Link)* ○ *Meeting with the Minister planned for this week to coordinate the risk assessment and announcement of the publication at the BPK on Friday*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *not reported*	
6	**Communication** **BZgA** • *New activities:* • *Large-scale distribution of material for daycare centres and primary schools with parents and teachers as target groups* *Question from the crisis team: Is there any information in the documents on testing in schools and daycare centres after 31 March 2022?* *Answer: Not known, information will be provided later* **Press** • *not reported* **P1** • *Discussion cards on the topic of vaccination are published on the website under FAQ and on Twitter (in collaboration with the University of Erfurt)*	*BZgA (Ommen)* *Press* *P1 (Leuker)*
7	**RKI strategy General questions** • *Nat. test strategy - planning for autumn/winter* • *Slides here and here* *BMG decree on the development of a concrete draft diagram for a test strategy. The following questions were to be considered and were the subject of the crisis team discussion:* • *Which test indications are mandatory for spring/summer?* • *Answer: All symptomatic persons (if necessary, revise the diagram, as it looks as if only symptomatic persons from risk groups or in the nosocomial setting are meant) and asymptomatic persons in the nosocomial setting (entire upper box).* • *Which test indications are available for spring / summer*	*All* *Dept. 3*

not necessary from a technical point of view?

- *Answer: Has not been discussed/answered.*

- *Which groups should be protected by series testing? Which test concepts should be used?*

- *Answer: Children should be protected by serial testing due to the lack of vaccination opportunities in some cases and the low vaccination rate and possible long-term consequences or complications (PIMS). Test concepts were not discussed.*

- *Should in-company testing and testing in educational institutions be maintained? Which test concepts should be used? Role of the lollipop pool PCR?*
- *Testing of children in educational institutions should be maintained. Company testing should be cancelled and companies should be made aware of their own responsibility. Testing concepts and the role of lollipop pool PCR were not discussed.*

- *Is citizen testing still necessary from a technical point of view?*

- *Answer: No, there is a publication from Denmark stating that citizen testing does not support containment. They should therefore only be available to a limited extent, e.g. testing before contact with vulnerable groups and in the case of state-mandated 2G/3G regulations*

- *When are free tests necessary?*

- *Answer: They are necessary for state-prescribed 2G/3G rules*

ToDo1:
Coordination of the decree with the Control-COVID paper (Mrs Jung-Sendzik sends Mr Mielke a link to the paper)

- *Entry regulation (slides here and here)*
- *Modelling was presented to estimate the effectiveness of the entry regulation (high-risk areas, virus variant areas). Although a worst-case scenario shows an effectiveness of up to 50%, in the opinion of the modeller, a maximum effectiveness of 10% should rather be assumed, namely in times of low incidence in Germany. In times of high incidence, the measures have no added value.*
- *ZIG proposal: High-risk areas only in the event of special epidemiological incidents. The virus variant area category should be retained, as it means that travelling to such areas is prohibited, which saves time.*

	ToDo2:
	Coordination of the initiative report with the Control-COVID paper, deadline postponed to 22 February 2022 at noon (Ms Jung-Sendzik and Ms Hanefeld)
	
	RKI-internal
	• *Feedback Jour fixe*
	  ▪ *Meeting with the Minister planned for this week to coordinate (a) the risk assessment, (b) dealing with DIM-Data on Johnson & Johnson and (c) Control-COVID paper (probably no publication, but internal report to the BMG)*
	• *RKI crisis team meeting on Monday*
	  ▪ *The majority of the crisis team was in favour of ending the Monday meeting from March. Decision will be made after Announced in consultation with the President.*	

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:*
	  ○ *# SARS-CoV-2*
	  ○ *## Rhinovirus*
	  ○ *## Parainfluenza virus*
	  ○ *## seasonal (endemic) coronaviruses*
	  ○ *## Metapneumovirus*
	  ○ *## Influenza virus*
	  ○ *Remainder negative*
	ZBS1
		FG17
		
		ZBS1

11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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)* • **ToDo3:** *-Weekly report for Ascension Day: No publication on Ascension Day. Instead, complete the report on the Wednesday before Ascension Day if possible and publish it on Friday (situation centre)* *-Press should communicate the changed publication date one week in advance (Wenchel)*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 23 February 2022, 11:00 a.m., via Webex*	

End: 14:51

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 23.02.2022, 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. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Christina Frank*
  - *Hendrik Wilking*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Amrei Wolter (minutes)*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Astrid Rose*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Fridays only)*
	○ *(not reported)*
	○ *Slides here*
	○ *Worldwide: cases, deaths*
	○ *Data status: WHO, DD.MM.YYYY*
	○ *List of top 10 countries by new cases:*
	  ○ *xxx*
	○ *Map with 7-day incidence:*
	  ○ *xxx*
	○ *Epicurve WHO Sitrep:*
	  ○ *xxx*
	○ *Other reports:*
	
	ToDo:
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 13,971,947 (+209,052), of which 121,902 (+299) deaths*
	○ *7-day incidence: 1,278.9/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 63,404,322 (76.2%), with complete vaccination 46,970,573 (56.5%)*
	○ *Course of the 7-day incidence in the federal states:*
	  ○ *Decline or plateau in case numbers in most CCs, TH increase, SA and SH slight increase, high infection level in all CCs*
	  ○ *Increase in incidence in >85-year-olds*
	  ○ *Median age of deceased constant*
	  ○ *90% deceased due to reported illness*
	  ○ *Slight increase*
	
	ITS occupancy and Spock
	○ *Slides here*
	○ *DIVI Intensive Care Register:*
	  ○ *Plateau movement on ITS: currently 2,390 people treated on ITS*
	  ○ *ITS-COVID new admissions with +1,535 in the last 7 days is at plateau level*
	  ○ *Number of deaths also on a plateau (70-80 deaths per day)*
	  ○ *All BL move on plateau, south-west and south as well as NRW slight increase*
	  ○ *National average at 10%*
	  ○ *Slight decrease in ECMO treatments*
	  ○ *28% unknown treatment (potential COVID-*
		ZIG1
		
		FG32 (Diercke)
		
		MF4 (Fischer)

	incidental findings) ○ *Availability assessment of high-care treatment: Plateau formation when not available* ○ *Reasons for the operating restriction: plateauing of personnel* ○ *COVID-19 treatment occupancy by severity: increase in "milder" respiratory forms of treatment in particular* ○ *Age group development:* ➔ *Increase in 0-17 year olds and 70-79 year olds* ➔ *Plateau at 80+* ➔ *ITS control by >60-year-olds SPoCK: plateau movement, slight increase in Bavaria, Southwest/South, continuation in NRW*	*Dept. 3 (Hamouda)*
	Test capacity and testing ○ *Slides here* ○ *Decrease in the number of tests from 2.6 million to 2.1 million tests, increase in the positive rate to 46%* ○ *Laboratory capacity utilisation declining in many areas, continued high capacity utilisation in TH and SN* ○ **SARS in ARS** ○ *Number of tests declining in most BCs, increasing in TH* ○ *Test locations:* → *Decrease in the 5-14 age group in the area of "other test location", significant decline in doctors' surgeries,* *Decrease in positive ITS share* ○ *Slight increase in the proportion of positives on normal wards* ○ *Increase in active outbreaks in retirement/nursing homes* ○ *Significant decline in case fatality rate in retirement/nursing homes*	*FG 37 (Abu Sin)*
	VOC report ○ *Slides here* ○ *Omikron with 98% share in genome sequencing sample, BA.2 share still rising at 23.7%, delta hardly detected at all* ○ *Decrease in variant-specific PCR due to amended test regulation* *In comparison BA.1 and BA.2:* ○ *Increased transmission for BA.2 (R-value is approx. 1.4 times higher)* ○ *Infectivity is comparable to unvaccinated people, Vaccinated and triple vaccinated patients* ○ *Severity comparison: insufficient unclear data, no interpretation of higher disease severity* ○ *Preprint study from DK: Reinfection BA.2 after BA.1 is possible, but rare. Therefore no separate highlighting in the weekly report necessary* ○ *Genomic surveillance can be reduced, but must be maintained at a level that is appropriate to the situation.*	*FG 36 (Kröger)*

	can be reacted to after the summer **Syndromic surveillance** ○ *Slides here* ○ *ARE rate stable in CW6* ○ *Total value in the 7th week was 4.5%* ○ *Declining trend for adults, slight increase for children (from 10.6% to 11.2%)* ○ *Not like the flu epidemic situation of previous years, but currently above the level of last year 2021* ○ *ARE consultations:* ○ *Outpatient sector: peak in doctor's visits in week 5 due to ARE, decline in week 7* ○ *In TH and MV, increase in doctor's visits by adults (due to COVID), all other BLs show a decline* ○ *Consultations are falling overall in the BCs, in some BCs (SA, HH, SH, BB) slight increase among children* ○ *Stabilisation or decline in case numbers from week 6/2022 for ARE consultations with COVID diagnosis (450 ARE doctor visits with COVID diagnosis/100,000 p.e.)* ○ *Decline in COVID-ARE incidence among 80-year-olds, significant increase in AG 80+* ○ *SARI case numbers have remained stable since CW 2/2022, slight increase indicated in AG 60+* ○ *COVID-SARI hospitalisation incidence: no further increase in week 7, slight increase in WG 80+* ○ *Deceased COVID-Sari cases: sideways movement, risk of dying from COVID-Sari higher in older AG* ○ *Outbreaks in nurseries: peak values in January* ○ *Outbreaks in schools: Proportion of children is decreasing*	*FG 36 (Buda)*
	Virological surveillance, NRZ influenza data ○ *Age distribution evenly spread across all age groups* ○ *Detection of the Omikron variant in 264 analysed samples at 100%, Omikron dominates events* ○ *Low activity of influenza viruses, detection in 0-4-year-olds, but no flu epidemic recognisable* ○ *SARS-CoV-2 currently the strongest virus in the sentinel* ○ *All endemic corona viruses are represented (229E most frequently dated)*	*FG 17 (Dürrwald)*
	Discussion / Summary ○ *Although the severity of the disease is lower, the high incidence of the disease is still worrying.* *>70year-olds* ○ *Question whether the 3-day lag of the adjusted hospitalisation incidence should be marked as such with an asterisk* *Answer: Remains as before*	

	○ *Question about report on hospitalisation and deaths: currently on hold, Mr Hamouda is in discussion with Ms Hamouda. Diercke, to be finalised this week* ○ *Question from the President regarding sufficient information on the sequencing of BA.1 and BA.2 and the resulting measures for modelling the development for the BL. The assessment of the pandemic also becomes more difficult due to the higher R value. Mr Semmler discusses what statistical variables are needed for modelling and draws up a report.* ○ *Ask for a power calculation for a sample, this is generally feasible. The decline in the submission and sequencing of samples may be related to the capacity utilisation of the laboratories.* ○ *Question from Ms Buda about the direct competition of SARS-CoV-2 with rhinoviruses under constant conditions in 0-4 year old immune naive children. This cannot be answered precisely, but Sars-CoV-2 has mechanisms that subvert interferron responses, for example. Good work with seasonal coronaviruses was done in the 90s, here are some references.* ○ *Topic: Percentage variant-specific PCR:* ○ *→ Relevance of the instrument to recognise a new sub-variant/variant that causes a change in the measure is required, therefore the reason must be stated when sequencing* ○ *Question about taking reinfection with BA.2 into account in the weekly report: Reinfection is extremely rare and not relevant, therefore no focus position* **ToDo**: *Report on hospitalisation incidence to be completed this week, please, following the BMG (Mr Hamouda and Ms Diercke).* *Mathematical calculation of the power of the estimation of VOCs by statistical (Mr Semmler P4)* *Request from Mr Semmler to Mr Mielke to address the correct indication of the reason for sequencing in the AL meeting*	
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)*	*FG21*

4	**Current risk assessment** ○ *Amendment to the risk assessment was sent to the Minister by the President, no substantive amendment proposed by the Minister* ○ *No consensus on publication, to be discussed between President and Minister on 24 February 2022* ○ *Expected announcement at BPK and publication on RKI website on Friday, 25 February 2022*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Preparation of the opinion process for autumn/winter preparation* I. *Analysing the required data/indicators* II. *Analysis of existing data, improvements* III. *Evaluation of existing tools* IV. *Realisation of a session-learned* • *Include retirement/nursing homes in the statement*	*Pres*
6	**Communication** **BZgA** • *Outdoor campaign at daycare centres and schools on the subject of vaccinations for children and young people was carried out on 22 February* • *The first version of the pathogen profile is currently available, a contact person at the RKI is requested, feedback is sufficient until next week* **Press** ○ *BPK on Friday 25 February with Pres, to be accompanied by a tweet* ○ *It is unclear whether the risk assessment will be published on Thursday or Friday. If the risk assessment is published on Thursday, it will be decided in consultation with the BMG whether the press will accompany this with a tweet. If published on Friday, the press would tweet the BPK anyway. The President will discuss this with the Minister on 24 February.* ○ *Enquiry about the tweet regarding the weekly report and whether the falling case numbers should be taken into account* *Answer: Tweet that despite falling incidence, the situation with older AG is serious, reference to STIKO recommendation and AHA+L rule. Regarding the publication of the risk assessment and tweet* **P1**	*BZgA (Rose)* *Press (Wenchel)*

	• *Creation of a risk assessment for COVID-19 infection and disease*	*P1*
	Currently coordinated with Mr Mielke, Mr von Kleist and Ms Diercke, to be sent to the whole group **Discussion** • *Message from Mrs Hanefeld: Information from Mr Beyer that on 22.02 a bill on the Entry Regulation has been submitted to the Cabinet, which, if adopted, would result i n the delisting of the BMG's high-risk areas* • *Suggestion from the press to remove the list of risk areas from the RKI website* *Answer Hanefeld: since the template is already available in the BMG, a timely removal is probably unrealistic* • *Info: There are differences between the Entry Regulation and the Protection Measures Regulation* • *EU directive stipulates that countries can accept the status of a person with the disease via antigen detection* **ToDo***:* o *BZgA draws up a pathogen profile and asks for a contact person at the RKI (Rexroth)* o *Forwarding the risk assessment from P1 (Ms Leuker) to the crisis team*	*(Leuker)*

<table>
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RKI Strategy Questions

General

- *Department 3 to prepare talking points for Ms Teichert's appointment at EU level on possible autumn scenarios and possible response options*
- *Brief assessment of SAGE scenario & presentation Speaking points to be submitted by Friday, 24 February*
- *Hamouda: ECDC has presented paper with possible scenarios/possibilities, can be taken as support*
- *Depending on the variant, possible scenarios are difficult to assess; the message on vaccination and AHA+L remains important*

ToDo:

- *Please send Mr Schaade's elaboration of the SAGE scenarios to Ms Rexroth*

RKI-internal

- *First results of the modelling of FG 33 (Mr Wichmann) could be available this week*
- *New variants are not modelled*

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All

Dept. 3 (Rexroth)

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Report AGI Rexroth:

- *J&J are formally only fully immunised after 3 vaccinations*
- *Problematic for vaccination rate and reporting*
- *BL discuss whether case information should be shared internationally, as countries no longer operate CoNa*
- *Consider asking countries whether case information should be shared internationally, only to be sent if the answer is yes*

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Documents

- *(not reported)*

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All

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Vaccination update *(Fridays only)*

- *(not reported)*

STIKO

- *xxx*

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FG33

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10	**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

11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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: Friday, 25 February 2022, 11:00 a.m., via Webex*	

End: 12:32 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 25.02.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 2*
  - *Thomas Ziese*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Göran Kirchner*
- *FG 32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG35*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Andreas Nitsche*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Romy Kerber*
  - *Carlos Correa-Martinez*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	International *(Fridays only)*
	• *Slides here*
	• *Worldwide:*
	  o *Data status: WHO, 22/02/2022*
	  o *Cases: 12,793,962 (-21% compared to the previous week)*
	  o *Deaths: 67,519 deaths (-8% compared to the previous week)*
	    ▪ *Declining number of cases and deaths with the exception of the Western Pacific (Brunei, China, New Zealand, South Korea, Vietnam)*
	    ▪ *In Africa, the numbers have been falling again since the beginning of Jan, while the number of deaths is rising due to late notifications.*
	• *WHO epidemiological update:*
	  o *In Europe, case numbers continue to fall, with only Iceland reporting rising case numbers.*
	  o *Declining number of deaths*
	  o *Other EU countries have been removed from the list of high-risk areas.*
	  o *Other countries are relaxing measures.*
	• *De-escalation of the COVID-19 measures in Europe*
	  o *Cancellation of measures on 01.02. in Denmark; since 12 February in Norway, including masks and isolation of cases; lifting of the isolation obligation planned in England; Switzerland lifts almost all measures.*
	  o *Follow-up: Denmark and UK*
	    ▪ *Case numbers continue to fall in both countries.*
	    ▪ *Also decreasing trend in hospitalisations in the UK*
	    ▪ *In Denmark, the hospitalisation rate is rising again, but COVID is more of a secondary finding.*
	• *Virus variant Omikron - Worldwide*
	  o *Omikron has displaced all other variants worldwide.*
	  o *BA.1 predominates over BA.1.1; BA.2 increases, especially in South East Asia, virtually no growth in BA.3.*
	  o *Total number of reported cases decreasing worldwide.*
		ZIG 1 (Kerber)

	National
	• *Case numbers, deaths, trend (slides here)*
	  o *SurvNet transmitted: 14,399,012 (+210,743), thereof 122,371 (+226) Deaths*
	  o *7-day incidence 1,259.5/100,000 inhabitants.*
	  o *Hospitalisation incidence: 6.28/100,000 p.e, AG ≥ 60-year-olds: 12.83/100,000 p.e.*
	  o *Cases on ITS: 2,285 (-113)*
	  o *Immunisation monitoring: first vaccination 76.3%, second vaccination 75.3%, Booster immunisations 56.6%*
	  o *Trends*
	    ▪ *Decrease in 7-day incidence, R-value below 1, hospitalisation incidence remains the same, slight increase in Deaths*
		FG32 (Diercke)

	○ *Course of the 7-day incidence in the federal states* ▪ *Transmission problems in Rhineland-Palatinate in the last few days* ▪ *Mixed picture, decline in most BLs* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Very many LK with very high incidences* ▪ *Increases again in the LK neighbouring Denmark* ○ *7-day incidence by age group* ▪ *Decrease or no increase for 60-79 and 80+ year olds in all AGs.* ○ *Weekly death rates* ▪ *Currently no excess mortality* • *The proportion of positive tests remains the same or increases. Is there too little testing? Is an actual decline in the number of cases assumed?* ○ *It is best to talk about the utilisation of tests.* ○ *Different developments can be seen in LK and age groups, i.e. local developments can be mapped well. The trends are reflected, absolute levels are not so decisive.* ○ *In NRW, positive pools are no longer resolved by PCR, but by antigen test.*	*Mankertz* *Hamouda*
2	**International** *(Fridays only)* • *UKRAINE - Request for support through civil protection mechanism* ○ *The National Focal Point of the EMT (Emergency Medical Teams) is at the RKI. Community of non-governmental organisations will provide support, possibly also colleagues from the RKI.* ▪ *No official enquiry yet, daily exchange in preparation for aid missions, all EMTs are preparing.* *It is expected that German EMTs will travel to Ukraine's neighbouring countries to provide support.* ○ *EWRS enquiry forwarded to the BMG for coordination.* ○ *No specific enquiries about patient takeovers yet.* ○ *Documents on migration and asylum seekers must be updated.* ▪ *Several FGs were asked about the expected migration flow from Ukraine with regard to COVID.* ○ *Extra coordination centre or via situation centre?* ▪ *ZIG offers to take over coordination.* *ToDo: Coordination meeting, Monday 8:30 a.m., FF Rexroth, Hanefeld, Topics: Coordination, adaptation of papers to COVID*	*ZIG (Hanefeld)* *Niebank*
3	**Update digital projects** *(Fridays only)* • **Version 2.18 of the CWA: This is how the G-rules are now mapped** *(slides here)* ○ *Background: EU Digital Covid Certificate (DCC)* ▪ *Vaccination, recovery and test certificate* ▪ *Compatible between all EU and other countries*	*FG32 (Benzler)*

- DDC data structure
  - Facts are interoperably statically documented.
  - Rating rules are configurable and context-dependent.
  - A few validity criteria are standardised throughout the EU. However, some deviate from STIKO recommendations and German regulations.
  - Basic immunisation valid for 9 months from 2nd vaccination. Johnson&Johnson valid for 270 days from the first vaccination, After recovery, a single dose is sufficient.
  - Booster vaccinations are valid indefinitely
  - Name, date of birth, date of issue, technical expiry date (set at one year in Germany), issuer (in Germany RKI), issuing organisation, signature
  - Vaccination certificate: vaccination date, vaccine, dose
  - Certificate of recovery: date of sampling, start and end of validity defined by rules
  - Test certificate: Date of sampling, type of test
- Recovery certificate based on rapid antigen test
  - New since this week: optional for countries if there is not enough capacity for PCR tests.
  - All countries must recognise certificates from other countries.
  - Type of test is not specified, cannot be differentiated in the certificate.
- Rule-based evaluation
  - According to EU regulations: valid or invalid
  - New: German domestic G regulations: The result of the test is the highest G status achieved. As with technical It is not yet clear how expired certificates will be handled.
- Rule-based certificate issuance: affected systems
  - Wallet apps, such as CWA, CovPass
  - Validation apps: CovPassCheck, possibly third-party providers
  - Validation Services: Remote verification of online uploaded certificates, e.g. for event organisers
  - Supported by software for providers (vaccination centres, test centres, pharmacies, doctors' surgeries), web portal, Guides
  - New in 2 weeks: semi-automatic reissue from wallet apps, after approval prospectively also for Recovery certificates and when the technical validity has expired.
- Problem cases with vaccination certificates
  - Janssen 1/1: Distinction between single vaccination and convalescent vaccination unclear, are used differently in Germany rated
  - Any <vaccine 2/1: second vaccination after Janssen or after convalescent vaccination?
  - 2/2 (old coding) after convalescent vaccination: both certificates must be available
  - 2/1 (new coding) after single vaccination Janssen: counts as a booster vaccination if the first certificate has been cancelled

becomes.

- Differentiation for recovery certificates
  - Recover unvaccinated
  - Incompletely immunised and recovered
  - Fully immunised and recovered
- Is the fundamental sense of this being discussed? Restrictions are being removed in many places. Additions to the regulations no longer play such a major role at the moment.
  - This could change again in the autumn. At the moment, the rules still apply.

Hamouda

- **Science blog: How many people "actively" use the CWA?** *(slides here)*
  - Active users
    - "In the proper sense": Retrieving a test result, warning others, determining risk
    - "In the extended sense": Use for certificates
    - "Potential": still installed
  - Active users - Warning users
    - How many people warn and what is the number of new infections: Estimate of 29.7 million users
  - Active users - CWA data donation
    - Data donors in relation to donor share, similar estimate: 29.4 million users
  - Active users - heuristics
    - Change of smartphone after approx. 2.6 years, 1.7 years of CWA operation results in 39.3% new installations, of which 2/3

      New accounts: estimate of 28.3 million users
  - Active users - Google Play / Apple App Store
    - Google monthly: 13.8 million
    - Apple monthly: 11.7 million
    - A total of 25.5 million users, functionality not taken into account.
  - Active users - CWA backend data
    - File downloads within 46 days: 24.9 million active users
  - Active users - overview
    - Around 35% of the population and just under half of the target group actively use the app.
  - Check-in functionality is increasingly being used.
  - Will appear in the blog next week. Went through many rounds of coordination with the BMG.

FG31 (Kirchner)

- The strategic direction and the possibility of further use should now be considered in preparation for the autumn. Open-ended discussion about what makes sense and what can be achieved. It is difficult to revive the app in the autumn.
- Backend data: Do laboratory findings go directly to users' mobile phones?
  - Test results are posted anonymously in the backend. The apps regularly check whether a result is available.

Smear

	• *At the beginning of the pandemic, the CWA would have been most useful if it could have supported the GAs. How can the app's collaboration with the GAs be improved?* o *Based on personalised information for the individual.* o *Use cases were considered in discussions with GA. Hardly any further development in this direction due to GA overload.* o *A few features were developed, e.g. reading out the contact diary and making it available to the GA or the deputy warning, i.e. requesting code for events and warning deputy CWA users. These were hardly used by the GAs.* o *How can the information about unrecognised contacts be forwarded to the GA? This would have to be mandatory and personalised. Difficult, personal data has a negative impact on acceptance of the app.* o *Many of those who were warned by the app would never have been warned by the GA for capacity reasons. What would be the alternative to the app if the GA is unable to warn everyone?* o *Concept and pilot study would be useful. Project over several years, perhaps in preparation for a pandemic.* o *DEMIS should always be considered when communicating with GA.* • *Apple has set a deadline of September, until then certificates can be operated together with risk assessment in an app. Idea of no longer relying on Google and Apple in future.* • *If no new, very virulent variant emerges, contact person management outside of risk settings will be discontinued.* o *Doesn't the warning make particular sense then?* • *No extra resources for CWA, 2 employees from Dept. 3 are currently permanently assigned to CWA. If expansion is planned, this cannot be funded from internal resources.* • *There should be a much stronger focus on which permanent tasks the RKI can part with in view of the change in strategy.* • *Costs for operation: many millions* • *In the future, there will no longer be a quarantine of contact persons and a warning will no longer be necessary. There will no longer be a reason for CWA.* • *A new Infection Protection Act will be written, modelled on the Swiss Epidemics Act. Definition of measures that can be activated in certain situations. Clear stance on an app like CWA.*	*Haas* *Diercke* *Rexroth* *Wieler*
4	**Current risk assessment** • *Decision of the BMG regarding non-publication (proposal here)* o *Reduction of the risk from very high to high was rejected by the BMG. The text of the risk assessment is no longer available on*	*All*

	current status. o *Proposal: Leave the risk rating at very high and use the text of the revised risk assessment.* o *Further adjustments are necessary in the text so that it is not inconsistent with the risk assessment.* o *The argument is that BA.2 is more transferable and there is still little knowledge about the effects of the increasing spread of BA.2.* o *Query whether the adjustments to the content reflect the RKI's assessment of the uncertainty of the course of the disease in the coming weeks? If so, this should be specifically added to the text. As the risk assessment is the RKI's professional judgement.* o *Text is outdated. "High" was denied by the BMG.* o *Another option to remove risk assessment from the website would be very escalating.* o *Another option would be not to revise the risk assessment and no longer refer to it.* o *Outdated version on website reflects negatively on us. Updating the text and not tweeting about it is better.* *ToDo: Revision, as discussed with reference to BA.2 (development still difficult to assess)*	*Haas* *Wieler* *Rexroth* *Wenchel*
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *(not reported)*	
6	**Communication** **BZgA** • *School and daycare parcel dispatched* • *Information sheet on nursing and healthcare professions with vaccine overview prepared in technical coordination with RKI* • *Novavax has not yet been authorised as a booster. The steering committee fears that this will reduce the incentive for those who are cautious about vaccination.* o *STIKO: Can be boostered in the case of contraindications, STIKO creates FAQ on this. -> Info sheet to be critically reviewed by the RKI.* o *Novavax is not yet authorised for boosting, but is possible in case of intolerance.* o *Point for steering committee this afternoon* • *Guidance on compulsory immunisation in institutions is being coordinated.* • *"Vaccination helps" campaign is being driven forward.* • *Regional and local campaigns for specific target groups are supported with information services.* **Press** • *Few press enquiries, COVID has moved down the agenda in the wake of the Ukraine crisis.* • *Risk assessment will appear on the website in the column with updated documents after revision.*	*BZgA (Dietrich)* *Wichmann* *Press (Wenchel)* *P1*

	Science communication • *(not reported)*	

7	**RKI Strategy Questions**
	a) General
	b) RKI-internal
	• *Reasons for the report on the discontinuation of test number recording?*
	  o *Great effort without additional resources, was intended as a transition from the outset.*
	  o *The positive portion differs only minimally from ARS data.*
	  o *Proposal to the BMG to reinstall §7.4, then a large part of the query could be updated via DEMIS, with significantly less effort and greater completeness.*
	  o *Test capacities could be queried further, the question is how often this would be necessary.*
	  o *Describe the reasons as key points, as progress in digitalisation.*
	• *Discrepancy in the isolation time of residents and employees*
	  o *Graphic has been adapted, explanatory text adapted in parallel -> Preliminary coordination with Mrs Ma??, then to AGI*
	• *Evaluation of tests in facilities in preparation for autumn 2022 has been postponed to Monday.*
		All
		
		Hamouda
		
		Seifried
		
		Wieler
		
		Niebank

8	**Documents** *(Fridays only)* • *(not discussed)*	*All*

9	**Vaccination update** *(Fridays only)*
	• *Data from the UK yesterday: 80% protection against hospitalisation, 95% protection against mortality under Omikron; no difference in vaccine efficacy between BA.1 and BA.2.*
	• *Publication by BKK Provita based on billing data: significantly more vaccination side effects, interview in Die Welt*
	  o *BMG wants to issue a press release on this.*
	  o *BKK umbrella organisation has distanced itself from this.*
		FG33 (Wichmann)

10	**Laboratory diagnostics** *(Fridays only)*
	FG17
	• *Virological Sentinel had 637 samples in the last 4 weeks, of which:*
	  ○ *168 SARS-CoV-2*
	  ○ *91 Rhinovirus*
	  ○ *16 Influenza virus*
	  ○ *56 seasonal (endemic) coronaviruses*
	  ○ *?? Parainfluenza virus*
	  ○ *?? Metapneumovirus*
	  ○ *?? RSV*
	ZBS1
	• *some isolates of BA.1 and BA.2*
		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)* • *(not reported)*	*FG32*

14	**Transport and border crossing points** *(Fridays only)*
	• *International communication (slides here)*
	  ○ *2020-2022, an average of approx. 350 activities/week were received.*
	  ○ *Deprioritisation of int. KoNa at the end of CW 2, less deprioritisation since then.*
	  ○ *66% of activities from abroad, of which 74% from Austria, 9% from Poland and 5% from Switzerland.*
	• *Plan for further reduction: Enquiry to countries whether there is still interest in sharing cases and receiving information.*
	  ○ *Except for special variants, all those who have responded so far say that they no longer wish to receive the information.*
		FG38 (an der Heiden)

15	**Information from the situation centre** *(Fridays only)* • *Reminder of interim report*	*FG38*
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Monday, 28.02.2022, 13:00, via Webex*	

End: *13:09*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 28.02.2022, 13:00 h*
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*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG23*
  - *Robin Houben*
- *FG32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG33*
  - *Thomas Harder*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *MF2*
  - *Torsten Semmler*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *not reported* *ToDo:* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 14,745,107 (+62,349), of which 122,702 (+24) deaths* ○ *7-day incidence: 1238.2/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 63,441,127 (76.3%), with complete vaccination 62,694,875 (75.4%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Saschen-Anhalt, Thuringia, Schleswig-Holstein: rising* ▪ *e.g. Hamburg and Bremen: declining* ▪ *Overall downward trend* ▪ *¾ of the LK have 7d- incidence >1000/100000 inhabitants.* ▪ *current frontrunner: LK Börde in Saxony-Anhalt* ▪ *Incidence in AG 5-14 year olds falling sharply* *Question: What is the infection rate among children?* *Answer: Around 500,000 0-4-year-olds and around 2.3 million 5-14-year-olds are registered in the reporting system. A local study has determined an infestation rate of approx. 30%. However, individual members of the crisis team suspect that the number of unreported cases is higher.* **ToDo 1 (optional)**: *To answer the infection rate of children based on seroprevalence studies (Mrs Neuhauser, FG25).* *Note from the recorder: The task was not clearly formulated as a ToDo, but rather as a "nice-to-have", as Präs expects this question.* ○ *Test capacity and testing (Wednesdays only)* ○ *(not reported)* ○ *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)*	 *ZIG1* *FG32*

	○ *(not reported)* ○ *Modelling (Fridays only)* ○ *(not reported)*	
2	**International** *(Fridays only)* • *Update on Ukraine:* ○ *Coordination centre FG38 with involvement of ZIG 3* ○ *Tasks: Report on activities to the BMG* ○ *Situation Working Group on Fridays in future instead of crisis team meeting* ○ *Crisis team meeting on Mondays and Wednesdays in future. Move the Friday agenda to Monday as far as possible and possibly to Wednesday* ***ToDo 2**: Change crisis team meetings to Mondays instead of Fridays from now on (Wednesday date remains) and adjust agenda (Situation centre)*	*Shade*
3	**Update digital projects** *(Fridays only)*	*FG21*
4	**Current risk assessment** ○ *not discussed*	*Dept. 3*
5	**Expert advisory board** *(Monday preparation, Wednesday follow-up)* • *Präs reports that he would like to propose to the Advisory Board that a statement on retirement and nursing homes be drawn up and that he would like to take the lead. RKI internal FG37 is to be involved. Deadline in consultation with FG37: 4 weeks.*	*Pres*
6	**Communication** **BZgA** • *(not reported)* **Press** • *After coordination in the crisis team, the information will be issued next Monday that no report will be published on Tuesday due to the Berlin public holiday and reference will be made to the dashboard.* **P1** • *(not reported)* ***ToDo 3**: Inform the BMG that the situation centre will be staffed on 8.3.2022 (as a public holiday only in Berlin), but no reports will be issued (Rexroth)*	*BZgA n.a.* *Press (Wenchel)* *P1*
7	**RKI Strategy Questions** **General**	*All*

- *Future use of the CWA (continuation of Friday's discussion); summary of pros and cons.* — *Dept. 3*
- *Pro:*
  - *Good tool for de-escalation, as after the end of the measures of official contact tracing of citizens is authorised to manage and notify his contacts himself*
  - *Large pool of users (strengthens visibility and trust in RKI)*
  - *High reputation abroad*
  - *Epidemic situation not foreseeable in autumn/winter and tool could then be urgently needed*
  - *Recent review (please insert reference) shows that electronically assisted contact tracing is likely to be the most is most effective, therefore good support for health authorities*
  - *Possibility of functional expansion, e.g. according to the wishes of the health authorities*
- *Contra:*
- *Ties up a lot of staff (5 people) who have to be financed from the RKI's own funds and are missing elsewhere (e.g. development of DEMIS)*
- *Currently not accepted by health authorities. They would like to see DEMIS introduced*
- *Benefit is not proven (note: the above review was also unable to prove the clear effectiveness of classic contact tracing in the case of community transmission)*

It is unclear whether the ENF interface will continue to be supported by Apple and Google

No final decision was made, but the discussion will continue in a smaller group.

RKI-internal

- *ID 5133 (BMG decree): Evaluation of testing in facilities in preparation for autumn 2022 (deadline: 15.5.2022)*
  - *It was decided to include the following specialist areas/persons (required expertise in brackets):*
    - *FG 37 (retirement and nursing homes),*
    - *FG 32 (Surveillance),*
    - *FG 36 (Epidemiology of school and daycare outbreaks),*
    - *Mrs Seifried (testing in schools + communication with federal states for the purpose of requesting local data on tests),*
    - *Mrs Loss (day-care centre study on testing),*
    - *Mrs Hanefeld/ZIG (literature research on test strategies)*
    - *Mr von Kleist*
    - *Diagnostics working group*
    - *integrate later if necessary: B-FAST (external)*
  - *Mr Mielke is taking the lead and will prepare an initial Structure based on the questions in the decree*

	and give them to the group, e.g: 1. *Effectiveness of preventive testing in institutions (e.g. schools, healthcare facilities, companies)* 2. *Additional use as a surveillance tool depending on the incidence* 3. *Specification of test concepts, test frequency, test types, e.g. minimum criteria for antigen tests* ▪ *First feedback from group requested by 15 March 2022!* ▪ *Subsequently coordination of the first draft with BMG (Mrs Germelmann)*	
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** • *not reported*	*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** • *Additional situation group on Ukraine on Monday, 7 March 2022 (morning)*	*All*
17	**Other topics** • *Next meeting: Wednesday, 02.03.2022, 11:00 a.m., via Webex*	

End: 14:15

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 02.03.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Hendrik Wilking*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *MF2*
  - *Torsten Semmler*
  - *Stephan Fuchs*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *(not reported)* **National** ○ *Slides here* ○ *Case numbers, deaths, trend,* ○ *SurvNet transmitted: SurvNet transmitted: 15,053,624 (+186,406), of which 123,238 (+301) deaths* ○ *7-day incidence: 1,171.9/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 63,452,3470 (76.3%), with complete vaccination 62,717,992(75.4%), with booster vaccination 47,367,046 (57%)* ▪ *Decline in 7-day incidence continues* ▪ *Hospitalisation incidence stable* ▪ *Number of deaths stable compared to previous week* ▪ *Intensive register: hardly any change* ○ *Course of the 7-day incidence in the federal states:* ▪ *Unchanged mixed picture: some BL with decline, some with plateau* ○ *Geographical distribution of 7-day incidence by district* ▪ *Number of districts >100/100,000 inhabitants decreases slightly* ▪ *More than 1/3 of all LCs with continued very high incidences* ○ *Incidence by age group and reporting week (heat map)* ▪ *Decrease in total weekly incidence by < 10%* ▪ *Further slight increase in older AGs* ▪ *Decrease in the other AGs, especially in children (after previous highest incidences in this group)* ○ *Hospitalisation incidence by age group* ▪ *Increase in the AG of >60-year-olds flattens out somewhat* ○ *COVID-19 deaths by week of death* ▪ *Increase since week 5, figures for week 8 still incomplete* ▪ *However, this does not reflect the overall increase in case numbers*	 *ZIG1* *FG32 (Diercke)*

	ITS occupancy and Spock ○ *Slides here* ○ *DIVI Intensive Care Register:* ▪ *Plateau movement on ITS: currently 2,205 people being treated on ITS* ▪ *Plateau in new admissions/day* ▪ *Plateau with deceased/day* ○ *Share of COVID-19 patients in the total number ITS beds that can be operated* ▪ *Decline in HB, HH, plateau in NS and SH* ▪ *Increase in SN and TH, slight decrease in HE*	*MF4 (Fischer)*

- *Plateau in BW and SL, increase in BY*
  - *COVID-19 treatment occupancy by severity*
    - *Slight decrease in ventilations, proportion with unknown treatment (without ventilation) stable at 28%*
    - *Plateau in the assessment of availability*
    - *Plateau in the main reasons for operating restrictions (still lack of staff and lack of space)*
    - *Situation at university hospitals is tenser than in standard care*
  - *Age groups*
    - *Increase in 70-79 year olds and >80 year olds in occupancy,*
    - *Decrease in 0-17 and 18-59 year olds*
    - *Percentage share: huge shift towards older people, >60 year olds now at 72%*
  - *SPoCK: Forecasts*
    - *A plateau is forecast for all clovers, with a slight decline in some cases*

Syndromic surveillance

- *Slides here*
- *FluWeb*
  - *ARE rate relatively stable in week 8: 4.8*
  - *Slight decline in children, stable overall, level significantly lower than pre-pandemic flu wave times but higher than in the previous year*
  - *Slight increase (especially >35 year olds) in adults*
- *ARE consultations: continued decline in all age groups and in all federal states*
- *ARE consultations with COVID diagnosis: Robust decline in AG up to 59 years, plateau in >60 year olds*
- *ICOSARI-KH-Surveillance*
  - *Overall pleasingly low number of SARI cases (as in the previous year), increase only in >80-year-olds*
  - *Relaxation in 0-4 year olds (proportion with COVID diagnoses here 6%)*
  - *Decline also in the other AGs except for >80-year-olds, (plateau here), high proportions with COVID diagnosis*
- *COVID-SARI hospitalisation incidence*
  - *Overall, the reported data exceeded the ICOSARI data*
  - *Stabilisation of KH admissions: 4800 new admissions in week 8*
  - *Decline in 0-4 year olds, stabilisation in the AG up to 80 years, here over-reporting of registration data*
  - *Slight increase in >80-year-olds continues, here reporting data and SARI system at the same level*
- *Intensive treatment of SARI cases: no significant burden in terms of new admissions compared to previous winters (the burden increases with longer treatment periods)*
- *Comparison of winter 2020/21 and 2021/22: COVID-SARI cases in*

FG 36 (Buda)

	Intensive care and deceased COVID-SARI cases at a stable level, with >80-year-olds (COVID-SARI- *total cases and deceased) slight increase in* ○ *Outbreaks in nurseries and schools: robust decline since the end of 1/2022, proportion of adults in outbreaks increasing, proportion of children decreasing*	
	Virological surveillance, NRZ influenza data ○ *108 samples from 49 medical practices* ○ *Positive share 59%* ○ *0-4 year olds: 26%, then 5-15 and >60 year olds most frequently* ○ *Omikron at 100%, BA.2 in week 7 > 51%* ○ *Declining number of influenza cases* ○ *ß-coronaviruses: SARS-CoV-2 dominates, 229E declining, no detection of OC43 for the first time, no detection of NL63, slight background activity of HKU1* ○ *Other respiratory viruses: Rhinoviruses dominate, followed by HMPV, occasionally RSV, few parainfluenza viruses*	*FG 17 (Dürrwald)*
	Test capacity and testing ○ *Slides here* ○ *25% reduction in the number of tests* ○ *Positive share at 45%* ○ *Sufficient laboratory capacity in all federal states*	*Dept. 3 (Hamouda)*
	SARS in ARS ○ *Decrease in the number of tests with an increasing proportion of positives,* *Level is still above the previous year* ○ *SN, ST, SH, TH, MV no decline, here plateau* ○ *Proportion of positive tests remains the same in almost all CCs, RP increase (60% in medical practices)* ○ *Age groups in federal states: Decrease in the number of tests in BW, BY, RP, proportion of positive tests increases in BY and RP* ○ *More testing should be carried out, possibly prompting* ○ *Test locations: decline mainly at other locations (test centres), smaller decline in practices, stable in hospitals* ○ *Number of tests/100,000 inhabitants: significant decline in 0-4 and 5-14 year olds* ○ *Positive share increases for 0-4 and >80 year olds* ○ *Incidence of positive tests increases in >80-year-olds* ○ *Outbreaks in retirement and nursing homes: 517 active outbreaks (rising trend), 156 deaths (previous week 182), may still rise* ○ *Summary: More testing should be done in the BL. The older AG area should be opened with caution*	*FG37 (Eckmanns)*
	VOC report ○ *Slides here* ○ *Omikron with a share of 100% in the genome sequencing sample, of which BA.1 61.9%, BA.2 37.5%, still no detection of BA.3*	*FG 36 (Kröger)*

	IfSG data: Number of variant-specific PCR tests declines sharply by 60% from week 6 to week 7, for individual BL in the single-digit range, data are therefore not representative, large changes due to small fluctuations *Also strong decline in test number recording, from 1076 to 560, genomic surveillance is therefore more reliable* **Recombinant mutation profiles in pango-designation issues** *(slides here)* *There have been several reports of recombinants from Delta and Omikron* *Search revealed: a sequence (received 26 February 2022) shows properties of Delta and Omikron* *A mixed infection cannot be completely ruled out, but the picture is not typical of it* *Phylogenetic tree: The recombinant is isolated* *So far strong indications but no certain proof, Raw data is requested, PH relevance is unknown* *Note Kröger: It makes a lot of sense to look for it, as the topic has already been taken up in the press, so the number of submissions should not fall any further*	*FG 36 (Fox)*
	ToDo: Calculation of the power (of the estimation of the VOCs?) (Mr Semmler, possibly P4) *(Could not be finalised by today's crisis management meeting)* *Note Pres Wieler (Chat): Power calculation is important, especially for the expert advice*	*Kröger/ Semmler*
	Discussion *Note: High proportion of positives due to frequent upstream antigen test* *The BMG website states that antigen testing is a prerequisite for entitlement to PCR, although this has been corrected by KV and is presumably handled correctly in medical practices, it may still have an effect* *350,000 PCR tests were saved by switching to AG test with red CWA warning tile* *In NW, positive pools are only resolved with an antigen test* *Question: Should a statement be made in the weekly report?* *Objection: It could lead to the assumption that the RKI incidences are not correct and that the assessment of the situation is not reliable. AG can still be seen, however* *Should not be a topic of discussion, it should not be a change in testing strategy, but rather a change in utilisation behaviour* *Should not be thematised and removed from the Summary at the beginning of the weekly report, the positive rate should be removed, no longer plays such an important role*	*All*

	○ *Agreement: should not be discussed, the example of HH shows a significant decline in the frequency of testing and a significant increase in the positive rate, which thus loses its significance for the incidence of infection, but this process should continue to be monitored* ○ *Note: testing regulation will be adapted, the testing strategy will be more focussed on vulnerable groups, April/May citizen testing will be further relativised, it is important to remain congruent in the recommendations and to keep all aspects in view* ○ *Two questions: a) Why is there such a rapid decline in infections in some regions? b) Is there any experience of the burden on a municipality caused by an incidence of, for example, 3000/100,000 inhabitants?* ○ *a) In metropolitan areas, the characteristics are more pronounced in the form of sharp increases and rapid declines* ○ *Regarding b) Burden depends on various factors: age groups affected, type of outbreaks (vulnerable setting with numerous contacts or individual with few contacts), local resources, therefore no general statement possible* ○ *Note: Call from Mecklenburg-Vorpommern, where there is still a high burden on the GÄ, and the Bundeswehr is being withdrawn* ○ *Note: with a high overall incidence, Omikron now also comes in the retirement and nursing homes, presentation stratified by BL is planned*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *(no need for adjustment)*	*Dept. 3*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Meeting was postponed from Tuesday, 01.03.2022 to today, 02.03.2022*	*Pres*
6	**Communication** **BZgA** ○ *Care leaflet is being worked on intensively* ○ *Vaccination schedule is being revised* ○ *Press release for publication with the German Nursing Council is planned* ○ *Faceboook: Most of the thinking maps already published by the RKI (please correct if necessary)*	*BZgA (Rückle)*

	○ *The question arises as to which materials should be translated into Ukrainian, and an initial package has been put together for this purpose* ○ *Question: What information is available on the vaccination status (COVID-19 and other vaccinations) of the Ukrainian population?* ○ *Initiative report Report on this (with INIG and ZIG2) is in progress* ○ *So far, no external partners have been invited to join the Situation Working Group on Ukraine* *ToDo: After consultation with INIG (which uses data from non-public sources), submit corresponding/released parts of the report to BzgA* *ToDo: Invitation to BzgA to the Friday Lag- AG meeting on Ukraine* **Press** ○ *BPK: Frequency now fortnightly, next appointment next week* ○ *Question: Topic for accompanying Twitter to the weekly report? BA.2?* ○ *Regarding the severity of the disease due to BA.2, no indication of a difference to Ba.1 yet, but no clear data on this, measure effects are difficult to separate from variant effects* ○ *Suggested topics: Abandonment of risk areas, reception of refugees?* ○ *Should the stagnating decline in the number of cases and the rising trend in the number of deaths be pointed out now in order to avoid this being linked to the admission of refugees at a later date?* ○ *Suggestion: Twitter for good vaccination effectiveness against serious illness, hospitalisation, intensive care) in connection with the invitation to get vaccinated* ○ *Note: Proportion of boarders among new admissions to ITS is currently rising sharply* ○ *For this reason, the focus should only be on vaccination effectiveness (as the proportions are difficult to interpret and change with the proportions in the population)* **P1** ○ *Vaccination discussion cards have been created (with vaccination acceptance and the University of Erfurt) and will be tweeted in three threads (01/02/03 March)*	*FG 38 Rexroth* *LZ* *Press (Wenchel)* *P1 (Lein)*
7	**RKI Strategy Questions** **General** • *(not discussed)*	*All*

	RKI-internal ○ *Report from the AGI, good discussion with Ms Korr and the countries* ○ *BL proposed the abolition or reduction of citizenship tests, but reasons for citizenship tests are closely linked to privileges in connection with 3-G rules* ○ *Note: MPK resolution of 16 February provides for the abolition of these rules from 20 March 2022* ○ *It is unclear which measures/restrictions/rules are affected by this* ○ *SchAusnahmV and EinreiseVO do not cease to apply on the cut-off date, refer to Section 5 of the IfSG, entry bans and activity bans by GÄ also refer to this section* ○ *The SchAusnahmV refers to §28c, has no expiry date* ○ *Asymptomatic unvaccinated people must continue to test free from quarantine and for travelling* *ToDo: Ask Mr Mehlitz to create an overview of all changes (§28b) that will occur as of 20/03/2022* ○ *Question: How important will the recovered status be in autumn and winter? Standardisation would be good: 3 contacts with the pathogen* ○ *Note: Free testing from quarantine with antigen test and recovered status are the most inconclusive points*	*Abbot1 (Mielke)* *VPräs (Schaade)*
8	**Documents** • *(not reported)*	*All*
9	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *(not reported)*	*FG33*
10	**Laboratory diagnostics** • *Please refer to TOP 1* **Current situation national** • *ZBS1*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*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** • *Situation working group on the situation in Ukraine: Friday, 04 March 2022, 11:00 a.m.*	*All*
17	**Other topics** • *Next crisis management meeting on COVID-19: Monday, 07.03.2022 13:00, via Webex*	

End: 12:29 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 07.03.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG35*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
  - *Claudia Siffczyk*
- *MF2*
  - *Torsten Semmler*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Mondays only)*
	◦ *(not reported)*
	
	National
	◦ *Slides here*
	◦ *SurvNet transmitted: 15,869,417 (+78,428), thereof 124,126 (+24) Deaths*
	◦ *7-day incidence: 1,259.2/100,000 inhabitants.*
	◦ *Vaccination monitoring: Vaccinated with 1st dose 63,515,372 (76.4%), with complete vaccination 62,847,041 (75.6%), with Booster vaccination 47,732,256 (57.45)*
	◦ *Course of the 7-day incidence in the federal states:*
	  ◦ *Scale of the standard map in the higher areas now further split up by colour to see hotspots, among other things*
	  ◦ *In Bavaria, there are many districts with high incidence rates, but generally high-incidence districts are well distributed; the west is slightly less affected*
	◦ *Incidence rates by age group show a decline in almost all age groups; only the 15-34 age group shows a slight upward trend. It remains to be seen whether this trend will continue or is just an interim trend.*
	◦ *The incidence of hospitalisation among the over-60s is rising slightly, similar to last week's figures*
	◦ *Discussion/questions:*
	  ◦ *What information do we have about reporting antigen tests? When test centres report a positive antigen test, this is seen in DEMIS. In the reporting system, you can see how many PCR tests previously showed a positive antigen test. As a rule, however, a positive antigen test result is often not transmitted by the public health department, i.e. it is still an incomplete picture.*
	  ◦ *Mr Semmler mentioned factor 3 last week with regard to the under-reporting of tests (including PCR tests). This point can be discussed again on Wednesday together with test figures.*
	  ◦ *Leisure behaviour certainly plays a role in the figures. Carnival seems to have played a role. A further increase is to be expected due to the further opening steps on 4 March and the simultaneous increase in BA2. From 20 March, there will be further reopenings, which could lead to an increase in cases.*
	◦ *Test capacity and testing* *(Wednesdays only)*
	  ◦ *(not reported)*
		ZIG1
		
		FG32

	- *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)*
	  - *(not reported)*
	- *Modelling (Mondays only)*
	  - *(not reported)*
	  - *Discussion: Mr Lauterbach speaks of a possible "Summer wave". There is a decline in immunity and the seasonal effect will not be enough to prevent transmission. There is no doubt that there will be transmission. This also depends crucially on behaviour. If everything is relaxed from 20 March, for example, many people will want to travel and we will have a rebound effect. Holiday travel is linked to increased infections, as holiday behaviour is different from everyday behaviour.*
	    There is also a risk of recombination with other variants from the world. We should at least keep in mind that this can happen and at least agree to continue the AHA+L rules. Even a "spring wave" (March/April) cannot be prevented if the behaviour develops in a different direction.
	- *England has no modelling of possible waves. From the ECDC offers calculations: https://covid19forecasthub.eu/index.html*	

2	**International** *(Mondays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Mondays only)* - *With the abolition of the risk areas, DEA will also be abolished, as registration was only necessary when returning from a risk area. It is not clear whether this system should be maintained. It incurs high costs per month. The BMG is currently still in budget negotiations, so there is no feedback on this yet.* - *The CWA has been launched in the Ukrainian app stores in the last few days. The app could be a tool to get in touch with refugees. To activate the app* *There was good communication in Ukrainian stores (e.g.*	*FG21*

	Twitter). The number of downloads of the app in Ukraine was still very low last Friday. However, this is being monitored and figures are being shared with the crisis team. Ukraine has its own app for vaccination certificates. A Ukrainian language adaptation of the CWA is currently being considered. Whether the financing and implementation is worthwhile depends on various factors (e.g. number of infections or number of refugees). ○ The CWA can also be used to estimate the number of unreported infections. Since the last 5 days (since the incidences have been rising), an increase in red alerts has been reported in the CWA. The app also shares results from antigen tests. Therefore, the CWA can at least be used as an indicator for the number of unreported cases or to assess the situation. ○ Science blog: Göran Kirchner has presented the figure of how many people actively use the CWA. Fears that the results could be interpreted negatively are not entered.	
4	**Current risk assessment** • No changes	Dept. 3
5	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • (not reported)	
6	**Communication** **BZgA** • The BZgA is currently in the process of translating materials into Ukrainian and creating corresponding information packs. The BMG has commissioned the creation of an information sheet on COVID-19 vaccination for Ukrainian refugees in plain language. • RKI note: The RKI has also published many documents in Ukrainian today; the BZgA is aware of this. The BZgA also has other materials of its own on e.g. measles etc. in the pipeline. **Press** • Next BPK expected this Friday. **P1** • (not reported) Discussion: ○ This morning at the Ukraine situation working group meeting, the high	BZgA n.a. Press P1

	Risk of infection for helpers (both helpers in the refugee flows and members of EMTs in Ukraine) mentioned. Question whether the RKI should once again communicate the everyday corona rules (AHA+L, reference to self-protection), which of course also apply to helpers. There are pictures of helpers at Eastern European transit stations in Poland, for example, who are not wearing masks. General information for helpers should not come from the RKI, but from the Senate, for example, which is coordinating the campaigns. The RKI website "Flight and Health" refers to the general COVID-19 website of the RKI. ○ *One idea would be to contact Deutsche Bahn (DB)n, which e.g. free masks could be distributed on the trains. An exchange with the BMG will take place on Wednesday at 10 am. Maria an der Heiden will put forward the proposal at the meeting. If desired by the BMG, contact can be made with the medical director of DB via FG38.* ○ *COVID-19 specific instructions (e.g. AHA+L rules) on Ukrainian are in progress at the BZgA.*	
7	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
8	**Documents** • *(not reported)*	*All*
9	**Vaccination update** *(Mondays only)* ○ **STIKO** ○ *The STIKO discussed paediatric vaccination again last week. It is being considered whether the recommendation to only vaccinate under 12-year-olds in risk groups should be softened. The discussion is still open. There are very mixed opinions. There will be another meeting on Wednesday at which modelling on childhood vaccination will be presented.* ○ *Adjustment of vaccination rate monitoring: On 15.01.2022, the PEI changed the existing definition for full vaccination protection with regard to vaccination with the Janssen COVID-19 vaccine, which means that 2 doses are now required for basic immunisation. The extent to which vaccination rate monitoring (dashboard and Github) should be adjusted was discussed with the BMG. As the data is not personalised, this is difficult to correct. It would also be technically difficult to implement in the dashboard. The RKI has therefore sent the proposal to the BMG not to make any changes and a language rule and footnote to explain the*	*FG33*

	create. The final approval of the minister is still pending. ○ Question: Vaccination critics have always criticised the fact that there are no alternative vaccines. What about the introduction of Novavax out? No run on Novavax has been observed to date.	
10	**Laboratory diagnostics** **FG17** • *The Omikron subtype BA.2 has a share of 50% in sequencing. This may be responsible for an increase in infections. However, a variant that normally occurs in Russia was also discovered in the data set. The Omikron variant is also prevalent in Ukraine.* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 09.03.2022, 11:00 a.m., via Webex*	

End: 13:55

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 09.03.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
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- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Kristin Tolksdorf*
  - *Luise Goerlitz*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Christian Herzog*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Mondays only)* ○ *not reported* *ToDo:* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 16,242,070 (+215,854), of which 124,764 (+314) deaths* ○ *7-day incidence: 1319/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 63,537,436 (76.4%), with complete vaccination 63,887,598 (75.6%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *heterogeneous course, increase in nationwide incidence since 3.3.22* ▪ *Germany map: LK Rosenheim had problems with data transmission, hence 'yellow spot'* ▪ *Deaths: Increase since week 4* ▪ *No excess mortality (see illustration)* ○ **Test capacity and testing** *(Wednesdays only)* ○ *Slides here* ▪ *Positive share increased, capacity utilisation constant* ○ **ARS data** ▪ *Slides here* ▪ *Test figures: Declining, but heterogeneous picture, increase in testing in doctors' surgeries, test delay at <50%, outbreaks* *Decline in medical facilities, but increase in doctors' surgeries* ○ **VOC report** ○ *Slides here* ○ *BA2: 48.2%, BA1: 51.2%* ○ *Logistic regression, adjusted by federal state, reporting week, age: From 35 years of age, there is an effect of VOC (delta vs. omicron) on the hospitalisation incidence (no difference BA.1 and BA.2), but no VOC effect discernible in younger people* ○ *Planned publication in Eurosurveillance: this should be sent to Mr Wieler on submission for forwarding to the Minister* ○ *Molecular Surveillance (Wednesdays only)* ▪ *not reported* ○ **Syndromic surveillance** *(Wednesdays only)* ○ *Slides here* ▪ *FluWeb: Increase ARE* ▪ *Consultation incidence rising* ▪ *SEED: Only a small proportion of COVID-ARE*	*ZIG1* *FG32 Diercke* *Rexroth* *Abu Sin* *Sievers* *Buda*

	▪ *Age groups: Decrease among children. Increase among 15- to 34-year-olds* ▪ *ICOSARI-SARI: Sideways movement* ▪ *SARI+COVID: sideways movement, in AG 35-59 below 35% for the first time since week 31 in 2021* ▪ *Outbreaks: Kindergarten and schools: decline in the proportion of children. Peak in schools was at the end of January; SEED and NRZ data correlate well* ○ **Virological surveillance, NRZ influenza data** ***(Wednesdays only)*** ○ *Slides here* ▪ *91 entries, of which:* ▪ *26% Rhinoviruses* ▪ *20% SARS-CoV-2 (100% Omikron, of which 34% B1.2)* ▪ *Influenza: 1 detection* ▪ *Parainfluenza: 1 detection* ○ **DIVI Intensive Care Register figures** ***(Wednesdays only)*** ▪ *Slides here* ▪ *2126 COVID-19 patients (slight reduction), constant new admissions and constant number of deaths on ITS* ▪ *Heterogeneous picture in the federal states, e.g. HH and Bremen: declining and Saxony-Anhalt, MeckPomm: increasing* ▪ *Decrease in ECMO/ invasive/non-invasive respiratory treatment, increase in proportion without respiratory treatment Support (33%)* ▪ *SPoCK: Declining ITS occupancy forecast* ○ *Modelling* ***(Mondays only)*** ○ *(not reported)*	*Dry forest* *Fisherman*
2	**International** ***(Mondays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Mondays only)***	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment No change*	*Dept. 3*
5	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Statement issued on the necessity of legal requirements for pandemic measures*	
6	**Communication** **BZgA** • *Quarantine/isolation document in several languages*	*BZgA Ommen*

	translated, e.g. Ukrainian **Press** • *Article in Business Insider about changes in risk assessment. Media lawyers and the press are working on a response. Crisis team suggestion: react proactively and label the article as a misinterpretation. When asked by the crisis management team whether a linguistic revision of the risk assessment would be useful to avoid further misinterpretations, this should be examined by a lawyer.* • *Tweet on the weekly report: Case numbers are rising, despite opening measures, comply with AHA-L rules and act responsibly to protect vulnerable groups!* **P1** • *Preparation of a flyer on behavioural tips for spring* *ToDo:* 1. *Prepare a speech for the BPK on the topic of vaccination effectiveness (Wenchel, input from Leuker)* 2. *In the weekly report, we also point out that the end of many measures means that personal responsibility is becoming more of a focus. Vulnerable groups are still in need of protection.*	*Press Wenchel* *P1 Leuker*

7	**RKI Strategy Questions**	
	General ➢ *Amendment to IfSG (ID5186) Document here* *Due to the short notice (deadline 09.3.2022), it was decided that only comments on sections that directly concern the RKI:* ➢ *Facility-based recording of vaccination rates for employees and care recipients* ➢ *the amended paragraph according to which the facilities must report directly to the RKI (probably via Voxco) and RKI The crisis team categorised the monthly provision of this data to the BMG as well as the federal states and districts in aggregated form as extremely resource-intensive (communication with approx. 14,000 facilities). It is also difficult to obtain a complete report. As notification/communication between the facilities and the local health authorities takes place anyway, it is the establishment of a duplicate structure.* ➢ *Therefore, submit a counter-proposal: Vaccination rate recording of affected health and care facilities via the Reporting system, i.e. reporting by the facilities (according to RKI specifications) directly to the responsible GA, which reports via the state authorities to the RKI, which in turn provides the data in aggregated form on a monthly basis.* ➢ *If the counter-proposal is rejected: The notification of the facilities to the RKI is carried out according to RKI specifications in order to ensure to ensure uniform and complete reporting.* ➢ *Creation of digital certificates (COVID-19 vaccination, recovery and test certificate) by RKI (concerns CWA)* **ToDo ID5186** ➢ *Two-stage response to the decree on vaccination rate recording: 1. counter-proposal to direct vaccination rate recording by the RKI: vaccination rate recording of affected health and care facilities via the reporting system according to RKI specifications (FG32 Michaela Diercke). If counter-proposal is rejected: The direct reporting of the facilities to the RKI should in any case be carried out according to RKI specifications in order to ensure uniform and complete reporting (FG37, Muna- Abu Sin/ Britta Schweickert).* ➢ *Creation of digital certificates (COVID-19 vaccination, recovery and test certificate) by RKI (concerns CWA): input from Mr Benzler (FG 32)* ➢ *Merging of both parts by Mrs Hanke (L).* **RKI-internal** ➢ *(not reported)*	*All* *Dept. 3*
8	**Documents** • *(not reported)*	*All*

9	**Vaccination update** *(Mondays 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** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Monday, 14.03.2022 13:00, 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:	*Monday, 14.03.2022, 14:00 h*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
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- *FG35*
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- *P1*
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- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Mondays only)* ○ *(not reported)* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 17,233,729 (+92,378), of which 125,590 (+19) deaths* ○ *7-day incidence: 1543/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 63,573,574 (76.5%), with complete vaccination 62,962,262 (75.7%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *None of the CCs recorded a significant decline, rather stagnating or increasing. Mecklenburg-Western Pomerania has the highest incidence* ▪ *There has been an increase in all AGs, with the exception of 0-4 year olds* ○ *Test capacity and testing (Wednesdays only)* ○ *(not reported)* ○ *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)* ○ *(not reported)* ○ *Modelling (Mondays only)* ○ *Significance of adjusted hospitalisation incidence* ▪ *Slides here* ▪ *Requirement of the BMG to evaluate adjustment* ▪ *Comparison of adjusted values (light blue line) with post-reported values (orange line)* ▪ *Conclusion: Adjustment maps late entries well. It is a robust method* *Discussion:* *Question: Should the adjusted curve be emphasised and regularly included in the reports? Answer: Should be addressed in the Jour Fix* *Question: What is the cause of the drop in case numbers in the*	*ZIG1* *FG32 (Diercke)* *Matthias an der Heiden*

	January? Answer: End of Delta wave, Omikron wave started a little later. ▪ *Question: Is the BMG planning a stronger focus on hospitalisation incidence and are adjusted hospitalisation rates to be introduced?* *values be taken as a reference? Answer: Unknown, but possible.* ▪ *It was clarified that hospitalisation incidence is not a marker for hospital utilisation, as the number of of beds in operation is unknown. It can be used with restrictions as an estimator of disease severity, although it is unclear whether hospitalisation was due to COVID or whether COVID was a random finding.* ▪ *Sari surveillance with COVID is therefore better suited as a supra-regional estimator of COVID disease severity* ▪ *An estimator for assessing the regional burden of disease due to COVID is missing* ▪ *As the BMG has a new person in charge, Mrs Teichert, who is not familiar with the old reports, a report is to be prepared.* *adjusted hospitalisation incidence for the BMG in terms of informative value, in which the points raised in the above discussion are also included* **ToDo** *Prepare report for BMG on the significance of adjusted hospitalisation incidence, whereby other available markers should also be evaluated in accordance with the above discussion (Diercke and Matthias an der Heiden)*	
2	**International** ***(Wednesdays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Mondays only)***	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *xxx*	*Dept. 3*
5	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *No meeting took place last week* • *A statement has been published on fundamental parameters of the Infection Protection Act. It is available on the website of the Chancellery.*	*Wieler*

	• *The first version of the statement on dealing with the coming autumn/winter is expected to be circulated at tomorrow's meeting*	
6	**Communication** **BZgA** • *New activities:* • *ÖGD mailing from media site in Ukrainian (Matehttps://www.infektionsschutz.de/mediathek/materialien-auf-ukrainisch/rialien auf Ukrainisch - infektionsschutz.de)* • *Care leaflet + vaccination schedule published* **Press** • *Tweet on the last weekly report received a very good response* **P1** • *In view of the high number of cases despite the high vaccination rate, the President's request was taken up to point out that vaccination not only serves to protect against infection, but above all also protects against a serious course of the disease and death. This should be communicated in cooperation with the social media team of Presse*	*BZgA Seefeld* *Press (Wenchel)* *P1 (Leuker)*
7	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *In(tra)-Action Review Crisis Management, 28/03/2022* • *Slides here* • *A workshop for the crisis unit participants is to take place on 28 March 2020, in which the previous structure of the crisis unit (frequency, composition, topics, decision-making processes) will be reflected on and evaluated in small groups* • *Cooperation with the situation centre is also to be evaluated* • *No external stakeholders (e.g. BMG) should be involved in this first phase* • *The workshop is based on the methodology of ECDC and WHO*	*All* *Meike Schöll*
8	**Documents** • *Enquiry from the AGI as to whether the KoNa paper will be revised. This is to be discussed with the BMG at the Jour Fix.*	*All*

9	**Vaccination update** *(Mondays only)* • *(not reported)* **STIKO** • *The STIKO is currently discussing a vaccination recommendation for children aged 5-11 years and the procedure for basic immunisation with a Chinese or Russian vaccine.*	*FG33*
10	**Laboratory diagnostics** **FG17** *First evidence of influenza in a refugee from Ukraine* • *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** • *not reported*	*FG14*
13	**Surveillance** • *From Wednesday, electronic reporting of hospitalisation (individual reporting) via DEMIS will also be possible*	*FG 32*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 16 March 2022, 11:00 a.m., via Webex*	

End: 14:13

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  - xxx
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Expert advisory board (preparation on Mondays, follow-up on Wednesdays)

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8	**Documents** • *Enquiry from the AGI as to whether the KoNa paper will be revised. This is to be discussed with the BMG at the Jour Fix.*	*All*

9	**Vaccination update** *(Mondays only)* • *(not reported)* **STIKO** • *STIKO has decided by a majority that there will be no general vaccination recommendation for children aged 5-11.* • *After basic immunisation with a Chinese or Russian vaccine, a booster with an mRNA vaccine is sufficient.*	*FG33*
10	**Laboratory diagnostics** **FG17** *First evidence of influenza in a refugee from Ukraine* • *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*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
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14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 16 March 2022, 11:00 a.m., via Webex*	

End: 14:13

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 16 March 2022, 11:00 a.m.*
Venue:	*Webex Conference*

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- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
- *L1*
  - *Joachim-Martin Mehlitz*
- *MF1*
  - *Stephan Fuchs*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
  - *Agata Mikolajewska*
- *ZIG1*
  - *Regina Singer*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	International *(Mondays only)*
	• *Slides here*
	• *Worldwide:*
	  ○ *Data status: WHO, 15/03/2022*
	  ○ *Cases: 458,479,635 (+10.7% compared to the previous week)*
	  ○ *Deaths: 6,047,653 deaths (CFR: 1.3%)*
	  ○ *Top 10 countries by number of new COVID-19 cases*
	    ▪ *Increasing global trend*
	    ▪ *South Korea and Vietnam in first and second place with the strongest upward trend*
	    ▪ *Again, many countries in Europe with an increasing trend*
	    ▪ *Declining trend only in Japan and Russia*
	  ○ *WHO epidemiological update*
	    ▪ *Case numbers are rising again, most strongly in the West Pacific region, but also increasing in Europe and Africa*
	    ▪ *West Pacific and Europe account for almost 90% of the number of cases*
	    ▪ *Deaths decreasing globally, only increasing in the Western Pacific (especially China, South Korea, New Zealand)*
	  ○ *7-day incidence per 100,000 inhabitants in Europe*
	    ▪ *Very diverse picture compared to the previous week*
	    ▪ *Highest incidences in Iceland, Austria and the Netherlands*
	    ▪ *Difficult to interpret as some test strategies have been changed*
	    ▪ *Decreasing trend in Ukraine with decreasing test numbers; in neighbouring countries to Ukraine so far still decreasing trend*
	  ○ *Recombinant Delta - Omikron*
	    ▪ *UK: 32 cases,*
	    ▪ *France, from different regions: 27 cases, first detection in early January*
	    ▪ *Further cases in Denmark, the Netherlands and Belgium, low case numbers*
	    ▪ *According to the WHO, no evidence of increased disease severity or increased transmissibility yet*
	    ▪ *ECDC has had recombinants under observation as a variant since 10 March 2022*
		ZIG 1 (Singer)

	National
	• *Case numbers, deaths, trend (slides here)*
	  ○ *SurvNet transmitted: 17,695,210 (+262,593), thereof 126,142 (+269) Deaths*
	  ○ *7-day incidence: 1,607.1/100,000 inhabitants.*
	  ○ *Hospitalisation incidence: 7.45/100,000 p.e., AG ≥ 60-year-olds: 15.86/100,000 p.e.*
	    ▪ *Rising trend in hospitalisation incidence*
	  ○ *Cases on ITS: 2,297 (+36)*
		AL3 (Hamouda)

	- *Immunisation monitoring: first vaccination 76.5%, second vaccination 75.8%, Booster immunisations 58.0%*
	- *Course of the 7-day incidence in the federal states*
	  - *Increasing trend, particularly steep in Mecklenburg-Western Pomerania, Bavaria, Saarland, Schleswig-Holstein and Berlin*
	- *Geographical distribution in Germany: 7-day incidence*
	  - *In approx. 90% of all LK > 1000, in 130 LK > 2000, in 4 LK > 3000*
	  - *With a different colour scale: Very high incidences in the north, south-east and far west*
	  - *We are considering changing the colour scale again.*
	- *Incidence by age group and reporting week*
	  - *Increase in all age groups, particularly strong in younger age groups, but also worrying increase in older age groups*
	- *Hospitalisation incidence by age group*
	  - *Hospitalisation incidence increases among 60+ year olds.*
	  - *Adjusted hospitalisation incidence for 60+ year olds in the range of 30.*
	  - *By district (unadjusted values): The incidence is significantly higher again in individual districts.*
	- *COVID-19 deaths by week of death*
	  - *Increase, but not yet at 4th wave level*
	  - *Deaths according to LK: similar regions affected as with high incidences and hospitalisation incidences*
	  - *Germany as a whole in 14 days: 3.6 deaths per 100,000 inhabitants, significantly higher in some districts.*	

	• **ITS occupancy and Spock** *(slides here)* ***(Wednesdays only)***
	- *DIVI Intensive Care Register*
	  - *Currently, 2,288 patients are being treated, and this figure is rising slightly. Particularly noticeable in the last few days can be seen in new recordings.*
	  - *1,665 new admissions in the last 7 days*
	  - *Number of deceased patients on a plateau*
	- *Share of COVID-19 patients in the total number ITS beds that can be operated*
	  - *Miscellaneous picture*
	  - *Significant increases in Bremen, Lower Saxony, MV, SH, Bavaria*
	  - *Rise particularly marked in Saarland, mainly affects >70-year-olds.*
	- *COVID-19 treatment occupancy by severity*
	  - *Increase in "lighter" forms of respiratory treatment in particular*
	  - *35% unknown forms of treatment*
	  - *Assessment of operating situation: slight increase*
	- *Age groups*
	  - *Further increases among 70-79 and 80+ year olds*
	  - *Slight increase in children, 17% without COVID symptoms*
		MF4 (Fischer)

	o *SPoCK: Forecasts* ▪ *Germany-wide rather plateau* • **Test capacity and testing** *(slides here) (Wednesdays only)* o *Number and capacity of tests* ▪ *The number of tests has increased significantly for the first time in 4 weeks, the proportion of positives has also increased.* *increased.* o *Laboratory capacity utilisation* ▪ *capacities somewhat more heavily again.* ▪ *Utilisation in MV, NI, TH already over 100%, in the other BL at approx. 70% utilisation.* o *SARS in ARS* ▪ *Increase in testing in all federal states except Berlin* o *Where to test* ▪ *Number of tests in doctors' surgeries has risen significantly, positive rate in some cases over 80%* ▪ *In KH, the proportion of positives increases.* ▪ *Other test sites difficult to interpret.* o *Testing by age group* ▪ *Significantly more among 5-14 year olds* ▪ *Positive share increases in all age groups except toddlers and 5-14 year olds.* ▪ *Number of positive tests per 100,000 inhabitants increases, most significantly in middle age groups.* o *Monthly report SARS in ARS* ▪ *Looking at the months since the start of the pandemic, the proportion of positives is now at its highest, even at >80-* *year olds.* o *Outbreaks in medical treatment centres, retirement and nursing homes* ▪ *196 active outbreaks in hospitals* ▪ *510 active outbreaks in retirement and nursing homes, slightly fewer than in the previous week, deaths on the rise again.* • **VOC report** *(slides here) (Wednesdays only)* o *Overview of VOC/VOI in sample* ▪ *In week 9, BA.2 has become the dominant variant.* o *Omicron sublines in sample* ▪ *BA.1 and BA.1.1 each lost almost 10%.* o *IfSG data* ▪ *Similar picture, alpha and beta cases rather miscommunication* ▪ *Large differences in the number of variant-specific tests between the BCs.* o *Confirmed AY.4/BA.1 Recombination* ▪ *64-year-old woman, vaccinated 3 times (boosted in 12/21), severe course of disease with hospitalisation, none* *Travel history* ▪ *In Germany, this recombinant is unique, and in international comparison almost identical to*	*AL3 (Hamouda)* *FG37 (Eckmanns)* *FG36 (Kröger)* *MF1 (Fox)*

French isolate.

- *Unconfirmed BA.1/BA.2 recombinants*
  - *2. recombinants not yet confirmed in Germany, but 9 isolates from 3 laboratories*

- **Syndromic surveillance** *(slides here)* ***(Wednesdays only)*** — *FG36 (Buda)*
  - *FluWeb*
    - *ARE rates increased, especially in children, in adults rather sideways movement, in children reached pre-pandemic levels.*
  - *ARE consultations*
    - *More of a sideways movement, slight increase among schoolchildren and >60-year-olds.*
    - *Higher than last year, but in the range of the pre-pandemic seasons.*
    - *No clear trend across the BL.*
    - *Influenza reporting data: currently on the rise, 2 cases with exposure in Ukraine*
  - *ARE consultations with COVID diagnosis*
    - *Rise again among 15-34 and 35-59 year olds.*
    - *Trend reversal for 5-14 year olds, renewed increase*
  - *ICOSARI-KH-Surveillance*
    - *Sideways movement, no clear rise*
    - *Significant decline among 35-59 year olds, increase among 15-34 year olds at a very low level.*
  - *ICOSARI-KH-Surveillance - SARI cases*
    - *Remains about the same for children.*
    - *Increase for 15-34 year olds, decrease for 35-59 year olds.*
    - *Slight increase for 80+ year olds.*
  - *COVID-SARI hospitalisation incidence*
    - *Comparison with reporting data: overall sideways trend, increasing slightly*
    - *Slight increase in 0-4-year-olds, but significantly lower incidences than in reporting figures. Difference decreases for older AGs, above the level of the 3rd wave but below the level of the 2nd and 4th waves.*
  - *Intensive care: SARI cases*
    - *Compared to the pre-pandemic figures, there are no exceptional figures to report, no significant Characterisation of a 5th wave.*
  - *See winter 2020/21 and 2021/22*
    - *Relatively stable level since the turn of the year, slight increase in AG 80+ since calendar week 2/2022*
  - *Outbreaks in kindergartens/day nurseries*
    - *Decline in outbreaks flattens out, less capacity at GA, rather slight increase expected.*

- **Virological surveillance**, *NRZ influenza data* ***(Wednesdays only)*** — *FG17 (Dürrwald)*
  - *131 samples from 45 medical practices from 14 BL*
  - *Positive share: 24%, slight increase compared to the previous week, but not as high as in week 6*

<table>
<tr><td></td><td>

<li style="list-style:circle">The proportion of positives is lowest among 0-4 year olds and highest among 60+ year olds.
<li style="list-style:circle">Omikron: stable for 3 weeks only Omikron
No steep rise from BA.2 in the Sentinel.
<li style="list-style:circle">Influenza: 4 detections (3%)
Shift to higher AG, low influenza virus activity
<li style="list-style:circle">Coronaviruses: SARS-CoV-2 most strongly represented.
<li style="list-style:circle">Other respiratory viruses:
Rhinoviruses and human metapneumoviruses at the same level

Modelling (Mondays only)
Monthly overview of the entire course of the pandemic, as provided by ARS data, is useful. Tourism is getting back on track, self-responsibility of 60+ year olds must be strengthened. Are there any surveys on how people are dealing with coronavirus?

COSMO, BfR monitor questions on this.
New figures from the Expert Council: Risk perception has changed. Vaccinated people rate risk slightly higher than non-vaccinated people. Risk assessment is generally slightly lower than at the beginning.

Change of colour scale for map of transmitted COVID cases by district and BL

It is better to introduce more colour than to change colours.
In principle, the colour combination is still to be decided. Change next week.

</td><td>P4

Mielke

Press</td></tr>
<tr><td>2</td><td>
International (Wednesdays only)

South Korea has contacted RKI via the Federal Foreign Office. The exchange will take place on 28 March. If you would like to take part, please contact Mrs Hanefeld or Mrs Laske.
A 1st exchange on the unequal distribution of vaccines had to be cancelled. An informal exchange with experts in patent law will now take place on 22 March from 4 pm. Members of the crisis unit can attend if they are interested.
MA travelled to Guinea and Nigeria for seroprevalence study among health care workers.
Training in Cote d'Ivoire
activities in Iran came to an end last week.

</td><td>ZIG (Hanefeld)</td></tr>
<tr><td>3</td><td>
Update digital projects (slides here) (Mondays only)
(not reported)
</td><td>FG21</td></tr>
<tr><td>4</td><td>
Current risk assessment
(not reported)
</td><td>All</td></tr>
</table>

5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *Yesterday we mainly discussed the current situation. Ms Brinkmann expressed her criticism of the Infection Protection Act at the hearing.* • *Mr Karagiannidis has been commissioned to write an autumn/winter paper, to be finalised in the next 4 weeks.*	*Wieler*
6	**Communication** **BZgA** • *(not reported)* **Press** • *Suggestions for changes to the FAQ were sent to colleagues.* o *FAQs will be revised promptly after feedback.* o *Changes to contact person management can only be revised next week.* • *Please make suggestions for tomorrow's message* o *Personal responsibility of people, 4th vaccination dose for older people* o *BfR Monitor (here): Risk of infection is rated highest in schools & daycare centres and on public transport and lowest at home. However, infections occur less in public transport and more in private conversations.* o *The message that it is most dangerous at home is difficult.* o *If there is an indication of transmission by asymptomatic persons, it should be emphasised that there is a greater risk of transmission if the symptoms are mild. Even with mild symptoms, contact with vulnerable groups should be avoided.* o *Stay at home if you have symptoms, even if the rapid test is negative.* o *In retirement homes, a rapid test is not sufficient for symptomatic people; they must be tested with a PCR test. This is included in recommendations for retirement and nursing homes.* **Risk communication** • *Flyer - Behavioural tips for spring (here)* o *Draft was circulated yesterday. Please ask for additions and comments.* o *3) Contact with risk groups* ▪ *Make it clear that you can protect others with simple principles: With a negative test, "symptom-free" is added.* o *6) Symptomatic patients should stay at home even if their symptoms are mild.* ▪ *This point should be moved further forward, regardless of whether vaccinated or recovered.* ▪ *Keeping your distance and staying at home if you have symptoms also protects against influenza.*	*BZgA (Rückle)* *Press (Wenchel)* *P1 (Lein)*
7	**RKI Strategy Questions**	

	a) General • *The new IfSG - overview of key changes (here)* ○ *Facility-based vaccination rate monitoring -> new task for RKI* ▪ *Obligation for RKI to collate and transmit data to countries. Concerns about missing The need for personnel resources and technical infrastructure was expressed.* ○ *Proof of vaccination, convalescence and testing: Definitions are included directly in the IfSG.* ▪ *Previously PCR required, in future any direct pathogen detection will suffice, based on date of testing.* ▪ *Proof of vaccination: differentiated by number of vaccinations, until 30/09/2022 and from 01/10/2022* ▪ *Legal possibility to revoke incorrectly issued digital certificates in the near future. RKI must revoke technically implement the requirements.* ○ *Almost all special protective measures have been cancelled. Only a few remain. Measures that are possible from 20 March:* ▪ *Obligation to wear a mask in medical facilities, retirement/nursing homes; means of transport of the local public transport; in facilities for the accommodation of refugees* ▪ *Compulsory testing in the same facilities, as well as schools, daycare centres and prisons* ▪ *Individual protective measures are still possible. Domestic quarantine orders are still possible.* ○ *Possible further measures relate to specific regional authorities* ▪ *Prerequisite: concrete danger of a dynamically spreading infection situation. State parliament must Identify risk and define measures. Only in the case of virus variants with significantly higher pathogenicity, if there is a risk of overloading hospital capacities due to a particularly high number of new infections.* ▪ *If conditions are met: wearing the MNS, distance requirement, obligation to present a vaccination certificate, Proof of recovery or testing, obligation to draw up a hygiene concept* ○ *The legal ordinance must expire by 23.09.22 at the latest.* ○ *Previous regulations may be maintained until 2 April if they would still be valid under the new legal situation.* ○ *Previous protective measures no longer apply:* ▪ *3G Obligation at workplaces, authorisation of the employer to check personal data for evidence process, obligation of the employer to offer home office.* ○ *In future, masks will only be compulsory in air transport and long-distance public passenger transport; the 3G conditions will no longer apply.*	*L1 (Mehlitz)*

	o *Exceptions to segregation obligations: still unclear which cases fall under this. Those who have recovered apparently no longer have to be segregated.* o *Monitoring in retirement homes: FG37 was surprised by the law, possible solution would be to continue monitoring with Voxco.* o *Infection Protection Act to be amended in autumn 2022 with Swiss law as a model.* • *Paper "Framework recommendation for contact tracing"* o *Individual containment measures have not been implemented for some time. The idea of containment should therefore no longer be continued with contact person management.* o *The focus is on the responsibility of sufferers and symptomatic patients towards their fellow human beings and vulnerable groups.* o *Health authorities should focus on outbreak management.* o *points are to be presented next Monday.* o *Step-by-step process involving the countries.* o *Feedback from AGI: MPK resolutions are a stumbling block, MPK and BMK never revise their resolutions; approach the RKI via the federal states with a request for review.* o *KoNa comes to nothing due to the many exceptions.* o *Reporting frequency: will be entered in GMK. From the end of March, no more reports will be submitted at weekends. From the end of the ARE season only weekly. This is contradicted by the fact that figures are taken into account at area level.* o *Case numbers hardly guide action any more. Wouldn't it be time to consider revising the reporting obligations so that only hospitalisations are subject to reporting?* ▪ *Worthwhile thought, what are the reporting standards for influenza? Depending on the pandemic the reporting obligation will change again. A good strategic paper together with influenza would be necessary.* o *For influenza as well as for many other diseases, reports are based on laboratory evidence. Physician reporting of symptomatic illnesses leads to major underreporting, as physicians tend to report poorly and not everyone goes to the doctor.* o *The problem lies not in the data, but in the interpretation of the data.* **b) RKI-internal**	*FG36 (Haas)* *Shade* *Wieler*
8	**Documents** *(Mondays only)*	

	• *(not reported)*	*All*
9	**Vaccination update** *(Mondays only)* • *(not reported)*	*FG33*
10	**Laboratory diagnostics** *(Mondays only)* • *(not reported)*	*FG17 / ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** *(Mondays only)* • *(not reported)*	
13	**Surveillance** *(Mondays only)* • *(not reported)*	*FG32*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *(not reported)*	*FG38*
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Monday, 21.03.2022, 13:00, via Webex*	

End: *13:03*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 21.03.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG33*
  - *Ole Wichmann*
- *FG35*
  - *Hendrik Wilking*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
- *ZBS 7*
  - *Michaela Niebank*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Mondays only)* o *(not reported)* **National** o *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: 18,772,331 (+92314), thereof 126,929 (+13) Deaths* o *7-day incidence: 1,714.2/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 63,617,998 (76.5%), with complete vaccination 63,045,378 (75.8%)* o *Course of the 7-day incidence in the federal states:* ▪ *Increase in BY, BW, SA, SL, TH* ▪ *A slight decline is observed in incidences by age group in almost all age groups* ▪ *The hospitalisation incidence among the over-60s is rising slightly, while among the 0-59s it is at a constant level* o *Discussion* ▪ *200 health authorities did not transmit data over the weekend; this must be taken into account when interpreting the data. be taken into account* ▪ *In addition, the laboratories experienced problems with DEMIS notifications, so some cases have not yet been sent to forwarded to the health authorities* ▪ *It is not yet possible to estimate the transmission/reporting effect* ▪ *A disclaimer should be added to this* ▪ *In AGI TelKo, it was decided that BL would submit a resolution to GMK regarding notifications at the weekend should* ▪ *WHO question on the outlook for the effects of easing restrictions. It is relatively clear that in the event of easing, the contagious variant leads to more infections can also be observed at present. Trends can be mapped well, the 7-day incidence is rising in all federal states. R can be estimated via the sentinel* o *Test capacity and testing (Wednesdays only)* o *(not reported)* o *ARS data* o *(not reported)* o *VOC report* o *(not reported)* o *Molecular Surveillance (Wednesdays only)*	*ZIG1* *FG32 (Diercke)*

	○ *(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)* ○ *Modelling* ***(Mondays only)*** **ToDo** *Today's placement of a disclaimer stating that 200 health authorities did not report at the weekend (Ms Diercke)*	
2	**International** ***(Wednesdays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Mondays only)*** ○ *44 million downloads of the CWA* ○ *4 million shared warnings* ○ *Version 2.19 Update enables a more error-tolerant assignment of certificates to persons. In future, the certificate can now be correctly assigned to a person even if the date of birth is differentiated* ○ *CoronaWarnApp won the UXDA22 award, prize went to SAP* ○ *Planning the future of the CWA, possible options are the Adjusting, carrying out a maintenance process or the continuation*	*FG21* *(Scheida)*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *Increase in the hospitalisation rate of the over-60s* ○ *Important to sensitise the over-60s to the relevance of vaccination, communication activities with a focus on this risk group* ○ *BZgA has not yet focussed its communication on this, but is taking this into account.* ○ *P1 sends out a flyer for the spring on Wednesday, takes the suggestion of focussing on the vaccination campaign for the over-60s with it* ○ *COSMO study shows that resistance in the age group results from overestimating the side effects and risk of vaccination* ○ *As yet unpublished observations show that the transmission of the infection in humans is getting better and better and infection in animal models is more difficult. The virus could thus evolve from a zoonosis to a human pathogen.*	*Dept. 3 (Mielke)*

	develop. The results of the paper are still awaited ○ *P4 is currently modelling how many unvaccinated people had a wild infection* ○ *The risk assessment does not currently differentiate directly between age groups* ○ *Priming vaccination and subsequent infection as a good combination to prevent severe progression, but also to emphasise the relevance of subsequent vaccination for broad protection in the case of previous infection* **ToDo** *Ms Lein, Mr Ommen and Mr Wichmann take the focus of communication activities on the vaccination of over-60s with them*	
5	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *Nothing new, statement for autumn will be discussed tomorrow in the Expert Council*	*Wieler*
6	**Communication** **BZgA** • *(nothing reported)* **Press** • *Friday BPK is planned, reference to vaccination campaign for over-60s* **P1** • *Flyer for behavioural tips for spring will be forwarded on Wednesday*	*BZgA (Ommen)* *Press (epee)* *P1 (Lein)*
7	**RKI Strategy Questions** **General** • *Prompt abolition/restriction of citizen tests, amendment of the TestVO* • *<u>Discussion</u>* • *Nursing homes often do not have their own testing facilities, but refer to public testing centres. If these are closed, care homes are currently not well positioned to compensate for the reductions* • *Test offers are also still relevant for proof of recovery* • *Currently under discussion at BMG management level, next BMG round on Thursday* • *AGI: In favour of reducing testing as far as possible*	*All*
8	**Documents** •	*All*

9	**Vaccination update** *(Mondays only)* • *Wednesday STIKO meeting for draft decision on maintaining the vaccination recommendation for children aged 5-11 years and the recommendation for persons with a vaccination status with vaccines not authorised in the EU* • *Draft resolution enters the comment procedure at the end of the week* • *Meeting between RKI, PEI, the Minister of Health and BioNTech. Topics will include new data on an omicron-specific vaccine and the outlook regarding the authorisation of a vaccine under 5 years of age* • *A total of 1.1 million vaccine doses have been administered since the start of the administration of the 4th vaccine dose 4 weeks ago. Possibly planning a campaign on how the recommendation for the 4th vaccination can be better communicated*	*FG33* *(Wichmann)*
10	**Laboratory diagnostics** **FG17** *Observations of the existence of hybrid variants, which are a combination of parts of the variants. These already existed in Alpha and B.1.1.7, but had no advantage and have died out. The hybrid variant of Delta and Omikron is known as XD, the hybrids of BA.1 and BA.2 as XE. There was one case of the Delta BA.1 recombinant in Germany. An isolate from Delta and Omikron is currently being phenotypically analysed. The release of the antigen profile analysis from the Pasteur Institute has confirmed the expected spike protein. There are no more than 100 genomes of each variant.* • *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* *(Wolff)* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7* *(Niebank)*
12	**Measures to protect against infection** • *not reported*	*FG14* *(Brunke)*

13	**Surveillance** • On 16.03.22, the input mask for the electronic reporting of hospitalisation in relation to COVID- 19 for hospitals was installed in DEMIS • The first pilot trials with hospitals were launched on Thursday, and the report will be presented on Wednesday • Discussion • The connection of hospitals to DEMIS is a good time to also show the reason for hospitalisation in the future (COVID as main or secondary diagnosis) • This may be unsystematic, as the medical staff's ability to decide on the main or secondary diagnosis is individualised • Question of whether/how the data should be published (possibly with reference to limited informative value and reference to instruments that assess the situation better) • No need to start a new discussion, as there was already an agreement that the reason should be stated when the hospitalisation reports are changed	*FG 32 (Diercke)*
14	**Transport and border crossing points** *(Mondays only)* • not reported	*FG38 (an der Heiden)*
15	**Information from the situation centre** *(Mondays only)* • Call for registration for the IAR next Monday. Registrations go to Meike Schöll, the deadline ends today	*FG38 (an der Heiden)*
16	**Important dates** • none	*All*
17	**Other topics** • Next meeting: Wednesday, 23 March 2022, 11:00 a.m., via Webex	

End: 13:58

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 23.03.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Mikheil Popkhadze*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  -
- *FG35*
  - *Christina Frank*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
- *MF2*
  - *Thorsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Christoph Peter*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	International *(Mondays only)*
	• *Slides here*
	• *Worldwide:*
	  ○ *Data status: WHO, 22/03/2022*
	  ○ *Cases: 470,839,745 (+7% compared to the previous week)*
	  ○ *Deaths: 6,092,933 deaths (CFR: 1.3%)*
	  ○ *Top 10 countries by number of new COVID-19 cases*
	    ▪ *South Korea, Vietnam, Germany, France, UK, Australia, Italy, Netherlands, Japan, Austria*
	  ○ *WHO epidemiological update*
	    ▪ *Rising trend Western Pacific (increase of 21%), resulting in global increase of (+7%), deaths increase overall from*
	  ○ *7-day incidence per 100,000 inhabitants in Europe*
	    ▪ *Comparison between Austria and the Netherlands, protective measures differ greatly in some cases as of today*
	      • *Netherlands no longer requires 2G or 3G proof, no FFP2 obligation in public spaces (except public transport), no HO obligation, isolation of 5 days*
	      • *Austria relaxed measures at the beginning of March, rising case numbers lead to a renewed increase in measures, since today reintroduction of measures such as HO obligation, FFP2 indoors, adjustment of isolation to 5-10 days. The increased measures are based on the bed occupancy forecast, which anticipates a significant increase in occupancy on normal wards and intensive care units*
	  ○ *Recombinant Delta - Omikron*
	    ▪ *Omikron is dominant in all countries and regions*
	    ▪ *Increase in BA.2, also dominant among isolates for several weeks, trend continues, no sign of more severe courses of the disease*
	    ▪ *Desire to prepare data on the development of the Danish market as for Austria/Netherlands*
	    ▪ *Difficult to deduce things, as the chronological sequence of vaccination/infection with decreasing immunity and cause different developments depending on the prevailing infection pressure*
		ZIG 1 (Correa-Martinez)

	National
	• *Case numbers, deaths, trend (slides here)*
	  ○ *SurvNet transmitted: 19,278,143 (+283,732), thereof 127,522 (+329) Deaths*
	  ○ *7-day incidence: 1,734.2/100,000 inhabitants.*
		AL3 (Diercke)

	○ *Hospitalisation incidence: 7.23/100,000 p.e., AG ≥ 60-year-olds: 16.20/100,000 p.e.* ▪ *Rising trend in hospitalisation incidence* ○ *Cases on ITS: 2,382 (+35)* ○ *Immunisation monitoring: first vaccination 76.5%, second vaccination 75.8%,* *Booster immunisations 58.3%* ○ *Course of the 7-day incidence in the federal states* ▪ *Very heterogeneous, BE, BB, HB lowest incidences, no BL in which the figures are falling significantly, similar consistently high level. SA and MV increases* ▪ *Subsequent recording of the missing data from the weekend (GA did not report on the weekend), have no clear Changes in the trend on Wednesday* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *MP, SA, TH, BY remain at a high level* ▪ *Strong nationwide distribution of affected LK* ○ *Incidence by age group and reporting week* ▪ *200 points higher from week 10 to week 11* ▪ *Increase in all AGs, except 15-19 year olds where the level remains constant* ○ *Hospitalisation incidence by age group* ▪ *Similar level* ▪ *Strong increase in over-60s, adjusted value at 30/100,000* ○ *COVID-19 deaths by week of death* ▪ *Consistent level (1,000 per week), subsequent transmission still pending, consistent Level is expected* ▪ *AG Over 60s most affected*	
	• **ITS occupancy and Spock** *(slides here)* ***(Wednesdays only)*** ○ *DIVI Intensive Care Register* ▪ *Currently, 2,338 patients are being treated,* ▪ *1,896 new admissions in the last 7 days* ▪ *200 more than last week* ▪ *Turnover at admission and discharge* ▪ *Mortality rate plateauing* ○ *Share of COVID-19 patients in the total number ITS beds that can be operated* ▪ *Reductions in HB, HH, moderate increase in NS, SH, strong increase SA, BB, TH* ○ *COVID-19 treatment occupancy by severity* ▪ *Increase in "lighter" forms of respiratory treatment in particular* ▪ *35% unknown treatment (often short occupancy)* ▪ *Patients with invasive ventilation (longer occupancy), here classic COVID treatment* ▪ *Increasing reports of restrictions in intensive care units due to staff shortages* ○ *Age groups* ▪ *Over 75% are over 60* ▪ *Increases in all AGs except 40-49 year olds*	*MF4 (Fischer)*

	▪ *0-17-year-olds also on the rise* ○ *SPoCK: Forecasts* ▪ *Slight increase for Germany as a whole* ▪ *East/South rather moderate* ▪ *North/North-West/West: slight increase* • **Test capacity and testing** *(slides here) (Wednesdays only)* ○ *Number and capacity of tests* ▪ *Increase in the number of tests performed and increase in the positive rate* ▪ *56% of tests are positive* ○ *Laboratory capacity utilisation* ▪ *In most BLs predominantly at 80% capacity utilisation* ▪ *NS, TH, SN, RP over 100% capacity utilisation* ▪ *Reported overall incidence 1.7-3%, but these are only the reported cases, large incidence of infection* ○ *Where to test* ▪ *Medical practices Increase in positive tests and tests carried out* ▪ *Consistent test capacity in hospitals, burden in hospitals due to staff reporting positive results* ○ *Testing by age group* ▪ *Medical practices: 60-79 year olds* ▪ *60-79 year olds also have a higher proportion of positive tests* ▪ *Over 60s have the strongest increase* ○ *Monthly report SARS in ARS* ○ *Outbreaks in medical treatment centres, retirement and nursing homes* ▪ *Number of outbreaks according to reporting data declining* ▪ *Active outbreaks are increasing in medical treatment centres and retirement and nursing homes.* *to* ▪ *Deaths in retirement and nursing homes on the decline* ▪ *Proportion of residents with basic immunisation has risen minimally, proportion of booster vaccinations are increasing significantly. Basic immunisation of employees below 90%, increase in booster vaccination of employees* ▪ *10% of residents in retirement homes are not vaccinated* • **VOC report** *(slides here) (Wednesdays only)* ○ *(not reported)* • **Syndromic surveillance** *(slides here) (Wednesdays only)* ○ *FluWeb* ▪ *ARE rate up slightly in CW11 6.0% (previous week 5.7%)* ▪ *Children stable (11.7%), adults slightly higher (4.8% to 5.1%)* ▪ *Estimate: 5 million respiratory diseases in week 11* ○ *ARE consultations* ▪ *Slight increase in CW11*	*AL3 (Hamouda)* *FG37 (Eckmanns)* *FG36 (Buda)*

	▪ *Total consultations are higher than last year, but within the range of the pre-pandemic seasons* ▪ *In week 11 of 2022, the number of ARE consultations among 35-year-olds fell slightly compared to the previous week.* *increased, while it fell or remained stable in the other three age groups* ▪ *Significant decline compared to the previous week among toddlers (0 to 4 years, 11%)* ▪ *Major differences between the federal states* o *ARE consultations with COVID diagnosis* ▪ *Renewed increase in doctor consultations due to COVID-ARE since week 9* ▪ *Total number of 590,000 ARE-COVID visits* ▪ *Rising trend among AG 35 year olds, 0-4 year olds declining number* o *ICOSARI-KH-Surveillance- SARI cases* ▪ *SARI case numbers have remained stable since week 2,* ▪ *Most AG stable or slightly declining SARI case numbers* ▪ *AG 80+ slight increase, more than half of SARI cases diagnosed with COVID-19* o *COVID-SARI hospitalisation incidence* ▪ *Further stable* ▪ *Hospitalisation incidence for AG 0-5 decreased* ▪ *Slight increase in AG 80+ does not initially continue in week 11* ▪ *Above the values of the 3rd wave, but still at a moderate level* o *Intensive care: SARI cases* ▪ *All-clear in all AGs* o *Outbreaks in kindergartens/day nurseries* ▪ *Decrease continues, may be related to overload of health authorities, the cases* *can no longer be combined into breakouts due to capacity constraints* ▪ *School outbreaks relatively stable since mid-Feb with 150 outbreaks/week* • **Virological surveillance**, *NRZ influenza data* ***(Wednesdays only)*** ▪ *Omicron levels have been constant for 4 weeks, SARS-CoV-2 most active virus, all other endemic viruses could not be detected.* *be proven* ▪ *BA.2 Increase to 92% in Sentinel* ▪ *Influenza: H3N2 under 5%* ▪ *Increase in influenza in countries with strong easing* ▪ *HMPV strength alternates with rhinoviruses* • **Molecular Surveillance**: o *Sample analysis shows a proven proportion of*	*FG17 (Dürrwald)*

	BA.2 of 83-84%, low shares of BA.1.1 and BA.1 ○ *Recombination events are based on analyses of MF1, for which raw data were sent that allowed the RKI to carry out its own sequencing.* *Recombination event could be verified* ○ *With regard to BA1.1 and BA1.2, recombination events are being analysed, currently 18 genomes from 6 countries* ○ *The 3rd recombination event with BA.1 and BA.2 with 12 suspected sequences, one could be sequenced and confirmed in-house, further cases also in DK, UK, US* *Discussion* ○ *For information: Monday usually has few reports from laboratories, in DEMIS data most laboratory tests are reported on Wednesday and Thursday, therefore higher differences to the previous day are possible* ○ *Interpretation of the rising test numbers and rising positive rate; ALM refers to possible underreporting. The possibility of underreporting is generally known; it is known from syndromic surveillance data and reporting data that the virus is widespread in all AGs. No high relevance of detecting the level of underreporting.* ○ *Hospital and intensive care occupancy data may follow suit, but will probably not reach the same level as in recent weeks* ○ *TestVO was sent to the house yesterday evening, is available to Mr Mehlitz, deadline 31.5: Remuneration under the TEstVO is stopped with validity until October. RKI issues a statement with regard to testing in the nosocomial area* **To-Do** *Ms Fischer asks Ms Buda to send the question on under-recording by e-mail. Mr Mielke will address the update of hospital and intensive care occupancy data in the BMG tomorrow*	*MF (Semmler)*

2	**International** *(Wednesdays only)* • *(not reported)*	*ZIG (Hanefeld)*
3	**Update digital projects** *(slides here)* *(Mondays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *(not reported)*	*All*
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *(not reported)*	*Wieler*

6	**Communication**
	BZgA
	• *Revision of several fact sheets*
	• *Translation Ukrainian language, publication homepage on the topic of infection protection*
	• *Advice on further booster vaccinations was taken away*
	Press
	o *Friday Federal Press Conference*
	o *Message: Relevance of vaccination*
	  • *4th vaccine dose*
	  • *Protection of the vaccination against severe courses and death (target group particularly over 60s)*
	o *Discussion*
	o *Should the protective effect of the vaccination also include protection against Long-Covid? Ms Scheidt-Nave is in dialogue with FG33 in this regard, in coordination with FG33.*
	Risk communication
	▪ *Monday morning the feedback will be implemented, further clarification by e-mail*
		BZgA (Peter)
		
		Press (Wenchel)
		
		P1 (Leuker)

7	**RKI Strategy Questions** **a) General** o *Consideration of adapting the colour scale. Currently in the coordination process, presentation on Monday* **b) RKI-internal** • *"Strategy adaptation to the spread of SARS-CoV-2 in the general population by the Omikron variant (BA.1/BA.2): Principles of dealing with respiratory*	*FG 36 (Haas,*

	Diseases with a focus on COVID-19 in spring 2022"
	• *Key points*
	  ○ *Focus on symptomatic patients and the household setting as the highest risk of transmission*
	  ○ *Deprioritisation of contact tracing and prevention of any transmission*
	  ○ *Creating an understanding among the population and medical staff of the contribution of each individual to reducing the risk of transmission and protecting patients at risk*
	  ○ *Replace GA-initiated isolation of all SARS-CoV-2 infected persons, source case identification, CoNa and associated quarantine with consistent prudent and considerate self-isolation of persons with acute respiratory illness*
	  3 Objectives:
	  (1) Cushioning the burden on the healthcare system through a rapid increase in the number of cases due to voluntary self-isolation for symptoms
	  (2) Minimisation of downtimes by eliminating the quarantine order for contact persons
	  (3) Abolition of the segregation order
	  ○ *Principles*
	    (1) Consideration of the population if symptoms occur 3-5 days and symptoms subside voluntary isolation, also applies to contact persons
	    (2) Warning in CWA for red risk provides for this scheme as an indication, currently not yet implemented
	    (3) Information campaign for the general public, doctors
	    (4) Special instructions apply in facilities with persons at increased risk of severe progression
	  ○ *This handout is intended to replace the contact person management paper; the timetable for this is tight, as the isolation measures will no longer apply from 1 April. At the beginning of April, only individual orders via health authorities will be possible.*
	  ○ *Today's finalisation and dispatch to the BMG, Friday Discussion at BMG Jour Fixe, dispatch*
		Buchholz, Buda)

	to AGI o Discussion in the AGI next Tuesday, AGI is in favour of this. Publication by 31.03.22 Discussion • Change the term "personal responsibility" to another word, possibly solidarity or "taking responsibility", as it is not only about one's own responsibility, but also towards others, emphasising "prudent" or "responsible". "considerate" • Discussion about specifying a period of 3-5 days, as contagiousness is often longer, therefore consideration of specifying 5 days. Deliberately soft formulation of isolation of 3 to 5 days in the case of symptoms, so that it is possible for the individual to be able to withdraw for just 3 days • Info sheets are only examples for now, not necessarily for sending to BMG, so as not to get into too many detailed discussions due to the lack of time • Friday in BPK Wieler words on strategy adjustment • Red tile CWA recommends measures of the old procedure: adaptation currently difficult, still needs to be implemented **To-Do** Incorporate the comments of FG36 and send to the BMG today. Replace wording "personal responsibility" with "prudent and considerate	
8	**Documents** (Mondays only) • (not reported)	All
9	**Vaccination update** (Mondays only) • (not reported)	FG33
10	**Laboratory diagnostics** (Mondays only) • (not reported)	FG17 / ZBS1
11	**Clinical management/discharge management** • De-insulation nursing and retirement homes • Consideration of the de-escalation of de-isolation in care homes for residents from 14 days with testing to 10 days with testing. This is based on the modelling of Mr Kleist's risk assessment. Concerns in particular the participation of the elderly and the sense of justice, as carers can de-isolate themselves after 5-7 days • Consideration that different responsibilities apply in the population than in the nosocomial area. Information in discharge management is	FG38 (Rexroth) All

	Framework conditions that guarantee a high level of safety. This can be deviated from by local expertise ***TO-DO*** *Preparation of the publication by Ms Niebank, forwarding to Ms Rexroth. Sent to the BMG in advance before publication.*	
12	**Measures to protect against infection** *(Mondays only)* • *(not reported)*	
13	**Surveillance** *(Mondays only)* • *(not reported)*	*FG32*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *(not reported)*	*FG38*
16	**Important dates** • *Monday, 28.03.2022 13-15:00 In(tra)-Action Review RKI-internal crisis management*	*All*
17	**Other topics** • *Next meeting: ~~Monday, 28.03.2022~~Wednesday, 30.03.2022, ~~11~~13:00, 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:	*Wednesday, 30.03.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Mikheil Popkhadze*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  -
- *FG35*
  - *Christina Frank*
  - *Hendrik Wilking*
- *FG36*
  - *Silke Buda*
  - *Kristin Tolksdorf*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Amrei Wolter (minutes)*
- *MF2*
  - *Thorsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Anna Rohde*
- *L1*
  - *Joachim-Martin Mehlitz*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	International *(Mondays only)*
	• *Slides here*
	• *Worldwide:*
	  ○ *Data status: WHO, 22/03/2022*
	  ○ *Cases: 481,756,671 (-13% compared to the previous week)*
	  ○ *Deaths: 6,127,981 deaths (CFR: 1.3%)*
	  ○ *Top 10 countries by number of new COVID-19 cases*
	    ▪ *South Korea (figures falling again), Germany (stagnating), Vietnam (falling), France (strongest increase), UK, Italy, Australia, Japan, Austria, Netherlands*
	  ○ *WHO epidemiological update*
	    ▪ *Changed testing strategy in many places, Spain has only been testing risk groups since 28 March 2022*
	    ▪ *Rise of recent weeks does not continue, restricts WHO due to changed test strategy*
	    ▪ *Most cases EU and Western Pacific*
	    ▪ *The highest number of deaths per week was reported in Chile (11,858 new deaths, +1710%), USA (5,367 new deaths, +83%), India (4,525 new deaths, +619%), which can be explained by a change in definition and retroactive subsequent notifications*
	    ▪ *COVID in neighbouring countries:*
	    ▪ *Comparison between Denmark, France, Italy and the United Kingdom. 70% of the Danish population infected since Nov. 2021 (according to seroprevalence study, estimated underreporting was included here. Increase in hospital admissions in the UK*
	  ○ *7-day incidence per 100,000 inhabitants in Europe*
	    ▪ *7-day incidence is falling in some countries. Due to changes in the testing strategy, the figures should be viewed with caution. savour*
	    ▪ *As test strategy changed, figures should be treated with caution*
	  ○ *WHO Update: SARS-CoV-2 variant recombination*
	    ▪ *Reports of occurrences in Europe so far from Denmark, France, Finland, Germany, Norway, the United Kingdom*
	    ▪ *Increase and community transmission of XE cases in the UK*
	    ▪ *Estimated slightly higher growth rate of XE by approx. 10% compared to BA.2*
	    ▪ *No increased pathogenicity or virulence of XE observed to date*
	WHO continues to count XE as Omicron, "XE belongs to the Omicron variant until significant differences in transmission and disease characteristics, including severity, may be reported." https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19 ---29-march-2022
		ZIG 1 (Rohde)

	▪ ▪ **ECDC ~~continues to~~ categorise** *XD, XF* **and WHO** *categorise* ~~XDen recombinant variants (XD, XE, XF)~~ **as "Variants under Monitoring** **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 20,829,608 (+268,477), thereof 129,112 (+348) Deaths* o *7-day incidence: 1,663.0/100,000 inhabitants.* o *Hospitalisation incidence: 7.21/100,000 p.e., AG ≥ 60-year-olds: 16.37/100,000 p.e.* o *Cases on ITS: 2,374 (+38)* o *Immunisation monitoring: first vaccination 76.6%, second vaccination 75.9%, Booster immunisations 58.6%* o *Course of the 7-day incidence in the federal states* ▪ *In Bremen, figures are rising significantly (low population makes assessment difficult, few Influence on federal states)* ▪ *Other BL plateau movement* o *Geographical distribution in Germany: 7-day incidence* ▪ *Lower Saxony tops the list of districts,* o *Incidence by age group and reporting week* ▪ *Hardly any differences between week 11 and week 12* ▪ *No effect in age groups* ▪ *Strongest decline AG 15-34 year olds* ▪ *Increases in the over 60s and over 80s have not continued* o *Hospitalisation incidence by age group* ▪ *New: colouring, more focus on adjusted values (since last week also in the weekly report)* ▪ *Rise has not continued* o *COVID-19 deaths by week of death* ▪ *Peak in 7th week, then similarly high level* ▪ *Case-fatality ratio lower than in waves*	*AL3 (Diercke)*
	• **ITS occupancy and Spock** *(slides here)* ***(Wednesdays only)*** o *DIVI Intensive Care Register* ▪ *Currently, 2,340 patients are being treated,* ▪ *1,970 new admissions in the last 7 days* ▪ *Sideways movement, yet high level* ▪ *Number of deaths remains consistently high* o *Share of COVID-19 patients in the total number ITS beds that can be operated* ▪ *Berlin, BB, SA, TH small increase* ▪ *Bremen, Saarland high increase* ▪ *NRW, H same level* ▪ *SH, HH Decline* o *COVID-19 treatment occupancy by severity* ▪ *Proportion of COVID and non-COVID patients is balanced* ▪ *60% of intensive care units report partial/full Restriction due to staff shortage*	*MF4 (Fischer)*

	▪ *In standard care, 50% report a burden* ○ *Age groups* ▪ *76.2% of patients on ITS are over 60 years old* ▪ *Further increase in 70-79 year olds* ▪ *Increase in AG 0-17 and 18-29* ▪ *Overall increase in youngest and oldest AG* ○ *SPoCK: Forecasts* ▪ *Rather slight upward trend for all clovers, expected decline for the South*	*AL3 (Hamouda)*
	• **Test capacity and testing** *(slides here) (Wednesdays only)* ○ *Number and capacity of tests* ▪ *Slight decrease, proportion of positive tests hardly changed (0.1%)* ▪ *Last report in weekly frequency, test figures will only be recorded every 14 days from now on* *raised.* ○ *Laboratory capacity utilisation* ▪ *Slight decline in most BL* ▪ *High capacity utilisation in N, MV, TH, SS, SA* ○ *Where to test* ▪ *Slight decline in medical practices, slight decline in positive share* ▪ *KH tested less, same positive percentage* ○ *Testing by age group* ▪ *No major change* ▪ *15-34-year-olds test less, significant decline* ▪ *Positive share declines* ○ *Monthly report SARS in ARS* ○ *- slight decrease, there are late registrations* ○ *Positive share and number testing balance each other out* ○ *Outbreaks in medical treatment centres, retirement and nursing homes* ▪ *KH: active outbreaks on the decline* ▪ *AH/PH: active outbreaks are increasing, deaths are also on the rise*	*FG37 (Eckmanns)*
	• **VOC report** *(slides here) (Wednesdays only)* • *BA.2 at 81%* • *Other variants were no longer detected at all (VOC) in week 11* • *Only one sub-variant circulates within Omikron* • *IfSG data Omikron 99.7%* • *Recombinations: XD variant case from Germany,* • *XG are 15 sequences in the study*	*FG36 (Kröger)*
	• **Syndromic surveillance** *(slides here) (Wednesdays only)* ○ *FluWeb* ○ *ARE consultations* ▪ *ARE rate has remained stable*	*FG36 (Buda)*

	▪ *Total number of approx. 5 million ARE in Germany, independent of a doctor's visit* ▪ *Decreased due to late registrations (more "non-ARE")* ▪ *Increase relates to adults, children move stably to the side, no more ARE there than in autumn* ▪ *The number of ARE consultations fell in all AGs in CW 12, 2022 compared to the previous week.* ▪ *The most significant decline compared to the previous week was among (5- to 14-year-olds; 20%)* o *ARE consultations with COVID diagnosis* ▪ *Since calendar week 9/2022, increase in doctor consultations due to COVID-ARE in almost all age groups (exception: infants), which will not continue in calendar week 12/2022* o *ICOSARI-KH-Surveillance- SARI cases* ▪ *SARI case numbers have remained stable overall since calendar week 2/2022* ▪ *Below pre-pandemic level since week 52/2021, currently below pre-season level* o *COVID-SARI hospitalisation incidence* ▪ *Still stable, small increase in AG 80+ does not initially continue in CW11 and 12* o *Intensive care: SARI cases* ▪ *In no AG picture that we have seen in flu waves, rather below* o *Outbreaks in kindergartens/day nurseries* ▪ *GA are no longer able to transmit (summary of cases to outbreak)* ▪ *Massive underreporting of outbreaks (post-investigation sub-procedures at health authorities)* ▪ *The decline continues; in contrast, the KiTa register data again shows a significant increase in the number of children in daycare centres. Recognise infection events* ▪ *Schools: relatively stable since mid-Feb with around 150 outbreaks per week*	
	• **Virological surveillance**, *NRZ influenza data* ***(Wednesdays only)*** ▪ *Consistent level* ▪ *CW 12 highest proportion of COVID detection* ▪ *Lowest proportion of 15-34 year olds* ▪ *393 analysed samples, KW12 Omikron share at 82%* ▪ *Influenza virus increase (from 6-72% to 6.83%)* ▪ *H1N1 viruses on the decline* ▪ *One virus could not be sequenced* ▪ *Age distribution: younger AGs more likely to be affected by influenza* ▪ *Endemic viruses: SARS-CoV-2 strongest virus, but detection of all endemic viruses* ▪ *Sharp rise in HKU1 in week 12* ▪ *HMPV dominates, followed by rhinoviruses, occasional PIV, low activity RSV*	*FG17 (Dürrwald)*

Discussion

Weekly report

- *In order to possibly broaden the perspective, a figure with a comparison to previous years and hospitalisation due to illness can be included in the weekly report. This can help to regain control of the interpretation of the disease situation and show that the healthcare system is currently overburdened not because of the treatment of patients, but due to staff shortages.*
- *If applicable, also include a description of the current burden situation and the change in disease severity. Disease severity/burden should be considered separately from the burden on the clinics, which is also affected by other factors*
- *Focus on disease burden, not cases of infection, presentation of which is appropriate in the weekly report*
- *Further considerations Weekly report: Inclusion of the ITS operating situation as an indicator, mapping of COVID-SARI cases due to illness in the hospital, removal of Figures 12 and 13 on hospitalisations from the reporting data*
- *For your information: BMG includes the operational situation and staff shortages in its management report*
- *Weekly report to be reorganised, weighting to be changed. Instead of individual progressions, the burden of disease should be emphasised*
- *It is questionable whether the operational situation in hospitals should be presented more strongly, as the operational situation cannot be an argument in favour of measures at population level. The aim was/is the avoidance/reduction of serious illnesses, which justifies the measures. Nevertheless, the burden on the healthcare system has an impact on the population, which can be minimised*

Heat map

- *Due to time constraints, the new features of the heat map have been postponed*

Incidence map colour matching

- *Change of the colour scale to seven categories:*
  Blue=no cases
  Dark green: 0-50
  Light green : 50-250
  Yellow: 250-500
  Orange: 500-1000
  Red: 1000-2000
  Dark red: over 2000
- *Summary of categories with high cases*
- *Express desire for a small number of categories, if necessary (decrease in case numbers/incidences)*

	an adjustment can follow ○ *If the colour scale is adjusted, it may be that the risk assessment has been changed. The press sees no connection to the risk assessment and that this could be perceived as such from the outside* ○ *It should be noted that the colour scale is not barrier-free (red-green weakness) and would have to be adapted again.* ○ *First adjustment of the colour scale in the management report, then also adjustment in the dashboard* **To-Do** ○ *Proposal for weekly report regarding the integration of syndrom. Surveillance and disease burden. (FG36 and FG32), change cannot yet be entered in the weekly report this week, only next week* ○ *Checking the accessibility of the colour scale (Hamouda)*	
2	**International** ***(Wednesdays only)*** • *(not reported)*	*ZIG (Hanefeld)*
3	**Update digital projects** *(slides here)* ***(Mondays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Will not be changed, consideration of the suggestion of easing in the near future* • *Schedule Jour Fixe next Friday as an agenda item*	*All*
5	**Expert advisory board** ***(mo. preparation, mi. follow-up)*** • *(not reported)*	*Wieler*
6	**Communication** **BZgA** • *Novavax vaccine information sheet published* • *Updated information sheets (employees in healthcare facilities and the topic of mandatory vaccination)* • *Currently many Ukrainian translations* **Press** ○ *The open question regarding the FAQ on KoNa tracking and adaptation of the FAQ will be paused. In the event of new regulations, the FAQ will be revised, which should then refer to the regulation* ○ *Undecided about the weekly message to be tweeted* ○ *Adoption of a passage from the weekly report, will be published*	*BZgA (Rückle)* *Press (Wenchel)* *All*

	by Fr.	
	Buda; includes syndromic surveillance and disease burden. In terms of content, the syndromic surveillance shows a lower burden of severe respiratory infections in hospitals compared to previous years, but DIVI data show that treatment facilities are under great pressure due to staff shortages o *If a de-escalation is intended, a message with an associated warning is counterproductive* o *If necessary, slowly sensitise key opinion leaders to the fact that the RKI is planning to adapt the strategy; this must be well prepared* **Risk communication** ▪ *Flyer with behavioural recommendations for spring completed, will be published on the website tomorrow and* *Tweet accompanied*	*P1 (Lein)*

7	• *For employees in the medical or care sector, the same recommendations apply as for the general population, but in this case a ban on work or caring for others applies. If there have been no symptoms for 48 hours, work can be resumed from the 5th day with a negative rapid test/PCR test. The passage "Before resuming work" should therefore be added* • *For contact persons, there is the recommendation of voluntary contact reduction of 5 days and the recommendation of daily (self) testing, here too there should be no exceptions for vaccinated/vaccinated persons* • *Consideration: Measures ordered in accordance with Section 28 IfSG must be necessary and the mildest possible measure in terms of proportionality: Employees in medical facilities must not be worse off, ordering quarantine only for employees of medical facilities would be unlawful, therefore the RKI maintains the same measures as for the general population with reference to the activity ban* • *Consultation between FG36, FG37, L1, FG14, diagnostics working group and department management, basic tendency is correct, ensure that there are no internal contradictions* ***To-Do*** • *Finalisation of the paper by Friday, 12:00 noon (FG36, FG37, L1, FG14, WG Diagnostics). When revising the footnotes (PCR tests, statements*	*All*
	antigen test). Subsequently sent to the BMG for Jour Fixe on Friday at 3 pm. • *Enquiry about the processing status of the paper on discharge management/isolation*	
8	**Documents** *(Mondays only)* • *(not reported)*	*All*
9	**Vaccination update** *(Mondays only)* • *(not reported)*	*FG33*
10	**Laboratory diagnostics** *(Mondays only)* • *(not reported)*	*FG17 / ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*FG38* *All*

12	**Measures to protect against infection** *(Mondays only)* •	

13	**Surveillance** *(Mondays only)* • *On 16 March, the input mask for the electronic reporting of hospitalisation in relation to COVID-19 for hospitals was installed in DEMIS. Two hospitals are connected, a first report is expected in the next few days. Will be addressed on Friday in the Jour Fixe at the BMG. Currently more support requests from hospitals interested in a connection.* • *New definition for reinfection* *Discussion* o *Concerns as to whether this could be misinterpreted as a basis for further measures, sent in advance to the BMG for information* o *Is the revision of the definition necessary and the right time?* o *It is technically necessary, currently a very strict definition (3 months interval), cannot be documented or implemented by GA in this form.* o *Many press enquiries and requests from federal states. Implementation can accommodate the federal states, can be included in routine reporting* o *To date, data on reinfection has been available in software since mid-2020 and could be entered by ticking the box. Data on this was transmitted softly, in between also publication.* o *The paper sent to the BMG should show that the evaluation page is decisive, the introduction will be adapted (change date from January to March) and an explanation written.* ***TO-DO*** *Adjustment of the date of introduction (from January to March), explanatory text, sending to Mr Schaade, then forwarding to the BMG*	*FG32 (Diercke)* *FG32 and FG36*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *From 01.04 the situation picture will be "melted down" in the BMG, no staffing LZ over Easter*	*FG38*
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Monday, 04.04.2022, 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:	*Monday, 04.04.2022 13:00 h*
Venue:	*Webex Conference*

-Failure of the crisis unit

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 06.04.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Mikheil Popkhadze*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Silke Buda*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
  - *Kai Schulze*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Amrei Wolter (minutes)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS7*
  - *Michaela Niebank*
  - Agata Mikolajewska
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sofie Gillesberg Raier*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/Topic	contributed by

1	**Current situation**
	
	International *(Mondays only)*
	
	• *Slides here*
	• *Worldwide:*
	  o *Data status: WHO, 05/04/2022*
	  o *Cases: 490,853,129 (-21% compared to the previous week)*
	  o *Deaths: 6,155,344 deaths (CFR: 1.3%)*
	  o *Top 10 countries by number of new COVID-19 cases*
	    ▪ *Newly added: USA and Thailand (as Austria and the Netherlands are no longer on the list)*
	    ▪ *Global decline in case numbers in all regions (5-19%)*
	    ▪ *Also decline in the number of deaths*
	  o *WHO epidemiological update*
	    ▪ *CAVE Changed testing strategies in many places, especially in Europe (in some cases only testing of risk groups), People who need treatment in hospital, people who work with risk groups, Austria has reduced the number of PCRs per inhabitant)*
	  o *7-day incidence per 100,000 inhabitants in Europe*
	    ▪ *Decline in incidences*
	    ▪ *France and Italy stabilised figures*
	  o *WHO Update:*
	    ▪ *SARS-CoV-2 genome sequence of the first case is described as "index virus" means*
	    ▪ *Omicron dominating (99.8%)*
	    ▪ *BA.2 accounts for 93.6% of the omicron sequences, dominant in all WHO regions*
	    ▪ *XE: 10% transmission advantage over BA.2*
	    ▪ *Studies: Hospitalisation of children <4 in USA (hospitalisation rates 5x higher during Omicron was dominant compared to Delta, hospitalisation length shorter)*
	    ▪ *Further study in Norway on hospitalisation of children <18 years: Length of the Hospitalisation median 1 day for all three variants*
	    ▪ *Risk of hospitalisation: alpha 4.1%, delta 1.6%, omicron 1.7%, but also more children with Omikron as infected with Alpha, must be taken into account in assessment*
		ZIG 1 (Raiser)

	National
	
	• *Case numbers, deaths, trend (slides here)*
	  ○ *SurvNet transmitted: 22,064,059 (+214,985), thereof 130,708 (+340) Deaths*
	  ○ *7-day incidence: 1,322.2/100,000 inhabitants (decrease of 300 points)*
	  ○ *Hospitalisation incidence: 6.62/100,000 p.e., AG ≥ 60-year-olds: 15.04/100,000 p.e.*
	  ○ *Cases on ITS: 2,160 (-74)*
	  ○ *Immunisation monitoring: first vaccination 76.6%, second vaccination 76.0%, Booster immunisations 58.8%*
	  ○ *Course of the 7-day incidence in the federal states*
	    ▪ *Decrease in all BL*
	    ▪ *Highest: SA, TH, MV, BY*
	    ▪ *Lowest: B, HH, BB*
	  ○ *Geographical distribution in Germany: 7-day incidence*
	    ▪ *Currently at a high level, 340 LC with over 1,000*
	    ▪ *New map display from tomorrow (colour and summarised categories)*
	  ○ *Incidence by age group and reporting week*
	    ▪ *Significant decline in all AGs*
	    ▪ *Strongest AG 5-14 year olds*
	    ▪ *AG 60-79 and over 80: slight decline*
	  ○ *COVID-19 deaths by week of death*
	    ▪ *High level, 1000-1400 per week*
	  ○ *No excess mortality according to Destatis*
	  ○ *To check plausibility, DEMIS reports and cases submitted to the RKI were compared, cases are plausible, laboratories report significantly fewer cases*
		FG32 (Diercke)

	• **ITS occupancy and Spock** *(slides here) (Wednesdays only)*
	  ○ *DIVI Intensive Care Register*
	    ▪ *Treatment of 2,125 COVID-19 patients in intensive care units*
	    ▪ *Sideways movement in COVID-ITS occupancy*
	    ▪ *Number of new admissions down slightly (1,690 in the last 7 days)*
	    ▪ *Number of deceased SARS-CoV-2 positive patients per day at plateau*
	  ○ *Share of COVID-19 patients in the total number of operational ITS beds*
	    ▪ *Sideways movement in all CCs, more burdened CCs: SA, MV, SL, BY*
	  ○ *COVID-19 treatment occupancy by severity*
	    ▪ *High proportion of non-invasive treatment, unknown treatment (37%)*
	    ▪ *More differentiated recording of SARS-CoV-2 as a primary or secondary diagnosis?*
	    ▪ *Increase in the assessment of the operating situation as limited, reasons lie with personnel*
		MF4 (Fischer)

	o *Age groups* ▪ *Plateau movement or decline in all AGs* ▪ *The dominant age group on ITS is AGÜ60* o *SPoCK: Forecasts* ▪ *Consistent level movement for the whole of Germany* ▪ *Slight upward trend north, south-west*	
	• **Test capacity and testing (slides here)** *(Wednesdays only)* o *Number and capacity of tests* ▪ *Decrease in PCR tests by 16%, number of tests in CW13/2022 at 1.9 million* ▪ *Decrease in positive share to 52%* ▪ *Number of tests to be updated fortnightly from now on* ▪ *In CW16 for CW14 and CW15, but still a break due to Easter, 4-week gap should be avoided* ▪ *Test capacities 2/3 utilised* o *Laboratory capacity utilisation* ▪ *In most BL Relaxation* o *Where to test* ▪ *SH tests more than a year ago, B, HE, HH test at the same level as last year* ▪ *Most tests in doctors' surgeries* ▪ *Highest proportion of positives in doctors' surgeries (60%), then test centres, then hospitals* ▪ *Decrease in positive rates and number of tests per 100,000* o *Testing by age group* ▪ *Number of tests highest in AG 5-14 year olds* o *Outbreaks in medical treatment facilities and nursing and care homes* *Nursing homes* ▪ *Outbreaks in medical treatment centres: 169 active outbreaks* ▪ *Old people's home outbreaks: currently plateauing at 585 active outbreaks* ▪ *Deaths still high at 183 in retirement and nursing homes, expectation trend if measures fall more*	*Dept.3 (Hamouda)* *FG37 (Eckmanns)*
	• **VOC report** *(slides here) (Wednesdays only)* o *No change compared to the previous weeks* o *New graphic: Subline BA.1 and BA.2 are now displayed* o *BA.2 Shares increase* o *Relevant figures in the 1000 range from 4 BLs, all other BLs hardly report any more as PCR is no longer required due to test regulation* o *Consider discontinuing the IfSG data table and replacing it with a record* o *Supplement Recombinant: XD currently 1 case in Dash data, XG 17 cases, XM 100 cases*	*FG32 (Sievers)*

	• **Syndromic surveillance** *(slides here)* *(Wednesdays only)* ○ *FluWeb* ○ *ARE rate fell in week 13, is in the pre-pandemic range, downward trend (4.2 million ARE)* ○ *Children down, only 15-34 year olds up* ○ *Decrease in doctor's visits due to ARE, slightly above the pre-pandemic seasons, around 1,700 doctor's consultations due to ARE per 100,000 population* ○ *ARE consultations with COVID diagnosis* ▪ *ARE with COVID-19 consultations around 600 doctor visits, total number of around 500,000 ARE-COVID doctor visits in Germany* ▪ *Values fell in all AGs in calendar week 13/2022* ○ *ICOSARI-KH-Surveillance- SARI cases* ▪ *SARI case numbers have remained stable overall since calendar week 2/2022, low level (almost summer level)* ▪ *Most public limited companies with stable SARI case numbers at a low level* ▪ *AG80+ no further increase since CW10 with increased case numbers, still more than half of SARI cases with COVID-19 diagnosis, sideways movement* ○ *COVID-SARI hospitalisation incidence* ▪ *Stable since calendar week 5/2022, 6.7 COVID-SARI per 100,000* ▪ *Share of COVID-19 in SARI 45%* ▪ *Share of COVID-19 in SARI with intensive treatment 50%* ▪ *Comparison of COVID-SARI, COVID-SARI with intensive treatment and deceased COVID-SARI: relative Stable level since the turn of the year*	*FG36 (Buda)*
	• **Virological surveillance**, *NRZ influenza data* *(Wednesdays only)* ▪ *142 Submission* ▪ *Lowest submission to SARS-Cov-2 since the beginning* ▪ *Light activity HKU1* ▪ *KW 12: 92% BA.2 variant* ▪ *Age distribution: occurs in all AGs in Sentinel* ▪ *Influenza viruses: further increase A(H3N2), little change compared to previous weeks, detection rate of 7%* ▪ *HMPV most strongly represented, then human rhinoviruses, PIV low activity*	*FG17 (Dürrwald)*
	Discussion ○ *Add incidence map with new colours and adapted categories, for smaller incidences the categories can be fanned out flexibly. Revised map can be adopted* ○ *Distinguish more clinically whether COVID is the main or*	

	is a concomitant diagnosis? Only one main diagnosis can be given, concomitant diagnoses can be given up to 300 and are also related to coding guidelines and payment. Differentiation is still good. Work out the clear objective of recording, for example, treatment with COVID as the main diagnosis also means increased treatment costs. Clear separation: ITS capacity is recorded via the DIVI register, the severity of the patient's illness via surveillance. The clear lines should also be stated to the BMG. *Summarise the arguments for and against, as this is also a topic in the Expert Council.* o *Table with IfSG data can be replaced by an explanatory sentence in the weekly report* ***Todo**: Compile background information for WPK (Fischer and support FG36)*	
2	**International** *(Wednesdays only)* *Meeting on Monday with WHO* *(Confidential information, not intended for disclosure to the outside world)* o *Naming of the Wuhan-01: "index virus"* o *Epidemiological data indicate that Omikron sublines have a slightly shorter incubation period and a shorter serial interval than Delta and a more rapid viral load increase.* o *Omikron shows transmission-relevant viral loads one to two days before the onset of symptoms* o *Higher transmission and lower virulence could be explained by the fact that Omikron replicates earlier and more efficiently in nasal epithelial tissue than bronchial epithelium* o *Possible omission of two animal models; ferrets cannot be infected with Omikron, in hamsters Omikron is replicated worse than Delta* o *Increasing detection of recombinant viruses due to high infection numbers and co-circulation of different variants* o *Investigation of recombinant viruses is therefore important, as viruses can gain new selection advantages* o *Currently circulating variants: Omikron BA.1/BA.2 Spike, Omikron or Delta backbone* o *Expectation: Enforcement of recombinants with BA.2 spike* o *BA.1 x BA.2 Recombinants Increase* o *Analyses of the disease severity of infections with recombinants are still pending*	*FG17 (Oh)*

3	**Update digital projects** *(slides here) (Mondays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *(not discussed)*	*All*
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *(not reported)*	*Wieler*
6	**Communication** **BZgA** • *(not reported)* **Press** • *(not reported)* **Risk communication** • *(not reported)*	*BZgA* *Press* *P1*
7	▪ *The term "symptomatic" is intended to cover all AREs and not just COVID, meaning newly occurring, acute Respiratory symptoms, non-chronic or allergic genesis* ▪ *With regard to the labour and insurance issues as well as the implementation issues, the Responsibility does not lie with the RKI. In general, however, asymptomatic patients are covered if the isolation obligation is maintained and the unequal treatment between the outpatient and medical sectors is obsolete if isolation is maintained* ▪ *CT value still desired by the Minister of Health* ▪ *In the case of fully vaccinated staff who have tested positive, the ban on working should also apply in the event of a staff shortage. remain* ▪ *The RKI rejects a cancellation of the general reporting obligation for SARS-CoV-2 detections, especially for The reporting data is relevant for assessing the development of the situation. BY, BW, SH and other BL*	*All*

support adherence to the reporting obligation, filter must be added to the test strategy

- *There are no coordinated infection control concepts to protect vulnerable groups.*

  groups, this should be done in the form of separate papers in order to avoid small-scale solutions
- *With regard to the desired scientific evidence in favour of shortening the isolation period, reference can be made to the*

  current version of the COVID Strategy Calculator, as well as to 3 papers (sent by Mr Mielke) on precipitation kinetics
- *papers show that 5 days after the onset of symptoms, 50% of SARS-CoV-2-positive patients with an antigen test do not show a*

  virus is detectable, therefore it makes sense to start testing from day 5
- *The focus of the risk to children due to the abolition of KoNa should be extended to the entire population*

  and the very high proportion of the population with laboratory evidence should be pointed out
- *RKI view is not the sole restriction to children, but an indication of a high proportion of children in the population.*
- *Communication strategy: Involvement of the population, otherwise the behaviour of the*

  Population distort scientific evidence to the contrary

KRINKO feedback on Q&I regulations

- *Proposal from the KRINKO to insert a sentence for employees in healthcare facilities, nursing homes and outpatient care services that the facilities/competent authorities should always be able to make individual decisions (staff shortages)*
- *Specification of information: "significant symptom improvement" should be given a time limit, in this case at least 48 hours of symptom freedom*
- *With regard to the "ordered activity ban", the question was who can order this, as hospitals have their own regulations on outbreak prevention concepts: since activity bans have been cancelled in the new revision by the BMG, this question is obsolete*
- *Focus on quantitative not qualitative PCR for employees in the medical field*
- *Supplement "in consultation with the hospital hygienist" or (rapid antigen test *, PCR test**)*
- *The Minister of Health announced in a press conference that the*

	countries will receive a new consolidated proposal agreed between the RKI and the BMG in the course of today ***To-Do:*** *Revision of document FG36 (Mr Buchholz), feedback to management*	
8	**Documents** *(Mondays only)* • *(not reported)*	*All*
9	**Vaccination update** *(Mondays only)* • *(not reported)*	*FG33*
10	**Laboratory diagnostics** *(Mondays only)* • *(not reported)*	*FG17 /* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*FG38* *All*
12	**Measures to protect against infection** *(Mondays only)* •	
13	**Surveillance** *(Mondays only)* ○ *(not reported)*	*FG32* *(Diercke)*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Mondays only)*	*FG38*
16	**Important dates** •	*All*

17	**Other topics** • *Next meeting: Monday, 11.04.2022, 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:	*Monday, 11.04.2022, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Julia Hermes*
- *FG38*
  - *Ute Rexroth*
  - *Amrei Wolter (minutes)*
  - *Claudia Siffczyk*
- *ZBS7*
  - *Christian Herzog*
  - *Agata Mikolajewska*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Mondays only)* ◦ *(not reported)* **National** ◦ *Case numbers, deaths, trend, slides here* ◦ *SurvNet transmitted: 22,677,986 (+30,789), thereof 131,728 (+13) Deaths* ◦ *7-day incidence: 1,080.0/100,000 inhabitants.* ◦ *Vaccination monitoring: Vaccinated with 1st dose 63,713,640 (76.6%), with complete vaccination 49,054,067 (59.0%)* ◦ *Course of the 7-day incidence in the federal states:* ▪ *Decrease in 7-day incidence in all federal states* ▪ *Activity in the south-east, MV, NS* ▪ *Decline in all age groups* ◦ *Discussion* ▪ *A disclaimer is to be switched on during Easter, as the LZ is not staffed. Disclaimer comes up Dashboard and case numbers page* ◦ *Test capacity and testing (Wednesdays only)* ◦ *(not reported)* ◦ *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)* ◦ *(not reported)* ◦ *Modelling (Mondays only)* **ToDo** *disclaimer that the case numbers are not shown over Easter, also circulation to the press so that the disclaimer can also be placed on the case number page (Diercke and press)*	*ZIG1* *FG32 (Diercke)*
2	**Vaccination update** *(Mondays only)* • *STIKO focus on vaccination of 5-11 year olds, reduced*	*FG33 Wichmann*

	Vaccine efficacy of BioNTech under Omicron • Biased hospitalisation data of vaccinated patients when Covid was the secondary diagnosis • BMG wishes to display graphic on vaccination dashboard in weekly report • Question about the duration of the continuation of the vaccination dashboard, currently no discontinuation planned, but will be included on the agenda for the Jour Fixe with the BMG • Please add FG33/Wichmann **ToDo**: Discuss the future of the vaccination dashboard at the Jour Fixe	
3	**International** *(Wednesdays only)* • RKI has received requests from several Central Asian countries to organise an exchange on COVID • Increased desire of the BMG to exchange and pool knowledge • Planning a 90-minute webinar for Kyrgyzstan and Turkmenistan • Participation of Lars Schaade, request for 2 further colleagues (FG32, FG38) for a 10-minute presentation • Organisation is taken over by Mr Kloth • Date expected in 2 weeks (end of April/beginning of May) **ToDo**: Participation of two colleagues from FG32/FG38 in webinar with 10-minute presentation	ZIG (Hanefeld)
4	**Update digital projects** *(Mondays only)* ○ (not reported)	FG21
5	**Current risk assessment** Adjustment of the risk assessment for COVID-19 ○ Document with notes/comments circulated, currently only notes from Mrs Glasmacher ○ Renewed circulation, several areas are to be adapted (de-escalate risk assessment, if necessary delete or reduce recommendations completely, de-escalation of transmissibility, disease severity, resource burden on the healthcare system) ○ What is the current strain on resources in the healthcare system/clinics? Germany-wide somewhat more relaxed, but locally still overloaded/strained in some cases ○ Document circulates again, request for comments, vote by written procedure, finalisation next week **ToDo** Revise risk assessment document, written vote, as next crisis team will not take place until 20 April.	Dept. 3 (Rexroth, All)
6	**Expert Advisory Board** *(Mondays preparation, Wednesdays*	Wieler

	follow-up) • *There was no meeting this week, next meeting next Tuesday, where the statement on nursing and retirement homes will also be discussed*	
7	**Communication** **BZgA** • *(not there, report by Wichmann)* • *Meeting of the Campaign Finance Committee. Request from the Bundestag for a critical evaluation of the level of expenditure on vaccination campaigns, as the vaccination rate was not adequate despite the level of investment in vaccination campaigns. Still a lot of uncertainty/questions of knowledge among the population regarding side effects, for example. Greater focus on campaigns that are target group-orientated, evidence-based and followed up with greater evaluation* **Press** • *Over 600,000 followers on Twitter, RKI is the second largest government channel in Germany* • *Message on Thursday refers to the meetings taking place over the holidays/Easter/Ramadan; reference to the flyer from P1 regarding tips/protection in spring* **P1** • *Preparation of the tips for spring, this week's post on Instagram*	*BZgA* *Press (Wenchel)* *P1 (Leuker)*
8	• *Today receipt of decree from the BMG on questions regarding the obligation to report, symptoms, current processing status of FAQs, possible dates of publication of the revision of the isolation document, was initially postponed and paused today with reference to GMK meeting* • *Revision of the key points paper so that it can be circulated to countries and beyond in the long term, incorporation of further scientific foundations (3 studies by Mr Mielke already incorporated)* • *By the end of April, submission as a complete package with risk assessment, inclusion of the table on isolation duration, document explaining the content of the strategy change, special documents for retirement and nursing homes* • *Reduction in low-threshold testing of symptom-free patients except in hospitals, retirement and nursing homes* • *Testing in training courses included at the explicit request of the Federal Chancellor at the time, not RKI focus, what significance does a test have in schools if the situation worsens again?* • *Effect sizes of different test strategies are being researched* • *Reference to fundamental structural improvements to conditions in schools as learning for the autumn. Can be used as a statement in the Expert Council, which addresses the*	*All*

	Federal Government	
	is the better way than via the RKI • **RKI-internal** • *Listing/comparison of the main differences between Influneza and COVID-19, also with regard to the relevance of the notification, if necessary creation of an FAQ* • *Distinguish that COVID is a novel pathogen in the pandemic phase, which is contrasted with a disease whose pathogen has been circulating for years. Rather refrain from FAQ, rather publish a comparison* • *Take into account that the RKI refrained from a comparison for a long time, communicative accompaniment of the change of direction* ***ToDo**: Creation of a comparison of influenza and COVID with regard to reporting, differences, similarities (FG36, Ms Buda) for autumn/winter (ID 5298)*	*Pres, FG36*

9	**Documents** • *Hospital insulation is finished* • *Geriatric and nursing care awaiting final information from GMK*	*All*
10	**Laboratory diagnostics** • *Virus evolution at ECDC and WHO: Virus line discovered in South Africa in January, descendant of BA.2, carries additional mutation* • *Viral spike protein mutation: further immune escape property (as an assumption), called BA.4 and BA.5, are similar to each other and take up a significant proportion of viral load* • *Mutations also discovered in GB and DK in March* • *After analysing the dash data set: 13 of these genomes in Germany, information is currently being prepared, mutations still under observation* • *Virological sentinel had ## samples in the last 4 weeks, of which:* • *# SARS-CoV-2* • *## Rhinovirus* • *## Parainfluenza virus*	*FG17 (Wolff)*
	• *## seasonal (endemic) coronaviruses* • *## Metapneumovirus* • *## Influenza virus* • *Remainder negative* **ZBS1**	

11	**Clinical management/discharge management** *Update on therapy* • *STAKOB evaluates new findings on selected pathogens and prepares corresponding statements for the professional community, prepares treatment advice for patients with COVID-19* • *New update since 06.04* • *FG COVRIIN since May 2020: writes practice reports from clinics to clinics, these have been summarised in the form of tables since November 2020* • *At www.rki.de/covid-19-therapie Therapy information from FG STAKOB, FG COVRIIN, national guidelines and statements (s3 guideline)* • *Revision: Creation of infographic COVID-19: Drug and non-drug therapy recommendations according to disease phase, graphic is constantly adapted according to new scientific findings. Graphic is a guide for doctors, in which a distinction can be made between different disease severities (asymptomatic/mild/severe/critical), outpatient/hospitalised and different treatment options are shown depending on the severity* • *The recommended treatment in the early phase is the administration of monoclonal neutralising antibodies or antivirals, all of which are approved with the exception of molnupiravir* • *The administration of monoclonal antibodies against Omikron is currently under discussion, currently information only from in vitro data, there multiple confirmation that a reduced efficacy is observed in BA.2, but is currently still used in therapy* • *Creation of document for proposal for the decision-making process in the selection of antiviral therapy (decision tree structure), 2 choices of antiviral therapy depending on the choice of VOC, setting, comorbidities, co-medication* • *With regard to co-medication, a document was created with information on drug interactions with the simultaneous administration of paxlovid: Drugs that must be avoided at all costs and drugs that must be dosed more carefully* • *Pre-exposure prophylaxis: options for prophylaxis in patients at risk of severe COVID-19 progression*	*ZBS7.1 (Mikolajewska)*

	• *Given antibodies have the ability of long-term effect of up to 6 months, are given intramuscularly* • *Cilgavimab has maintained efficacy in BA.2, no dose adjustment necessary* • *Documenting the efficacy of monoclonal antibodies in VOC* • *Last week joint statement on COVID-19 pre-exposure prophylaxis: AWMF, STAKOB, COVRIIN: Data are evaluated, patient groups defined more precisely, procedure presented more clearly for clinicians, can be found at www.rki.de/covid-19-therapie* • *Web seminars on COVID-19 prepared for doctors, topics of treatment strategy, new VOCs, therapeutic updates and long-term health effects* • *We are currently working on a web-based tool for therapeutic decisions: Decision trees depending on risk factor/vaccination/symptom onset and recommendation, best possible therapy (antiviral therapy, for example), works for all disease phases, is not yet online but is planned* **Discussion** • *Interface with STIKO, as antiviral substances were presented in STIKO recommendation* • *Can the recommendation of viral pre-exposure prophylaxis for COVID-19 be transferred to influenza?* • *Post-exposure prophylaxis is currently not a measure for COVID-19, mainly monitoring here* • *Information is updated very quickly, guidelines are currently revised every three months, does not currently meet practical needs* • *Authorisation of the drugs also means that STIKO has to deal with the topic, therefore close exchange with FG33*	
12	**Measures to protect against infection** • *not reported*	*FG14 (Brunke)*
13	**Surveillance** • *Question about changing the reporting obligation in the event of a change in strategy. Mandatory reporting is still sensible and necessary in order to gain a general overview of the disease and its spread. The burden on the GA can be reduced by reducing the testing strategy*	*FG 32 (Diercke)*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38 (an der Heiden)*

15	**Information from the situation centre** *(Mondays only)* • *No situation report on Friday and Monday, LZ closed on these days, also for international communication* • *BMG will be informed by e-mail, Mrs Rexroth has prepared an e-mail for Mr Wieler, to be sent today and contacted again tomorrow* • *No crisis team meeting for the time being, first crisis team meeting again on 20 April, request for written coordination/agreements* •	*FG38 (Rexroth)*
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Wednesday, 20.04.2022, 11:00 a.m., via Webex,*	

End: 14:45

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 20.04.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 24*
  - *Thomas Ziese*
- *FG31*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ Slides here ○ Worldwide: ○ Data status: WHO, 19/04/2022 ○ Cases: 503,131,834 (-30% compared to the previous week) ○ Deaths: 6,200,571 (CFR: 1.2%) ○ List of top 10 countries by new cases: ▪ With the exception of the USA, incidence rates are falling in the countries listed ▪ Overall, the situation is easing ▪ USA: BA.2 became dominant there later. The increase was first seen in the north-eastern states. ○ WHO epidemiological update ▪ CAVE Changed test strategies in many places, especially in Europe (e.g. Spain, Denmark, England only test Risk groups, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant) ○ Map with 7-day incidence per 100,000 inhabitants in Europe ▪ Overall decline in incidences ○ Other reports: ○ Scepticism about conspicuously low death rates in China (e.g. Shanghai). At the same time, indications of excess mortality (e.g. in diabetes) ○ WHO Update: ▪ Sars Cov-2 variants recombination Occurrence in Europe: so far reported from Denmark, France, Finland, Germany, Norway, United Kingdom ▪ UK: Increase and already "community transmission" of XE cases (763 cases in the UK, 22/03/22) ▪ Estimated slightly higher growth rate of XE by approx. 10% compared to BA.2 ▪ No increased pathogenicity or virulence of XE observed to date. ▪ XE continues to belong to Omikron	ZIG1 (Rohde)
	National ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: 23,658,211 (+198,583), thereof 133,308 (+348) Deaths ○ 7-day incidence: 688/100,000 inhabitants. ○ Hospitalisation incidence: 3.71/100,000 p.e., AG ≥ 60-year-olds: 8.6 / 100,000 p.e.	FG32 (Diercke)

	o *Cases on ITS: 1,790 (+27)* o *Vaccination monitoring: Vaccinated with 1st dose 63,734,027 (76.6%), with complete vaccination 63,270,874 (76.1%), with Booster immunisations 49,171,747 (59.1%)* o *Course of the 7-day incidence in the federal states:* ▪ *Decrease in all BL* ▪ *Highest: NI, SL, HB, SH* ▪ *Lowest: BB, BE, SN* o *Geographical distribution of 7-day incidence per 100,000 population by County* ▪ *Region around Berlin / Brandenburg lowest values* ▪ *53 LK with incidence > 1,000 268 LK with incidence between 500 and 1,000* o *Incidence by age group and reporting week (heat map)* ▪ *Significant decline in all AGs* ▪ *Many older AGs again with incidence below 600* o *7-day incidence by age group and date of notification* ▪ *Sharpest drop in 7-day incidence among 5-14-year-olds* o *COVID-19 deaths by week of death* ▪ *Roughly constant level of 1500 per week since week 7* o *No excess mortality according to Destatis*	
	• **ITS occupancy and Spock** *(slides here)* o *DIVI Intensive Care Register* ▪ *Treatment of 1,758 COVID-19 patients in intensive care units* ▪ *Decline in COVID-ITS occupancy* ▪ *Number of new admissions also down (1,236 in the last 7 days)* ▪ *Number of deceased SARS-CoV-2 positive patients per day slight decrease* o *Share of COVID-19 patients in the total number of operational ITS beds* ▪ *Sideways movement or decline in all BL* o *COVID-19 treatment occupancy by severity* ▪ *Continued high proportion of non-invasive treatment, unknown treatment (37%)* ▪ *Overall decline in all treatment groups* ▪ *Increase in the assessment of the operating situation as limited, reasons lie with personnel* o *Age groups* ▪ *Decline in all AGs* ▪ *The dominant age group on ITS is AGÜ60 (almost 80%)* o *SPoCK: Forecasts* ▪ *Decline throughout Germany*	*MF4 (Fischer)*
	• **Syndromic surveillance** *(slides here)* o *FluWeb* o *ARE rate in CW15 increased slightly to 5.6% (previous week: 5.3%), is in the pre-pandemic range (4.7 million*	*FG36 (Haas)*

	ARE)	

- *Children (0 to 14 years) down (11.8 %; previous week: 10.0 %), adults up slightly (4.9 %; previous week: 4.3 %); no clear trend, as development varied in the 5 AGs.*
- *CW 15, 2022: continued to fall compared to the previous week, higher than last year, still slightly above the pre-pandemic seasons*
- *Around 1,200 doctor consultations due to ARE per 100,000 inhabitants (= almost 1 million doctor visits due to ARE in Germany)*
- *Overall downward trend since week 12*
- *ConsInce (total) is higher than last year*
- *The number of ARE consultations fell in all WGs in CW 15 2022 compared to the previous week.*
- *Trend in the BCs compared to the previous week: overall rates are falling; general downward trend in all AGs and in most AGI regions*
- *ARE consultations with COVID diagnosis*
  - *Since calendar week 12/2022, an overall decline in doctor consultations due to COVID-ARE has been observed again*
  - *Values fell in all age groups in CW 15/2022, particularly significantly among children up to 14 years of age*
- *ICOSARI-KH-Surveillance- SARI cases*
  - *SARI case numbers have fallen overall since calendar week 14/2022, previously largely since the turn of the year 2021/22*

    Stable; low level (almost at summer level)
  - *Decline in SARI-ICU case numbers in calendar week 15/2022, previously stable since calendar week 3/2022; low level (almost at summer level)*
  - *SARI case numbers fell in all age groups in CW15/2022, in some cases significantly, at a low level*
  - *Number of SARIs with intensive care treatment by age group (progression compared to previous seasons)*
- *COVID-SARI hospitalisation incidence*
  - *Declining since week 13, in week 15/2022: 3.2 COVID-SARI per 100,000 P.E.*
  - *Share of COVID-19 in SARI 36% (previous week: 42%)*
  - *Share of COVID-19 in SARI with intensive care 47% (previous week: 48%)*
  - *Comparison of COVID-SARI, COVID-SARI with intensive treatment and deceased COVID-SARI: relative*

    Stable level since the turn of the year
  - *COVID-SARI cases and deceased COVID-SARI are declining, especially in AG 60+ years since CW12/2022*

- **Virological surveillance***, NRZ influenza data* — *FG17 (Dürrwald)*
  - *CW 15: 67 submissions (CW 14: 128 submissions), significant decline due to Easter holidays*
  - *SARS-Cov-2 still at a high level (18-24%), downward trend recognisable*
  - *HKU1, OC43, 229E, NL63 all at a low level*
  - *KW 13: 100% BA.2 variant*
  - *Age distribution: occurs in all AGs in Sentinel*

	▪ *Slight upward trend in influenza viruses* ▪ *Other respiratory viruses: HMPV most prevalent*	

	(24% positive rate in week 14), then HRV. PIV and RSV remain low. • **Test capacity and testing** *(slides here)* o *Number and capacity of tests* ▪ *25% reduction in PCR tests* ▪ *positive share rose to 54.7%.* ▪ *Significant decline in the number of tests (1,138,710 in CW15/2022)* ▪ *Decline in all AGs* ▪ *Slight increase in proportion of positives in WG 5-14 (possibly due to sharp decline in number of tests in this WG), others* *AG Plateau.* ▪ *Significant decline in the trend towards outbreaks in medical treatment centres and nursing and care homes.* *Nursing homes* • **Molecular surveillance, VOC report** *(slides)* ▪ *Now over 800,000 SARS-Cov-2 genome sequences* ▪ *99% of SARS-Cov-2 sequences are identified as omicron (1% unclassifiable); of which70% are BA.2* • **Discussion** ▪ *Will figures on SARS-Cov-2 recombinants be published by the RKI?* o *All the figures we have should be transparent and shown in the weekly report. A discussion on this is already underway among the departments. It is also a question of data quality and analysability.* o *One suggestion would be to mention the topic in the weekly report, not to report any anomalies and not to go into further detail. Concrete figures can be given* ***To Do:*** *Mr Semmler will send the figures for the weekly report to the situation centre.* ▪ *Is there a subline of Omikron BA.2?* o *BA.2.1.2 is not classified in the data and is not used for not yet recorded for the recombinants. BA.2.12 and BA.2.12.1 are available in the data.* ▪ *What is the current testing strategy in other countries?* o *Many European countries (Spain, England, Denmark) only test risk groups (people receiving treatment in hospital), Austria continues to test at a high level with a downward trend.* ▪ *Is it possible that Germany could get another wave of influenza?* o *It cannot be ruled out. There has been a slight increase in recent weeks, most recently a slight Decrease. Dependent on various factors. Better assessment possible after the Easter holidays.*	*Dept. 3 (Hamouda)* *FG37 (Eckmanns)* *MF2 (Semmler)*

2	**Vaccination update** *(Mondays only)* • *(not reported)* **STIKO** *xxx*	*FG 33*
3	**International** *(Wednesdays only)* • *(not reported)*	*ZIG*
4	**Update digital projects** *(Mondays only)*	*FG21*
5	**Current risk assessment** • **Discussion of the revised version of the risk assessment** o *With regard to the BMG, the downgrade should initially be to high and not moderate for strategic reasons.* o *Paragraph with individual risk assessment for specific population groups is deleted. Focus on the risk to the population as a whole. Instead, emphasise that basic immunisation + booster vaccination significantly reduces the risk of serious illness* o *Disease severity section: BA.1 has been replaced by BA.2 as the predominant omicron variant* o *Please send to FG33 for review. Transmission to BMG tomorrow 21 April.*	*Dept. 3*
6	**Expert advisory board** • *Criticism of delay in registration figures* • *First draft on the topic of preparing for the autumn. Proposal to discontinue the citizens' tests in the autumn causes displeasure among the ministers.* • *Statements by the diagnostics working group at the BMG are not sufficient for the Minister to make an adequate assessment of the tests* • *Statement on retirement and nursing homes: broad consensus and finalisation in the coming week* • *Statement on Long-Covid: Finalisation also in the coming week* • *Joint meeting on 11 May to discuss the future of the Expert Advisory Board*	*Wieler*

7	**Communication**
	
	BZgA
	• *no topics*
	
	Press
	• *Preparation of communication for the change in the vaccination quota table*
	• *Is there a message for the weekly report tomorrow?*
	  ○ *In the past two weeks, there have been appeals to personal responsibility*
	  ○ *Explicit reference to the recombinant does not make sense*
	  ○ *Reference to avoidance of late effects also not meaningful, as Long-Covid is not an explicit topic*
	  ○ *Neutral tweet with reference to the publication of the weekly report*
	
	P1
	• *(not reported)*
		BZgA (Seefeld)
		
		Press (Wenchel)
		
		P1 (Lein)

8	**RKI Strategy Questions**
	
	General
	• **Disclaimer Weekly report - how much longer?**
	  ○ *Can be omitted from the daily situation report and dashboard from tomorrow*
	• **[ID 5306] Decree: Scenarios autumn - deadline 27.04.2022**
	  ○ *The decree refers to the 8th opinion of the Expert Council and alludes to the fact that, in view of the difficulty of predicting changes in an easily modifiable RNA virus, short reaction times must be expected and it specifies three scenarios: 1. the re-emergence of the delta variant or related variants 2. the emergence of hybrid forms with increased danger while maintaining immune escape, 3. the emergence of new variants with a further loss of the previously existing immune protection.*
	  ○ *Request to RKI for an assessment of the probability of the 3 scenarios occurring, assessment of the probability that the situation in the coming autumn will be characterised by the Omikron variant, assessment of the relevance of comprehensive recording of every infection.*
	  ○ *Relevance of rapid detection of an infection in age groups in combination with genomic surveillance and new systems such as wastewater monitoring. Surveillance. Assessment Relevance Comprehensive coverage is in FG36.*
		Mielke

	○ *FG33 is working on a model with the assumption that Omikron will remain and dominate in the autumn.* ○ *Joint response necessary. Scenarios are not only dependent on the virus variant but also on other factors such as the behaviour of the population, etc. Leave out wastewater surveillance, as a functioning system in such a short time is unrealistic* ○ *Clear message on maintaining syndromic surveillance* ○ *Point 1: FG33 regarding modelling, Point2: FG36 with regard to established surveillance systems, Point3: Intersection with Point2, Point 4: Estimation of required PCR tests at Mielcke* ○ *Genomic surveillance around Mr Semmler should be included* ○ *Management and consolidation: Department 1 (Mielke) FF* **RKI-internal** • *(not reported)*	
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** **FG17** **ZBS1**	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*

15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting:* **Monday, 25.04.2022, 13:00,** *via Webex*	

End: *13:00*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 25.04.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
  - *Claudia Siffczyk*
- *FG32*
  - *Michaela Diercke*
  -
- *FG33*
  - *Ole Wichmann*
  - *Viktoria Schönfeld*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Wednesdays only)*
	• *(not reported)*
	
	National
	• *Case numbers, deaths, trend, slides here*
	  ○ *SurvNet transmitted: SurvNet transmitted: 24,200,596 (+20,084), of which 657,621 (+6) deaths*
	  ○ *7-day incidence: 790.8/100,000 inhabitants.*
		ZIG1
		
		FG32

-
    - *Vaccination monitoring: Vaccinated with 1st dose 63,742,994 (76.7%), with complete vaccination 63,291,453 (76.1%)*
    - *Course of the 7-day incidence in the federal states:*
        - *Some BLs no longer transmit at the weekend, so comparisons with the previous day should be made with caution.*
          See
        - *In the longer trend, incidence is declining but not (yet) as strongly*
        - *Less testing at Easter*
        - *In several BCs, e.g. NI and SH, 7-T-I are high (>1000), in the eastern BCs incidences are lower*
        - *In the majority of the circles (250), 7-T-I is >500-1000, Virus still circulates strongly despite the decline*
    - *7-day incidence by age group*
        - *Strongest decline among 5-14 year olds*
        - *This may change after the holidays and due to further testing in schools in some BLs*
        - *Highest incidences among 15-34 and 35-59 year olds*
    - *Destatis data were not yet available, but will be available on Wednesday reports*
- *Modelling* ***(Mondays only)***
    - *(not reported)*

2 Vaccination update *(Mondays only)*

FG33/all

Effects of COVID-19 vaccination according to case definition "Hospitalisation"

- *Slides here*
- *Research question: How do the effects of vaccination (vaccine effectiveness/VE) change with different case definitions?*
- *Weekly calculation of hospitalisation incidence by vaccination status, three different case definitions are used:*
    - *Hospitalisation*
    - *Hospitalisation & symptoms (basis for VE calculation)*
    - *Hospitalisation & reason for hospitalisation= COVID-19 (=COVID-19 hospitalisation)*
- *Results*
    - *The more specific the case definition, the flatter the incidence curves*
    - *Hospitalisation incidence generally / lower due to COVID-19, especially among vaccinated and boostered people*
    - *Stronger effect (significantly lower incidences) with stricter case definitions*
    - *In all definitions for people with basic immunisation, VE is around 50%, 65% for boostered people, if only COVID-19-Hospitalisation is a stronger effect*
    - *Data completeness: Lower case numbers from the 2nd half of 2021 for COVID-19 hospitalisation*
- *Conclusion*
    - *Effect varies according to vaccination status and definition*
    - *Vaccine effectiveness currently probably underestimated (case definition)*
    - *Stable values week after week despite the exclusion of*

	missing data available	

- *More specific case definition (COVID-19 hospitalisation) would be desirable for reporting purposes*

- *Discussion*
  - *How do others report?*
    - *Data are generally not comparable, presentation is based on German reporting data*
    - *ECDC publishes results of test-negative case-control studies, in which the protection against Hospitalisation in >80-year-olds at approx. 50%*
    - *UK also uses the test-negative study design*
  - *Why is the effect more pronounced in younger people?*
    - *This confirms what is also seen in syndromic data, younger age groups are often diagnosed with and not Hospitalised due to COVID-19*
    - *Since Omikron, more hospitalisations of younger people with COVID-19 have been recorded, each hospitalised person is tested on admission, the trend has shifted due to Omikron*
  - *Should the weekly report be changed or how should this data be published?*
    - *RKI currently reports too pessimistic VE, both variants (case definitions) should be reported*
    - *When publishing, a good justification is necessary, as this can lead to various enquiries and criticism or even a loss of information.*
      can lead to other indicators (hospitalisation incidence) being questioned
    - *Data collection has remained the same, this data has been available for some time, since Omikron has been receiving more and more enquiries.*
      due to the high number of cases and non-symptomatic infections
    - *Test-VO expires at the end of June, publication could possibly go hand in hand with this, screening in KKH should be maintained*
      remain, otherwise the testing of asymptomatic patients is largely eliminated
    - *Vaccination VE calculation based on hospitalisations, this should be maintained for the time being*
    - *There are still a lot of questions about the vaccination, explanations are always necessary, a regular Reporting is desirable*
    - *UK has a weekly Vaccine Monitoring Report, this seems too frequent to FG33 as changes are less frequent*
    - *Publication of the three variants side by side in one publication?*
- *Next steps*
  - *FG33 has developed a monthly draft report and shares it with Dept. 3/Crisis Unit*
  - *Whether an additional publication is necessary is still being discussed*

SORMAS vaccination data

- *There is a problem with SORMAS data on vaccination*
- *Cause not yet found by SORMAS team* — *AL3*
- *An error can lead to distortion of the data, this is*

	is currently investigating what the error is and how it can be rectified, **Status of the general COVID-19 vaccination recommendation for healthy children between the ages of 5 and 12 (also with a view to preparing for autumn/winter)** • *STIKO is still investigating the issue, the question will soon go to the statement procedure* • *Vaccination is already recommended for >12-year-olds, authorisation studies are currently underway for children <5* • *If vaccination of healthy children is recommended, possibly only with one vaccine dose in order to maintain long-term broad immunity through the combination of natural infection and vaccination* • *There is still a debate about whether 5-11 year olds should be vaccinated now or more towards autumn* • *2 vaccinations (or 3?) are recommended for children <12 with pre-existing conditions* • *It is already too late to influence the omicron wave, there are very few hospitalisations* • *Building up herd immunity by autumn seems difficult, much is currently speculation based on assumptions*	*FG33*
3	**International** ***(Wednesdays only)*** • *(not reported)*	*ZIG*
4	**Update digital projects** ***(Mondays only)*** • *(not reported)*	*FG21*
5	**Current risk assessment** • *Discussion of the proposed changes to the risk assessment, waiting for feedback from the BMG* • *The Minister agrees in principle, but reports again*	*Dept. 3*
6	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Meeting tomorrow: opinions on long-term COVID-19 and care homes to be finalised then* • *Panel structure should also be discussed, Pres reports*	*Pres/all*

7	**Communication** **BZgA** • *(not reported)* **Press** • *(not reported)* **P1** • *The RKI Social Media Taskforce has started its work* • *P1 now serves the large RKI Twitter channel (with 600,000 followers), the smaller "RKI for you" channel is being discontinued*	*BZgA* *Press* *P1*
8	**RKI Strategy Questions** **General** • *What will happen with the separation after 1 May 2022?* • *The BMG initially took a wait-and-see approach, today is GMK, whose decision remains to be seen* • *Numerous papers and adjustments depend on this* **RKI-internal** • *(not reported)*	*All*
9	**Documents** • *(not reported)*	*All*

10	**Laboratory diagnostics**
	
	FG17
	• *Virological Sentinel was also affected by the Easter holidays, there were fewer samples*
	  o *At 24%, SARS-CoV-2 was the dominant virus*
	• *Influenza*
	  o *High influenza load in NL in recent weeks*
	  o *Measures in DE apply for longer than in other countries, therefore possibly lower influenza rates (currently 9% below the 10% threshold)*
	  o *Dwindling influenza immunity due to the lack of contact will probably be noticeable in the future*
	  o *Influenza may be underrepresented in diagnostics, as self-testing is not possible here*
	  o *Influenza diagnostics are influenced by COVID-19 testing in various ways*
	  o *Sentinel surveillance data in DE is reliable*
	  o *Virological surveillance is a well-functioning system*
	  o *There is currently more influenza in the reporting data than would be expected under normal circumstances with low activity; co-testing for influenza often takes place*
	  o *The course of influenza replicates the omicron wave, which must be closely monitored*
		FG17/FG36

	ZBS1 • *(not reported)*	*ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG14*
13	**Surveillance** • *More and more BMG enquiries about COVID-19 hospitalisation, lots of activity at the BMG in preparation for the autumn* • *There has been no official enquiry about this yet, but something may follow soon* • *This was also mentioned at the BMG Jour Fixe last week* • *AL3 has informed BMG that no additional data collection systems are necessary or useful* • *These are often politically motivated requests or may come from the expert advisory board; technical arguments are not prioritised*	*FG 32/all*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *(not reported)*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 27 April 2022, 11:00 a.m., via Webex*	

End: 14:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 27.04.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Amrei Wolter (minutes)*
- *FG35*
  - *Christina Frank*
  -
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristina Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Andrea Rückle*
- *MF1*
  - *Martina Fischer*
- *ZBS7*
  - *Michaela Niebank*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International *(Wednesdays only)*
	• *Slides here*
	• *Worldwide:*
	• *Data status: WHO, 26/04/2022*
	• *Cases: 508,041,253 (-17% compared to the previous week)*
	• *Deaths: 6,224,220 (CFR: 1.2%)*
	• *List of top 10 countries by new cases:*
	  ○ *Overall, the situation is easing*
	  ○ *Top 10 countries: Germany, South Korea, France, Italy, USA, Japan, Australia, Thailand, United Kingdom, Brazil*
	  ○ *Upward trend: DE, IT, USA, other countries downward trend*
	• *WHO epidemiological update*
	  ○ *CAVE changed testing strategies in many places, especially in Europe (e.g. Spain, Denmark, England only test risk groups, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant)*
	  ○ *This is expected to result in poorer surveillance*
	  ○ *Overall decline in incidences*
	  ○ *Highest increase france. Overseas territories, Seychelles, South Africa (report of 5th wave there)*
	  ○ *Africa slight increase in cases and deaths*
	  ○ *In Asia, highest incidences in South Korea, Butan, Singapore*
	• *Map with 7-day incidence per 100,000 inhabitants in Europe*
	  ○ *Highest 7-day incidence in Europe in Germany*
	  ○ *Omikron still the dominant variant*
	  ○ *Observation of variants BA.4 and BA.5 and BA.2.12.1*
	  ○ *BA.2 accounts for the largest proportion of variants (68%), increasing proportion of BA.2.12.1 (29% prevalence in USA), first detected in NYC. Growth advantage over BA.2: 27%*
	  ○ *No indication of increased disease severity*
	National
	• *Case numbers, deaths, trend, slides here*
	• *SurvNet transmitted: 24,479,055(+141,661), thereof 134,832 (+343) Deaths*
	• *7-day incidence: 887.6/100,000 inhabitants.*
	• *Vaccination monitoring: Vaccinated with 1st dose 63,751,080 (76.7%), with complete vaccination (76.1%)*
	• *Course of the 7-day incidence in the federal states:*
		ZIG1 (Kerber)
		
		Dept.3 (Hamouda)

	o *A slight decline in the number of cases was observed in CW15 and CW16, which is presumably due to the Easter holidays. In the last few days, there has been an increase in the number of cases, particularly in the north (Lower Saxony, Schleswig-Holstein and Bremen). This may be due to the resumption of school activities. This is also reflected in the AG, the AG 10-25 has the highest increase in case numbers* • *7-day incidence by age group* o *Significant increase in case numbers in Lower Saxony, Bremen and Schleswig-Holstein, easing is recognisable in older AGs* o *However, all incidences are on a downward trend* • *COVID-19 cases by age group and date of death* o *Numbers of deaths are declining despite expected late registrations, also lower than in week 12* • *Destatis data was not yet available, will be reported next Wednesday* • *Modelling* ***(Mondays only)*** • *(not reported)* • **ITS occupancy and Spock** *(slides here)* o *DIVI Intensive Care Register* ▪ *As of 27 April 2022, 1,450 COVID-19 patients are being treated in the intensive care units of the approx. 1,300 Acute hospitals treated* ▪ *Decline in COVID-ITS occupancy* ▪ *ITS-COVID new admissions with +1,142 in the last 7 days* o *Share of COVID-19 patients in the total number of operational ITS beds* ▪ *High level in the north, slight upward trend in Bremen. North-east and centre descending Trend, South except Saarland also descending* o *COVID-19 treatment occupancy by severity* ▪ *Sharp decline in invasive ventilation or ECMO treatment, currently more free ventilators again ECMO capacities, also for the treatment of non-COVID patients* ▪ *Reasons for the operating restrictions: existing workload is exacerbated by staff shortages driven. Overall, a slight easing but still a high level* o *Age groups* ▪ *Decline in all AGs, downward trend continues* ▪ *Proportion of very old patients on ITS high (length of stay of older patients also high) longer); 78% of occupancy by people over 60*	*MF1 (Fischer)*

	Year olds ▪ *Deceased: high plateau, slight but not very clear decline recognisable* ▪ *SPoCK: downward trend continues in all 5 cloverleaves* • **Syndromic surveillance** *(slides here)* • *FluWeb* ▪ *ARE rate in CW16 down to 4.0% (previous week 5.3%) is in the pre-pandemic range, mainly due to Children down* ▪ *value in the 16th week was 4,000 ARE per 100,000 inhabitants, corresponding to a total number of 3.3 million. ARE in Germany, independent of a doctor's visit* • *ARE consultations/100,000 inhabitants* ▪ *CW 16: slight increase in adults compared to the previous week, around 1,300 doctor consultations due to ARE per 100,000 p.e.* ▪ *However, it should be noted that there were Easter holidays/holidays, fewer reports and changed Consultation behaviour. Even greater changes possible through late notifications* ▪ *Overall consultation incidence is significantly higher than in the last two years (pandemic years)* ▪ *The number of ARE consultations fell in week 16 compared to the previous week for children or remained stable* ▪ *The most significant increase compared to the previous week was among 15-59-year-olds (10% and 11% respectively)* ▪ *Trend in the BL compared to the previous week: similar to overall, but there are regional differences* • *ARE consultations with COVID diagnosis* ▪ *Slight increase, around 450 doctor visits ARE with COVID diagnosis/100,000 p.e. (=total number of around 380,000 RE-COVID doctor visits in DE)* ▪ *Presumably also change in test frequency* ▪ *In CW16, the figures for children up to the age of 14 and the over-80s continued to fall, while in the AG 15-79-year-olds have risen again for the first time since week 12* • *ICOSARI-KH-Surveillance-SARI-Incidence* ▪ *SARI case numbers have fallen overall since CW14, previously largely since the turn of the year 21/22 stable* ▪ *Currently at summer level, should stabilise here* ▪ *SARI-ICU case numbers are also at summer level* ▪ *SARI case numbers in all AGs at summer level, continued high proportion of COVID-19 in AGs aged 60 and over* • *COVID-SARI hospitalisation incidence* ▪ *Total: 4.0 COVID-SARI per 100,000* ▪ *Corresponds to approx. 3,300 new hospital admissions due to COVID-SARI in DE* ▪ *AG 0-4 at 4th wave level*	*FG36 (Buda)*

	▪ *AG 15-34 and 35-59 further decline, only slightly above summer level* ▪ *Since Omikron, reporting data in accordance with IFsG* • *COVID-SARI hospitalisation incidence* ▪ *Since Omikron, orange notification data according to IfSG significantly above COVID-SARI incidence (ICOSARI), in reporting data, more people with COVID-19 listed* ▪ *In both categories (reporting data and ICOSARI), a Declining trend recognisable* ▪ *AG over 60 shows no continuation of the decline, but rather plateau movement* ▪ *Share of COVID-19 in SARI 36% (previous week: 33%)* ▪ *Share of COVID in SARI with intensive treatment 44% (previous week: 48%)* ▪ *COVID-SARI development: no signal that an increase in consistent level* ▪ *School and daycare cancellations due to Easter at very low level* • **Virological surveillance**, *NRZ influenza data* • *Low submission rate due to Easter and reduced Willingness of patients to undergo testing* • *Dominant proportion of SARS-CoV-2, sporadic detection of HKU1, 229E, no detection of NL63 and OC43* • *Proof of all age groups* • *Omicron-specific PCR has detected BA.2 by 90%* • *Influenza viruses on the rise (H3N2 and H1N1), H3N2 dominates* • *Strongest detection of influenza viruses among 5-15-year-olds* • *Other respiratory viruses detected were HMPV (descending), HRV, no evidence of RSV* • **Test capacity and testing** *(slides here)* ○ *Number and capacity of tests* ▪ *(not reported this week)* • **Molecular Surveillance, VOC report** *(slides here)* • *VOC shares: dominated by Omikron with 99.8%* • *BA.2 75.4%, BA.2.9 16.8%, BA.2.3 2.1% and BA.1. 1.7%* • *XE at 0.1%* • *Occasionally also found BA.5, BA.2.12.1* • *Detection of 5 recombinants: XD; XE; XG; XH; XM* • *General trend: 10,000 transmitted sequences per week* • **SARS in ARS** *(slides here)* • *Significant decline in testing over the Easter holiday weeks* • *Positive share has remained relatively constant due to Slight increase in fewer tests, currently slight increase again Decrease* • *Decrease in testing, particularly in doctors' surgeries and other locations, only slight decline in hospitals*	*FG17 (Dürrwald)* *FG36 (Kröger)* *FG37 (Eckmanns)*

- *Stable, constant positive share in KH,*
- *Proportion of positive tests in doctors' surgeries has remained stable over the last two weeks*
- *Decrease in testing in all age groups, but comparatively the most testing still takes place among the over-80s*
- *Positive shares by age group declining in all AGs, highest in AG 5-14*
- *Number of positive tests per 100,000 population also declining, with the highest numbers in AG 15-34 and 35-59*
- *Trend of active outbreaks in medical treatment centres declining*
- *The trend of active outbreaks and deaths is increasing in retirement and nursing homes*
- *93% of residents in care facilities have basic immunisation, stable level, no visible changes. Booster immunisation is also stagnating*
- *Possible campaign to promote booster vaccination, although the 2nd booster vaccination only started in February*

Discussion

- *Currently challenging situation assessment (What is the reason for the increase in incidence in the northern countries of children/adolescents? More testing? Is there an overview of which BLs are tested in schools? Increase in new ITS admissions in Saarland?)*
- *Which instruments are needed to have representative data, to increase their significance and to sufficiently confirm negative trends?*
- *How representative is the syndromic surveillance data?*
- *The quality of the international requirements and the basic document for conducting surveillance are guaranteed in DE or the requirements are met*
- *Good representativeness at national level, expansion is planned in order to become more fine-grained (local), but limited statements can already be made on a representative basis*
- *Integrated approach is prioritised by ECDC (basic paper), RKI is currently already monitoring across pathogens. Data quality should be prioritised, implementation of quality control via full coverage*
- *In the Easter situation, the majority of systems had problems recording precise data (changes in consultation behaviour, etc.). Exception: intensive care register, where reports were also submitted over Easter.*
- *Is an increase in the number of cases an increase or compensation for the dip after Easter? A decline has been observed in syndromic surveillance, Fluweb is recording cases quickly, more precise information can probably only be expected next week. Combination of reports from the past two weeks and increased testing activity of children/adolescents due to the start of school.*

All

	• *Many CCs do not transmit any data on weekends; the high increase in incidence in the reporting system on Tuesdays resulted from late reports after Easter. On the one hand, this should be better addressed to politicians, on the other hand, better statements can be made if the daily evaluation is reduced to a weekly evaluation* • *With regard to recombinants, BA.2.12.2 has only been detected twice in the last 2 weeks, so there is no indication yet that this recombinant is a decisive factor in the increase in numbers* • *The distribution of hospitals in the ICOSARI clinics: is also described in the basic publication, Helios clinics. Rehabilitation clinics and private clinics were deliberately excluded. A total of 84 clinics are taking part* • *SARI surveillance representative, therefore extrapolations and incidence calculations possible* • *The value of the representativeness of syndromic surveillance should be better communicated. To this end, questions can be collected and communicated/conveyed via an interview, background discussion, FAQ, table or similar.* • *Thursday Meeting Federal Chancellery; suggestion there*	
2	**Vaccination update** *(Mondays only)* • **(not reported)**	*FG33/all*
3	**International** *(Wednesdays only)* • *Planned meeting to exchange ideas on 6 May, in advance discussion with BMG this week* • *South Korea is aiming to internationalise its work and has requested an exchange with RKI* • *Sero study Health Care Workers in 4 African countries: first results are in, first presentation to the crisis team planned for June*	*ZIG (Hanefeld)*
4	**Update digital projects** *(Mondays only)* • *(not reported)*	*FG21*
5	**Current risk assessment** • *Adjustment of the risk assessment* • *As of now, no indication of a new wave, consideration of reducing the risk assessment to "high"* • *As it is currently rather difficult to assess the situation (public holidays and changes to hygiene measures), it makes more sense to postpone the discussion until next week* ***ToDo**: Consultation with the crisis team again next week*	*Dept. 3*
6	• *Intensive discussion on Long Covid opinion, status: in progress* • *No clear definition of Long-Covid, as data situation is insufficient* • *Inclusion of psychosomatic complaints* • *Consideration of re-vaccinating Long Covid patients, but*	*Pres/all*

	no data on this yet • *Statement on the situation in autumn/winter: Consideration of the survey tools* • *AG Diagnostics Decree finalised: AL2 comments on this; AK is not a correlate of protection. Effectiveness of vaccines: Autumn booster vaccination probably needed*	
7	**Communication** **BZgA** • *(not reported)* **Press** • *Vaccination quota changeover to take place on Friday (29 April) instead of 28 April (problems with vaccination dashboard, overall package can be better communicated on Friday), data journalists will be informed today, BMG knows about it* • *Possibly Friday BPK* • *EpidBull: have free capacity again, look forward to contributions* • *Webmaster-team: Late services were not used for a longer period of time, from May onwards discontinued except for DO for weekly report* • *De-escalation daily reporting? (if risk assessment is not reduced, do not de-escalate for the time being. Take up again in May).* • *With regard to the message on Thursday, reference can be made to booster vaccinations* ***ToDo**: Question: "Do unvaccinated people pose a higher risk of infection in the hospital setting than vaccinated people?" - if there is a paper on this, please send it to the President.* **P1** • *(not reported) Lein*	*BZgA* *(Rücker)* *Press (Wenchel)* *P1*
8	**RKI Strategy Questions** **General** • *GMK Thursday to take place, participation of Mr Hamouda* • *Topic: Quarantine/isolation for 5 days?* • *Graphic Isolation in the inpatient sector is to be updated as an overall package with other isolation regulations* ***ToDo**: Enquiry from Ms Rexroth regarding the current status of the discussion on quarantine/isolation in the BMG* **RKI-internal** • *(not reported)*	*All*
9	**Documents** • *(not reported)*	*All*
10	• *(not reported)*	

		FG17/FG36
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG14*
13	**Surveillance** • *x*	*FG 32/all*
14	**Transport and border crossing points** *(Mondays only)* • *(not reported)*	*FG31*
15	**Information from the situation centre** *(Mondays only)* • *The situation centre's interim report has been finalised and will be circulated for feedback and suggestions for improvement via distribution lists* • *Length currently 150 pages with appendix, conclusion still open* • *Situation in the situation centre is currently calmer, Bavaria and NRW would still like to receive case information regarding international communication* • *Reduction of reporting to 1x would be desirable*	*FG31 (rexroth)*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Monday, 02.05.2022, 13:00, via Webex*	

End: 12:40 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 02.05.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Meike Schöll*
  - *Renke Biallas (protocol)*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  -
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	National
	○ *Case numbers, deaths, trend, slides here*
	○ *SurvNet transmitted: SurvNet transmitted: 24,813,817 (+4,032), of which 135,461 (+0) deaths*
	○ *7-day incidence: XXX/100,000 inhabitants.*
	○ *Vaccination monitoring: Vaccinated with 1st dose 64,498,951 (77.6%), with complete vaccination 63,010,774 (75.8%)*
	○ *Course of the 7-day incidence in the federal states:*
	  ▪ *There has been another increase since Easter. This can be explained by a diagnostic gap. On Tuesday There will probably be an increase due to late registrations.*
	  ▪ *The highest incidence among 15-34 year olds and lowest among >80 year olds*
	  ▪ *Number of districts with 7-TI >50 / 100,000 p.e.: 411/411*
	  ▪ *Number of districts with 7-TI >500 / 100,000 p.e.: 304/411*
	  ▪ *Number of districts with 7-TI >100 / 100,000 p.e.: 29/411*
	○ *The discrepancy between the SARS-CoV-2 reports and the Transmissions to the RKI via DEMIS continue to decrease*
	○ *Many of the federal states now only transmit data on weekdays, i.e. not at weekends*
	○ *This limits the informative value of the reporting data on Monday*
	
	Discussion:
	• *There was a discussion about daily reporting (no more daily reports on Sunday and Monday). A reduction is to be sought. A concept for this is to be developed and presented to the BMG on Friday (this week or next week).*
	• *If the numbers continue to fall, the weekly report would be a sufficient instrument. A multi-stage de-escalation should be communicated to the BMG.*
	
	ToDo: *FG32 in FF should create a corresponding concept, which can be presented on Friday if possible. This concept should be shared with the management beforehand.*
		FG32 (Diercke)

2	**Vaccination update** *(Mondays only)* • *(not reported)* • **STIKO** • *(not reported)*	*FG 33 n. a.*

3	**International** *(Wednesdays only)* • *(not reported)*	*ZIG*
4	**Update digital projects** *(Mondays only)* • *Options for further utilisation of the CWA* ○ *The BMG has decided to discontinue the operation of the CWA as of 30 September 2020. A communication strategy must be drawn up accordingly. A specific reason for the discontinuation of funding has not yet been communicated.* **Discussion:** • *In the new ordinance on isolation and quarantine, only household members are to be quarantined. The CWA is not required for the quarantine of household members, as the CWA is intended to inform unknown persons.* • *Data from the CWA may be transferred to the CovPass app. However, this still needs to be verified. A corresponding concept must be thoroughly discussed and weighed up. Further utilisation options for the donated data are to be discussed further.* • *A concept regarding the further possible use of data donations has already been drawn up and should be communicated to the BMG again. The complexity of the topic has not yet been sufficiently discussed with the BMG. This is to take place in the upcoming Jour-Fix and bilaterally (Ms Teichert).* • *In other European countries, the warning function is deactivated and may be reactivated later in the year. A similar plan does not appear to be possible in Germany.* • *With the discontinuation of the CWA, it must also be made transparent which other instruments for dealing with the situation are affected.* • *A list of pros and cons regarding the discontinuation of CWA financing should be made* ***ToDo:*** *Pro and Con arguments for the discontinuation of CWA funding to be prepared: FF: FG21/Schmich*	*FG21 (Schmich)*
5	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *xxx*	*Dept. 3*
6	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *A statement on nursing homes is still being prepared* • *The statement on Long-COVID is to be published shortly*	*Mr Wieler*

	become **Discussion:** • *The financing status (public vs. private) of care homes should continue to be taken into account in the statement. A subsequent study could thus be encouraged. Statements about the quality of care based solely on funding should be avoided.*	
7	**Communication** **BZgA** • *No report* **Press** • *The vaccination quota changeover took place on Friday. The response was brief and factual.* • *The BMG's separation table and a corresponding FAQ will be published as soon as the BMG releases it.* **P1** • *No report*	*BZgA (Ommen)* *Press (Wenchel)* *P1 (Leuker)*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** **FG17** • *Initial laboratory data on the new Omikron variants (BA.4 and BA.5) are available. These data show a certain degree of immune escape. The development will be monitored further.*	*FG17 (Wolff)*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *No report*	*FG14*
13	**Surveillance** • *No report*	*FG 32*

14	**Transport and border crossing points** *(Mondays only)* • *More people are staying in the transit area of airports due to the strict regulations of the People's Republic of China "stuck". The BMG has already been informed.*	*FG38 (Rexroth)*
15	**Information from the situation centre** *(Mondays only)* • *Intra-Action Review (IAR) from 28 March 2022* o *The document is available to participants for comments until 5 May 2022. The document can be finalised after comments have been made.*	*FG38 (Schöll)*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 04.05.2022, 11:00 a.m., via Webex*	

End: 14:02

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 04.05.2022, 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*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG26*
  - *Lena Walther*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Nita Perumal*
  - *Viktoria Schönfeld*
- *FG35*
  - *Hendrik Wilking*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Andrea Rückle*
- *ZBS7*
  - *Michaela Niebank*

TOP	Contribution/ Topic	contributed by

1	**Current risk assessment**
	• *Vaccination breakthroughs / vaccination effectiveness in the weekly report / SORMAS*
	  ○ *Since calendar week 10/11, vaccination efficacy for basic immunisation is sometimes estimated to be higher than for booster vaccination; implausible results*
	  ○ *Incorrect data in SORMAS; duplicated cases since mid-February; currently no delimitation of the affected cases or approach to data cleansing possible; therefore suggestion: Do not show presentations in weekly report; possibly indicate technical problems in data transmission with external reporting software as reason; more elegant with reference to change in epidemic situation*
	  ○ *New analysis with exclusion of the 106 affected SORMAS-GÄ was commissioned*
	  ○ *Decision: Do not mention technical problems; justify content with changeover in report; Simultaneous written information in advance to BMG*
	  ○ *Vaccination rates appear as usual*
		FG 32 / FG 33 all

2	**Current situation**
	
	International
	• *(not reported)*
	No participation of ZIG in today's crisis team.
	
	National
	• *Case numbers, deaths, trend, slides here*
	• *SurvNet transmitted: 25,033,970(+106,631), thereof 135,942 (+241) Deaths*
	• *7-day incidence: 591.8 /100,000 inhabitants.*
	• *Vaccination monitoring: Vaccinated with 1st dose 64,503,837 (77.7%), with complete vaccination (75.8%)*
	• *Course of the 7-day incidence in the federal states:*
	  ○ *Decline trend clearly visible in all federal states. Lowest 7-day incidences in TH, BE, BB.*
	• *Geographical distribution of 7-day incidence by district*
	  ○ *The north / north-west is most affected. Meanwhile only 19 districts with 7-day incidence > 1,000. The most severely affected district is LK Cloppenburg with a 7-day incidence of 1,930.7 / 100,000 pop.*
	• *7-day incidence by age group*
	  ○ *Significant decline from CW16 to CW17.*
	  ○ *Decline in almost all AGs; exception for 10 - 15 year olds*
		ZIG1
		
		FG32 (Diercke)

	year-olds with a minimal increase.
	• *COVID-19 cases by age group and date of death*
	  ○ *The number of deaths has also fallen significantly, even less than in week 12.*
	• *Weekly death rates in Germany*
	  ○ *Destatis figures confirm no observation of excess mortality*
	
	• **ITS occupancy and Spock** *(slides here)*
	  ○ *DIVI Intensive Care Register*
	    ▪ *As of 5 April 2022, 1,247 COVID-19 patients are being treated in the intensive care units of the approx. 1,300*
	    Acute hospitals treated
	    ▪ *Slight decline / sideways movement in COVID-ITS occupancy*
	    ▪ *New ITS COVID admissions with +1,012 in the last 7 days*
	    ▪ *Decrease in new admissions*
	    ▪ *Death toll remains at a high level*
	  ○ *Share of COVID-19 patients in the total number ITS beds that can be operated*
	    ▪ *Continuous decline; now also in the north-western federal states*
	  ○ *COVID-19 treatment occupancy by severity*
	    ▪ *Decline in all treatment groups. Only very few ECMO patients left.*
	    ▪ *Assessment of the care situation: High-care and low-care areas are equal in terms of image.*
	    Staff shortage remains high. Relaxed situation in the ECMO area.
	  ○ *Age groups*
	    ▪ *Decline in all AGs, downward trend continues*
	    ▪ *Plateau in the 30-39 and 50-59 age groups*
	    ▪ *Proportion of very old patients on ITS high (length of stay of older patients also high)*
	    longer); a good 70% of occupancy by over 60-year-olds
	    ▪ *SPoCK: downward trend continues in all 5 cloverleaves*
	
	• **Syndromic surveillance** *(slides here)*
	• *FluWeb*
	  ▪ *ARE rate in CW16 down to 4.3 % (previous week 4.1 %) is in the pre-pandemic range*
	  ▪ *Total value 17KW at 4,300 ARE per 100,000 inhabitants (previous week: 4,100)*
	  ▪ *Among children, there was another significant increase after the holidays (from 5.9 % to 8.9 %), among adults slightly*
	  decreased (from 3.9 % to 3.5 %)
	  ▪ *5 AGs: Increase in the 0-34 age group, but especially in*
		MF1 (Fischer)
		
		FG36 (Buda)

	the small	

and schoolchildren; decline among those aged 35 and over

- *ARE consultations/100,000 inhabitants*
  - *CW 17: Consensus down slightly to 1,166 (previous week: 1,239 (only increased for school children)*
  - *Almost 1,200 medical consultations due to ARE per 100,00 inhabitants (= approx. 1 million visits to the doctor due to ARE in Germany)*
  - *ConsIncy (total) is significantly higher than in the last two years (pandemic years), but also higher than in all other previous seasons at this time*
  - *Increase only among schoolchildren (5-14 years; 22%); slightly lower or stable in all other AGs*
  - *AI is above the values of the last 2 years (pandemic) in all WGs; compared to the other previous years: AI for adults in week 17 is above the pre-pandemic values, for children they are in the range of the pre-pandemic years*
  - *The AGI regions differ to some extent; in some AGI regions, small children also go up or the very old.*

- *ARE consultations with COVID diagnosis*
  - *Since calendar week 12/2022, there has been an overall decline in consultations with doctors due to COVID-ARE*
  - *In week 16, the values for children aged 5-14 increased*
  - *In all other AGs, the values have stagnated or fallen further*
- *ICOSARI-KH-Surveillance-SARI-Incidence*
  - *SARI case numbers have fallen overall since week 14, previously largely since the turn of the year 2021/2022 stable*
  - *Currently at summer level, should stabilise here*
  - *SARI-ICU case numbers also at summer level*
  - *SARI incidence below 10/100,000 p.e.*
- *Hospital surveillance - share of COVID-19 in SARI cases*
  - *COVID-19 share of SARI 26% (previous week: 34%) → max. 79% in week 52/2020*
  - *Share of influenza in SARI 2-5% since CW13/2022 → max. 30% in the 2018-2020 peaks*
- *ICOSARI-KH-Surveillance - SARI cases (J09-J22):*
  - *More influenza (4%) than COVID (2%) diagnoses among 0 - 4-year-olds*
  - *SARI case numbers in all age groups at summer level, rising share since calendar week 13/2022 Influenza*
  - *Initially in AG under 35, in week 17 also in AG 35-39; still relatively low level Influenza*
  - *In the AG aged 35 and over, around a third of COVID-19 diagnoses with SARI*
- *COVID-SARI hospitalisation incidence*
  - *A total of 2.5 COVID-SARI per 100,000 inhabitants, which is corresponds to approx. 2,000 hospital admissions due to*

	COVID-SARI in D. ▪ *Significant decline in all AGs in CW17* ▪ *AG 80+ slightly below level at the turn of the year 21/22* • *COVID-SARI development 7th week to 17th week 2022* ▪ *COVID-SARI cases go both overall and with Intensive care still very much on the decline and are very low in most AGs.* • **Virological surveillance**, *NRZ influenza data* • *Trend of declining SARS-CoV-2 detections continues* • *SARS-CoV-2 positivity rate of 12% in CW17* • *Other endemic coronaviruses only detected sporadically* • *Omicron-specific PCR has BA.2 at almost 100% proven* • *Evidence evenly across all age groups* • *Significant increase in influenza activity recognisable: dominated by of H3N2 viruses. H1N1 only detected sporadically* • *All other viruses (HRV, PIV, HMPV, RSV) are currently too neglect* • **Test capacity and testing** *(slides here)* • *Significant decline in the positive rate in CW17 at 41.82% (previous week: 50.52%)* • *Laboratory utilisation very low in all BLs; reason: Indication of the outpatient practices, none corresponding extra remuneration.* • **SARS in ARS** *(slides here)* • *Significant decline in testing over the Easter holiday weeks; at the same low level for 3 weeks* • *Comparison of number of tests in BL: Thuringia with conspicuous low level; Berlin slightly decreasing* • *Positive share declining in all BCs* • *Number of tests in doctors' surgeries, hospitals and others at roughly the same level in week 17 (approx. 150,000 samples in the system in each case).* *Medical practices often significantly higher than hospitals.* • *Positive share declining in doctors' surgeries, hospitals and Other (strongest in Other)* • *Declining trend across all age groups through.* • *Number of tests in AG remains constant; only for 5-14- rising trend among young people* • *Positive share decreases significantly in all AGs, most strongly in 5- 14-year-old* • *Presentation of residents of long-term care facilities by Vaccination status category: COVID-19 prevalence of 10.6% among incompletely immunised, 4.8% in primary immunised and 3.5% for primary immunised with*	*FG17 (Dürrwald)* *FG31 (Rexroth)* *FG37 (Eckmanns)*

	Booster vaccination.	
	- **Molecular Surveillance, VOC report** (*slides* here) - *VOC shares: dominated by Omikron with 99.8%* - *BA.2 72.9%, BA.2.9 19.2%, BA.2.3 2.6%, BA.2.12 0.4%, BA.1.1 1.1%, BA.5 0.3%, BA.4 0.1%* - *XE at 0.1%* - *Detection of 5 recombinants: XD; XE; XG; XH; XM;* - *General trend: 10,000 transmitted sequences per week* - *No evidence for other VOCs except Omikron* **Discussion** - *How does the positive rate in the admission tests relate to the SARS-Cov-2 hospitalisation rate? Admission date not available in ARS, therefore no differentiation in testing after admission. Admission tests cannot be clearly defined. Only approximation possible.* - *How many health authorities do not report at weekends? Only 23/376 medical practices reported at the weekend. The majority therefore do not report at weekends (12/16 CCs). CCs that still report at weekends: NRW, HH, TH and SH* - *Question about the sublines: In African countries, BA.4 and BA.5 are going up very strongly in some cases. Will BA.5 become dominant here? Rather unlikely that BA.5 will become dominant.* - *Dramatic decline in the number of tests in doctors' surgeries: Do our figures confirm this? After retrospective conversion, the decline in medical practices and others is almost parallel.*	*FG36 (Kröger)* *All*
3	**Vaccination update** *(Mondays only)* - *(not reported)* **STIKO** *xxx*	*FG 33*
4	**International** *(Wednesdays only)* - *(not reported)*	*ZIG*
5	**Update digital projects** *(Mondays only)*	*FG21*
6	**Expert advisory board** - *the expert advisory board did not take place yesterday on 03.05.2022*	*Wieler*

7	**Communication** **BZgA**	BZgA (Rückle)
	• *(not reported)* **Press** • *Suggestion to create an FAQ on the transition from a pandemic to an endemic* ▪ *FAQ alone not enough; endemic state is a convention and also a global issue* ▪ *We should wait for reactions from the WHO* **ToDo:** - *FG36 outlines a brief, concise categorisation: What is actually the transition from pandemic to endemic?* - *FG36 drafts a proposal in consultation with Mrs Leuker on how we think the population should behave.* • *Message on risk assessment: Suggestion to discontinue the topic from our side if no agreement can be reached with the BMG today.* **P1** • *Bundesgesundheitsblatt on the topic of risk communication was tweeted today* • *Robert Koch Colloquium will be accompanied today from 4 pm*	Press (Wenchel) P1 (Leuker) FG21 (Scheida)
8	**RKI Strategy Questions** **General** • *Duration of isolation of patients in hospital* ▪ *Proposal to shorten the duration for asymptomatic persons to 10 days in the package BMG ultimately did not want to have published.* ▪ *Request of the BMG to coordinate the corresponding paper in the AGI with publication in the upcoming week* **RKI-internal** • *(not reported)*	All

9	**Documents**
	• *Adaptation of documents on discharge management, including for nursing care*
	• *Adaptation of CWA with regard to current documents on isolation and quarantine*
	  ▪ *The relevant FGs will be asked to adapt / review the respective documents in the coming days*
	  ▪ *Prioritise outpatient management. Please send to FG36 / FG37 for prompt review*
		ZBS7 (Niebank)

10	**Laboratory diagnostics** **FG17** -	*FG17*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG31*
15	**Information from the situation centre** *(Mondays only)* • *not reported*	*FG31*
16	**Important dates** • *none*	*All*

17	**Other topics**
	
	• *Results on the development of depressive symptoms in adults (slides here)*
	  ○ *Depressive symptoms were observed from April 2019 to December 2021*
	  ○ *Data indicate an increase in the burden of depressive symptoms from October 2020 and a persistently high level of stress.*
	  ○ *At the same time, the proportion of the population with pronounced depressive symptoms that may require clarification appears to have increased.*
	  ○ *Increased stress is particularly evident in Women and young adults (18-29 year olds, followed by 30-44 year olds).*
	
	• *Next meeting: Monday, 09.05.2022, 13:00, via Webex*
		Lena Walther (FG26)

End: 12:57 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 09.05.2022, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Maria an der Heiden*
- *FG32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG33*
  - *Ole Wichmann*
  - *Nita Perumal*
  - *Viktoria Schönfeld*
  - *FG33 unknown*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *ZBS7*
  - *Michaela Niebank*
- *Press*
  - *Ronja Wenchel*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Wednesdays only)* o *not reported* **National** o *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: 25,299,300(+3350), of which 136,538 (+5) deaths (23 GA from 5 BL, namely SH, NRW, HH, Berlin and TH, reported at the weekend)* o *7-day incidence: 499.2/100,000 p.e.* o *Vaccination monitoring: Vaccinated with 1st dose 64,512,374 (77.6%), with complete vaccination 63,039,522 (75.8%)* o *Course of the 7-day incidence in the federal states:* ▪ *Decrease in 7d incidence* ▪ *lower incidences in eastern BL, while higher incidences in the north* ▪ *Age groups: lower incidences in over 80s, 0-4 year olds and 60-79 year olds; higher incidences in 15-34 year olds, 5-14 and 35-59 year olds* o *Test capacity and testing (Wednesdays only)* o *(not reported)* o *ARS data* o *(not reported)* o *VOC report* o *(not reported)* o *Molecular Surveillance (Wednesdays only)* o *(not reported)* o *Syndromic surveillance (Wednesdays only)* o *(not reported)* o *Virological surveillance, NRZ influenza data (Wednesdays only)* o *(not reported)* o *DIVI Intensive Care Register figures (Wednesdays only)* o *(not reported)* o *Modelling (Mondays only)* o *(not reported)* *Question1: Should National Situation continue to be reported on Mondays? Answer: No, only on Wednesdays* *Question2: Crisis team meeting only on Wednesdays? Answer: Will be decided at the next meeting!* **ToDo1:** *Adapt the crisis management team agenda so that the national situation is only reported on Wednesdays (situation centre)*	*ZIG1* *FG32 (Diercke)*

2	**Vaccination update** *(Mondays only)* • *The results of the vaccine effectiveness analysis were presented with and without data from SORMAS* • *Slides here* • *As the analysis of vaccination effectiveness revealed that the effectiveness of the basic vaccination was higher than that of the booster vaccination, this was investigated. It was suspected that this was due to incorrect SORMAS data.* • *However, the analysis showed that this effect was still visible even after excluding the SORMAS data.* • *However, the analysis of the pure SORMAS data showed that the effectiveness of all vaccinations decreased over time, which could not be explained. Therefore, SORMAS data must be adjusted* • *Discussion:* ➢ *The apparently higher effectiveness of basic immunisation can be explained by the fact that, as the vaccination progresses the unvaccinated are no longer immune-naive, but have already undergone one or more infections and therefore the supposed basic immunisation acts more like a booster vaccination* ➢ *Should the SORMAS data be omitted completely? No, as they make up around 30% of the data set. In addition the process of data cleansing is already well advanced, i.e. the necessary parameters have already been discussed and defined and in principle only housekeeping is required* ➢ *It should now be carefully communicated to the BL that SORMAS is faulty* **STIKO** • *Two drafts will soon be submitted for comment:* ➢ *Child immunisation for 5-11 year olds* ➢ *Vaccination after COVID-19 infection* • *The study data for the Sanofi vaccine and for Valneva are available and will soon be reviewed by the STIKO.* *Question: Are there any plans to extend the recommendation of booster vaccinations to other age groups or risk groups? Answer: There are currently no plans to do so.* *Note from crisis team: Request for STIKO statement on post-exposure prophylaxis for influenza* **ToDo2:** *Publish report on vaccination effectiveness next week (especially due to current press enquiries) (Wichmann/FG33)*	*FG 33 (Schönfeld)*
3	**International** *(Wednesdays only)* • *(not reported)*	*ZIG*
4	**Update digital projects** *(Mondays only)* • *No more new test centres will be sent to the CWA*	*FG21*

	connected • *Question: What is the scope of the shutdown, i.e. will some functionalities such as the provision of test certificates still be retained? Answer: Presumably the entire app will be 30.09.22, even if some aspects have not yet been clarified, e.g. loading new test certificates in CovPass. However, it should be possible to transfer all certificates already loaded in CWA collectively to CovPass.* • *Question from Mr Schaade: There was a ToDo from the situation centre with the pros/cons of the CWA with Mr Schmich in FF. What is the purpose of this document? Answer: Since Mr Schmich absent, Mr Scheida should clarify this with him.*	*(Scheida, Benzler)*
5	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *was published last Thursday*	*Dept. 3*
6	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *(not reported)*	

7	**Communication** **BZgA** • *It should be clarified in good time how the shutdown of the CWA is to be communicated to the population* • *New activities:* • *Websites adapted to the changed isolation and quarantine regulations* *Note from Mr Schaade: The Academy for Public Health has approached the RKI with a request for regular information for the "ÖGD News" (https://www.akademie-oegw.de/aktuelles/artikel/25/4/2022/oegd- news-native-nachrichten-app-fuer-den-oegd.html). The RKI, BZgA and other parties involved should coordinate their efforts so as not to duplicate work or provide the same information several times. Answer: This request will be forwarded to the person responsible at the BZgA (Ms Astrid Rose).* **Press** • *Press enquiries from Springer regarding the lack of vaccine efficacy (see ToDo2) and risk assessment* • *Question from Mrs Wenchel: When will the next BPK take place? Answer:*	*BZgA (Seefeld).* *Press (Wenchel)*
	not known. **P1** • *not reported*	*P1*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*

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** • *STAKOB web seminars on Wed/Thu on therapeutic updates* • *COVRIIN: Interactive application for the treatment of COVID-19* *Question1: Is there a statement on therapy with Evusheld? Yes, there is one from the haematologists with input from STAKOB. STIKO intends to issue a recommendation on this at the beginning of June.* *Question2: Is there a COVID-19 treatment recommendation for the outpatient sector? Yes, it is being developed by the group for the inpatient sector. This work could also be presented to the crisis team if required.*	*ZBS7 (Niebank)*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *Report on occupancy rates in hospitals will be sent to MF4 this evening.*	*FG 32 (Diercke)*
14	**Transport and border crossing points** *(Mondays only)* • *not reported*	*FG38*
15	**Information from the situation centre** *(Mondays only)* • *Withdrawal of the BMG's general decree and resumption of the usual official channels is requested. This is to be verbally initiated on Friday at the Jour Fixe with the BMG*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 11.05.2022 11:00 a.m., via Webex*	

End: 13:55

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 11.05.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Jennifer Allen*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Nita Perumal*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *ZBS7*
  - *Annegret Schneider*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Mikheil Popkhadze*
  - *Anna Rohde*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	◦ *Slides here*
	◦ *Worldwide: cases, deaths*
	◦ *Data status: WHO, 10 May 2022*
	◦ *Cases: 515,748,861 (-6% compared to the previous week)*
	◦ *Deaths: 6,255,835 (CFR: 1.2%)*
	◦ *List of top 10 countries by new cases:*
	  ◦ *Top 10 countries: Australia, Germany, USA, Italy, South Korea, France, China, Japan, Spain, Brazil*
	  ◦ *Rising trend: Australia (by 77%), USA, China*
	  ◦ *In the USA a slight upward trend due to BA.2.1.12*
	  ◦ *Lockdowns in China are massive, low vaccination rate, new cases outside the quarantine zone*
	◦ *WHO epidemiological update*
	  ◦ *CAVE changed testing strategies in many places, especially in Europe (e.g. Spain, Denmark, England only test risk groups, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant)*
	  ◦ *Downward trend slows, bottom reached*
	◦ *Map with 7-day incidence per 100,000 inhabitants in Europe*
	  ◦ *Australia is open again, no zero Covid strategy, stable situation (uptake in KH has not increased)*
	  ◦ *Situation in Europe is easing, but incidences are still high*
	
	National
	◦ *Case numbers, deaths, trend, slides here*
	◦ *SurvNet transmitted: SurvNet transmitted: 25,503,878 (+97,101), of which 136,987 (+231) deaths*
	◦ *7-day incidence: 507.1/100,000 inhabitants.*
	◦ *Vaccination monitoring: Vaccinated with 1st dose 64,516,596 (77.6%), with complete vaccination 49,450,402 (59.5%)*
	◦ *Course of the 7-day incidence in the federal states:*
	  ◦ *Decline in all CCs, highest 7-day incidence in SH, lowest 7-day incidence in TH, BB, SA*
	  ◦ *Strongest decline at the end of April, flatter since then*
	  ◦ *Geographical: lower 7-day incidence in eastern BL than in northern BL (SH, NI)*
	  ◦ *High incidences in the Rhine-Hunsrück district are due to increased late registrations*
	  ◦ *Drop of 150 incidence points from week 18 to week 19*
	  ◦ *Highest 7-day incidence among schoolchildren/boys*
		ZIG1 (Rohde)
		
		FG32 (Diercke)

	Adults, lowest incidence in AG 70-79 years o COVID-19 cases by age group and date of death ▪ Unchanged level compared to previous week, slight decrease, change due to subsequent recording. ▪ Weekly death rates in Germany ▪ Destatis figures confirm no observation of excess mortality o ITS occupancy and Spock (slides here) o DIVI Intensive Care Register ▪ As of 11 May 2022, 1,037 COVID-19 patients are being treated in intensive care units at approx. 1300 acute hospitals treated ▪ Slight decline in COVID-ITS occupancy ▪ New ITS COVID admissions with +1,012 in the last 7 days o Share of COVID-19 patients in the total number of operational ITS beds ▪ Continuous decline; slight increase again in Bremen, but may also be a Be variance jump o COVID-19 treatment occupancy by severity ▪ Decline in all treatment groups. Only very few ECMO patients left. ▪ ITS that previously reported a restriction are shifting to "partially restricted". restricted" and "regular", therefore increase there ▪ High staff absences decrease o Age groups ▪ Decline in all AGs, trend seems to be slowly levelling off at a plateau, especially for AG 60-69 and 80+ ▪ AG 60-69, 70-70 and 80+ strongly dominate, making up 75% of ITS occupancy ▪ SPoCK: downward trend continues in all 5 cloverleaves o Test capacity and testing ▪ PCR test figures have not changed much compared to the previous week, with around 1 million tests with a Positive rate of 42% ▪ Number of tests remains roughly the same, positive rate drops significantly, wave is subsiding ▪ There has been a significant decline in laboratory capacity utilisation and no current bottlenecks ▪ Laboratory capacity utilisation ▪ Significant decline in laboratory capacity utilisation in all BLs ▪ Number of people tested and proportion of positives by age group in all AG Decline ▪ Proportion of positives by institution and age: slightly lower proportion of positives among older people in hospital ▪ days between acceptance and test are 50% on the same day, 50% one day or the following days later	M1 (Fischer) Dept.3 (Hamouda) FG33 (Abu Sin)

	- VOC report
	  - Omikron continues to dominate with 99.8%, BA.2 dominates with 17.6% and a slight decrease compared to the previous week
	  - BA.1 only accounts for 1.6% including subline
	  - BA.4 and BA.5 widespread in South Africa, in DE even rarer detection
	  - BA.2.9 is the second most common line detected at 18%, but does not behave much differently as BA.2
	Discussion
	Request to adjust the VOC graphic in the weekly report
	- The old chart is to be replaced by a new one that shows the currently circulating lines and sublines that have a share of 1% or more in the sample. All sublines not listed will be listed in the table as usual. The new chart would therefore be clearer and create a buffer so that lines only appear when they are established
	- For a better transition in the next weekly report, please still include the old graphic and communicate that it has limited significance and will be replaced next week
		FG36 (Kröger)

	- Syndromic surveillance
	  - FluWeb
	  - The value (total) in the 18th week was 4,200 ARE per 100,000 inhabitants
	  - This corresponds to a total number of approx. 3.5 million ARE in DE, irrespective of a visit to the doctor
	  - Compared to week 17, 2022: increased for children, slightly decreased for adults
	  - ARE rate in CW18 stable at 4.2 % (previous week 4.2 %) is in the pre-pandemic range
	  - Among children, the figure rose again significantly after the holidays (from 7.9 % to 10.2 %), among adults slightly decreased (from 3.6 % to 3.3 %)
	  - 5 AGs: Increase among 35-59 year olds, decrease in the other AGs of adults; especially among schoolchildren increase, while there was a slight decline among infants.
	  - ARE consultations/100,000 inhabitants
	  - CW 17: Consensus down slightly to 1,087 (previous week: 1,273 (only increased for school children)
	  - Almost 1,100 medical consultations due to ARE per 100,00 inhabitants (= approx. 1 million visits to the doctor due to ARE in Germany)
	  - ConsIncy (total) is significantly higher than in the last two years (pandemic years), but also higher than in all other previous seasons at this time
	  - ARE consultations with COVID diagnosis
	  - Since calendar week 12/2022, there has been an overall decrease in consultations with doctors due to COVID-ARE
	  - ARE with COVID-19 consultations until 18.KW 2022 at around 250 visits to the doctor
		FG36 (Buda)

	▪ *ICOSARI-KH-Surveillance-SARI-Incidence* ▪ *A sideways movement overall* ▪ *Hospital surveillance - share of COVID-19 in SARI cases* ▪ *COVID-19 share of SARI 26% (previous week: 27%) → max. 79% in week 52/2020* ▪ *Share of influenza in SARI 2-5% since CW13/2022 → max. 30% in the 2018-2020 peaks* ▪ *ICOSARI-KH-Surveillance - SARI cases (J09-J22):* ▪ *SARI case numbers in all age groups at summer level, increasing proportion of influenza since week 13/2022* ▪ *Mainly in the AG under 35 years, but also isolated cases in the AG 35+; still relatively low Influenza level* ▪ *in the AG aged 35 and over: around 30% COVID-19 diagnoses with SARI* ▪ *COVID-SARI hospitalisation incidence* ▪ *A total of 2.8 COVID-SARI per 100,000 inhabitants, which corresponds to approx. 2,300 hospital admissions due to COVID-SARI in D.* ▪ *COVID-SARI development 8th week to 18th week 2022* ▪ *No further decline, stabilisation or slight increase in AG 5-35* **Discussion** o *Removal of the figure on outbreaks in nurseries/schools. Data is difficult to evaluate due to the difficulty of traceability by the GÄ. Suggestion to include this in the weekly report on an ad hoc basis.* o *Approval from management* o *Virological surveillance, NRZ influenza data* ▪ *119 entries* ▪ *Decline in SARS-CoV-2 continues in Sentinel* ▪ *Positive rate of 9% in week 18* ▪ *Age distribution of SARS-CoV-2 and influenza: high positive rate for AG 5-15, but low positive rate for SARS-CoV-2, speaks in favour of partial immunity in the AG against SARS-CoV-2* ▪ *Increase in influenza detection (2% compared to the previous week, now detection of 23%, H3N2). Corresponds to Peak of a moderate season* ▪ *HMPV is declining, RSV no detection in the previous week, 2 detections this week* **Discussion** • *Clinical activity is lower than is normally the case in seasonal flu epidemics. From virological surveillance, the criteria for circulation are met. What is the prognosis, is it a flu epidemic? Should clinical parameters be integrated into the definition of a flu epidemic?* • *The virological definition of the flu epidemic consists of a combination of the influenza positivity rate and the practice index.* • *ECDC procedure: Exceeding the influenza positivity rate by*	*FG17 (Dürrwald)*

	10% means start of the season • *RKI procedure: Exceeding the lower confidence interval of the positive rate by 10% in two consecutive weeks defines the start of the season* • *The lower confidence interval of the positivity rate exceeded 10% in CW17 and CW18; according to the virological definition, this is a flu epidemic* • *Background: Seasonal flu epidemics often start around the turn of the year, but fewer samples are sent in, so the definition of the lower confidence interval offers greater certainty* • *The description of the influenza positivity rate is explained in detail in the ARE weekly report: https://influenza.rki.de/wochenberichte.aspx* • *There is a shifted seasonality in the group that currently has the lowest pre-existing immunity to influenza (children), who in turn can carry this into the care sector via their families. Focus is currently on SARS-CoV- 2, also consider influenza and current vaccination status in care homes* • *FG33 has published data showing that influenza vaccination rates in nursing homes have been consistently high, but are now lagging behind and a decrease in effectiveness is expected. Post-exposure prophylaxis should be discussed. The STIKO has not issued a statement to this effect* • *Urgent appeal to stay at home with all acute respiratory symptoms and also with a negative COVID test, anchor this in the population with accompanying communication* • *Topic is carried as a message for the weekly report and Twitter (press)*	
2	**Vaccination update** • *(not reported)* **STIKO** *xxx*	*FG 33*
3	**International** • *Colleagues from the RKI in Namibia and Uzbekistan*	*ZIG (Rohde)*
4	**Update digital projects**	*FG21*
5	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *xxx*	*Dept. 3*

6	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Statement on Long-COVID to be finalised* • *Opinion Care Finalisation is nearing completion, currently in task force* • *Statement autumn/winter: Matrix of indicators to record disease severity and utilisation of the healthcare system. Planned finalisation on 31.05.2022*	*Pres.*
7	**Communication** **BZgA** • *Update of the pathogen profile, please link: https://www.infektionsschutz.de/erregersteckbriefe/coronavirus-sars-cov-2/* • *Translation into 6 other foreign languages (including Ukrainian) is planned, document is to be designed as a living document* • *Public Health Service app: BZgA expresses interest, contact person would be Astrid Rose* • *ÖGD app is the Academy's app, BMG approaches BZgA* **Press** • *Linked BZgA Link* • *Twitter topic influenza* **P1** • *(not reported)*	*BZgA (Rückle)* *Press (Wenchel)* *P1*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*

9	**Documents**	*All*
	• *Document Discharge management in care and hospital settings* • *Consideration of the reduction from 14 days to 10 days for asymptomatic patients is considered by the AGI to be too little in some cases, request for 5 days to avoid unequal treatment: In care homes, a random finding leads to a restriction of participation, in hospitals to the most logical problems and subsequent isolation* • *The decisive difference in terms of duration is the general population, where not every case necessarily needs to be prevented, and the vulnerable groups that urgently need to be protected. Special situations and conflicting protection goals must be communicated, mention this in the accompanying text and refer to the accompanying text in the diagram.* **Discussion** • *When does the separation count, which test is decisive for this? Is the day of the test counted as day 0 or day 1?* • *BMG refers in FAQ to "isolation according to test result", which test is not specified* • *RKI is not responsible for legal issues, reference to FAQ* • *Day of the test would be day 0, the implementation here is a matter for the federal states* • *Communication to the legal department of the BMG that this problem is often asked about* • *RKI frequently finds itself in the situation of having to justify situations that are of a political nature. These enquiries often come in via a decree from the BMG; FG36 is heavily burdened in this regard.* • *Proposal to collect requests from the federal states, condense them and bring them to the AGI as an agenda item. A consensus can be reached there and a decision made with the federal states and the BMG.* • *The concretisation of the question of the start of isolation can be discussed in the next WGI, request for participation of FG36 in this meeting, Mr Beyer should be referred to WGI* ***To Do*** *Feedback from EpiLag to Mr Beyer that the concretisation will take place in the next AGI.* • *Document on organisational and personnel measures for healthcare facilities and nursing homes during the COVID-19 pandemic* • *Streamlining of the document, shortening of isolation for contact persons (patients from 10 days to 7 days, test possible after 5 days, staff from 7 days to 5 days)* • *Document was previously hosted on the BMG website, request of the RKI to return this to the RKI website*	

10	**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

11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *SORMAS transmission problems:* • *IT4 has carried out various analyses and determined that there is an error in the SORMAS programme. It is currently difficult to develop algorithms to delete the data. The proposal is that the SORMAS data from the time of the error (12/02/2022) should be omitted from the calculation and not be corrected, as the mixture of errors would lead to an incorrect evaluation of the data and favour a bias. This would be the fastest realisable solution.* • *A current analysis of the new data records will show in the foreseeable future whether the data can be reasonably calculated.* ***ToDo**: SORMAS error must be verified, problem should be addressed in the Jour Fixe. For the Jour Fixe, please create a slide that shows the proportion of SORMAS cases in relation to the total number of cases and a striking graphic that shows what the errors are in figures and how large the proportion of cases with implausible data is. A text proposal for an explanatory text should also be drawn up.*	*FG 32/ FG33*
14	**Transport and border crossing points** • *not reported*	*FG38*
15	**Information from the situation centre** • *not reported*	*FG38*

16	**Important dates** • *The Monday meetings of the COVID-19 crisis team will be cancelled and there will only be one meeting on Wednesday.*	*All*
17	**Other topics** • *Next meeting: Wednesday, 18 May 2022, 11 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, 18.05.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Muna Abu Sin*
- *MF2*
  - *Torsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Maud Hennequin*
- *ZIG*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Andrea Rückle*
- *ZBS7*
  - *Michaela Niebank*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	o *Slides here*
	o *Data status: WHO, 17 May 2022*
	o *Cases: 519,729,804 (-0.6% compared to the previous week)*
	o *Deaths: 6,268,281 (CFR: 1.2%)*
	o *List of top 10 countries by new cases:*
	  o *Top 10 countries: USA. China, Germany, Australia, Japan, Italy, South Korea, France, Portugal, Brazil*
	  o *Rising trend: China (by 74%), Portugal (58%), USA, Japan, Brazil*
	  o *Falling trend overall in Europe*
	o *WHO epidemiological update*
	  o *CAVE changed testing strategies in many places, especially in Europe (e.g. Spain, Denmark, England only test risk groups, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant)*
	  o *Small increase in the number of cases in the Americas and West Pacific; overall deaths continue to trend downwards*
	  o *Rising 7-T incidence per 100,000 inhabitants in Central and South America, particularly due to BA.2 and BA2.12.1*
	  o *Decline in the number of cases in South Africa*
	o *Map with 7-day incidence per 100,000 inhabitants in Europe*
	  o *Overall decline in case numbers in Europe*
	  o *Noticeable increase in Portugal, however*
	o *Country focus: Portugal*
	  o *Case number increase since the beginning of May 2022*
	  o *Test positive rate increased to 38% (previous week: 24%)*
	  o *No recognisable increase in Covid-19 hospital occupancy, ITS or deaths to date*
	  o *BA.5 dominant, estimated at 64% (15.05.22)*
	  o *BA.5 Estimate for 22.05.22: 80%*
	o *First reported case in North Korea*
	  o *660,000 people in treatment and 56 deaths reported (but declared as non-specific fever, unclear how many cases of COVID)*
	  o *Lockdown in North Korea*
	
	National
	• *Case numbers, deaths, trend, slides here*
		ZIG1 (Raiser)
		
		FG32 (Diercke)

- SurvNet transmitted: 25,890,456 (+72,051), thereof 137,888 (+174) Deaths
- 7-day incidence: 407.4 /100,000 inhabitants.
- Vaccination monitoring: Vaccinated with 1st dose 64,526,055 (77.6%), with
  complete vaccination (75.8%)
- Overall decline in case numbers continues
- Course of the 7-day incidence in the federal states:
  - Continuing downward trend in almost all federal states
  - Sideways trend in BE
  - Decline trend clearly visible in all federal states. Lowest 7-day incidences in TH, SA, BB.
- Geographical distribution of 7-day incidence by district
  - Lowest 7-T incidences especially in the eastern BL
  - Highest 7-T incidences in the northern BL: NI, SH
  - 62 LK with 7-T incidence < 250
  - 241 LK with 7-T incidence between 250 - 500.
  - 1,000. The most affected district is LK Kassel with a 7-day incidence of 1,204.2 / 100,000 inhabitants.
- 7-day incidence by age group
  - Significant decline overall
  - Decline in all AGs
  - Lowest incidences with AG 75-79, 80-84 and 0-4
  - Highest incidence among schoolchildren and young adults
- COVID-19 cases by age group and date of death
  - Declining trend in the number of deaths by date of death.
- Weekly death rates in Germany
  - Destatis figures confirm no observation of excess mortality

-

- **ITS occupancy and Spock** (slides here) — MF4 (M. Fischer)
  - DIVI Intensive Care Register
    - As of 18 May 2022, 932 COVID-19 patients are being treated in the intensive care units of the approx. 1300
      Acute hospitals treated
    - Decline in COVID-ITS occupancy
    - ITS-COVID new admissions with +727 in the last 7 days
    - Decrease in new admissions
    - Death toll remains at a high level
  - Share of COVID-19 patients in the total number ITS beds that can be operated
    - Continuous decline in all federal states
    - Slower decline in BE than in other north-eastern BL; MV with sideways movement
  - COVID-19 treatment occupancy by severity
    - Decrease in all treatment groups. Only still very few ECMO patients.

	▪ *Lateral movement in very severe cases (ECMO + with invasive ventilation)* ▪ *Assessment of operating situation by university/maximum care provider and* *Basic/standard provider:* • *University/maximum care providers with a high number of clinics with certain restrictions, e.g. due to staff shortages* • *Basic/regular care providers more optimistic picture as fewer serious cases* ○ *Age groups* ▪ *Decline in all AGs, downward trend continues* ▪ *Slight increase in absolute numbers for AG 80+ and 0-17.* ▪ *Percentage dominated by AG 60+* ▪ *SPoCK: The downward trend is forecast to continue in all 5 cloverleaves, albeit with less pronounced drop; reduction becomes flatter.* • **Syndromic surveillance** *(slides here)* • *FluWeb* ▪ *ARE rate in CW19 increased slightly to 4.8 % (previous week 4.4 %) is still in the pre-pandemic range overall. Range* ▪ *Total value 19th week at 4,800 ARE per 100,000 inhabitants (previous week: 4,400)* ▪ *There was a minimal decrease among children (from 11.4 % to 11.0 %) and a slight increase among adults (from 3.3 % to 3.8 %). %)* ▪ *5 AGs: Increase for 5-59 yrs (for 5-14 yrs ARE rate=10.5 % à over 10% for the last time in 11/2020 (flu epidemic)* ▪ *Total ILI relatively stable compared to the previous week (from 1.2% to 1.3%)* • *ARE consultations/100,000 inhabitants* ▪ *CW 19: ConsIncIty up slightly overall to 1,075 (previous week: 1,214)* ▪ *Almost 1,100 medical consultations due to ARE per 100,00 inhabitants (= approx. 0.9 million visits to the doctor due to ARE in Germany)* ▪ *ConsIncy (total) is significantly higher than in the last two years (pandemic years), but also higher than in all other previous seasons at this time* ▪ *Decline / stable in all AGs (sharpest decline among 35-59/ 60+ year olds at 17 %)* ▪ *AI is above the values of the last 2 years (pandemic) in all WGs; compared to the other previous years: AI is above the pre-pandemic values for week 19 in almost all AGs with the exception of infants (0-4 years)* • *ARE consultations with COVID diagnosis* ▪ *Since calendar week 12/2022, an overall decline in the*	*FG36 (S. Buda)*

	Doctor consultations due to COVID-ARE recorded ▪ *In calendar week 19/2022, the figures for 60- to 79-year-olds stagnated and for the over-80s increased* ▪ *Values have fallen in all other AGs* • *ICOSARI-KH-Surveillance-SARI-Incidence* ▪ *SARI case numbers have fallen overall since week 14, previously largely since the turn of the year 2021/2022 stable* ▪ *Currently at summer level, should stabilise here* ▪ *SARI-ICU case numbers also at summer level* • *Hospital surveillance - share of COVID-19 in SARI cases* ▪ *COVID-19 share of SARI 20% (previous week: 27%) → max. 79% in week 52/2020* ▪ *Share of influenza in SARI 2-7% since CW13/2022 → max. 30% in the 2018-2020 peaks* • *ICOSARI-KH-Surveillance - SARI cases (J09-J22):* ▪ *SARI case numbers in all age groups at summer level, rising share since calendar week 13/2022 Influenza* ▪ *in the AG from the age of 35: around 25-35% COVID-19 diagnoses with SARI* • *COVID-SARI hospitalisation incidence* ▪ *A total of 2.1 COVID-SARI per 100,000 inhabitants, which corresponds to approx. 1,700 hospital admissions due to COVID-SARI in D.* ▪ *Significant decline in CW19 overall* ▪ *AG 80+ in CW 19/2022: 15/100T, also decline; slightly below level at the turn of the year* • *COVID-SARI development 9th week to 19th week 2022* ▪ *COVID-SARI cases and COVID-SARI with intensive care: no further decline, Stabilisation or slight increase in AG 5-34* • **Virological surveillance**, *NRZ influenza data* • *131 ice cream shipments in CW19* • *SARS-CoV-2 positivity rate of 13.7% in CW19* • *Other endemic coronaviruses only detected sporadically* • *100% detection of BA.2 by omicron-specific PCR* • *Evidence strongest in AG of 5-15 year olds* • *Significant increase in influenza activity recognisable: dominated by H3N2 viruses. One H1N1 case detected* • *Sequencing of a case with a different variant virus was completed. The result of the sequence analysis showed a C22 swine influenza virus. The case was reported to the WHO. Country centre carries out contact tracing.* • *Minimal increase in PIV. All other viruses (HRV, HMPV, RSV) are currently negligible.* • **Test capacity and testing** *(slides here)* • *Decline in tests (-100,000 compared to the previous week)* • *Slight decrease in those testing positive (- 60,000);*	*FG17 (Dürrwald)*

	Positive share remains high at just under 40% • *Laboratory utilisation very low in all CCs; reason: indication in outpatient practices.* • *Tests carried out according to BL: In almost all BL Decrease in the number of tests performed and lower level compared to the previous year* • *Tests carried out by type of institution: Decrease in all categories (Medical Practices, Hospitals and Other). Highest number of tests in hospitals (previously doctors' surgeries and others)* • *Testing by AG: Most testing among 80+ year olds* • *Largest positive share among children/adolescents and young people Adults*	*FG31 (Rexroth)* *FG37 (Abu Sin)*
	• **Molecular Surveillance, VOC report** *(slides here)* • *VOC shares: Omikron dominates with 99.8%* • *BA.2 71.7%, BA.2.9 18.8%, BA.2.3 2.0%, BA.5 1.4%* • *No evidence for other VOCs except Omikron* • *BA.5 in D: 99/305 sequences in week 18/22; overall including no hospitalisations, no deaths* • *BA.4 in D: 23/58 sequences in week 18/22; total including No hospitalisation, no death*	*FG36 (Kröger)*

	Discussion
	
	• *Are we calling out the influenza wave? Why (not)?*
	  o *Virological definition of a flu epidemic since week 17 fulfilled. Slightly pronounced, absolute figures are to be take into account. Influenza activity has only increased slightly so far and is at a low level.*
	  o *Communication of a flu epidemic at a low level sensible*
	• *What is your assessment of the development of BA.5?*
	  o *Please send more detailed analyses of BA.5 to Mr. an of the Gentiles*
	  o *Formulation Spread of BA.5 as a unlikely to be titled from weekly report take out*
	  o *Note that BA.5 cases have not been associated with any hospitalisations / deaths, which can be attributed to indicates a lower severity.*
	  o *It cannot be deduced from previous discussions that BA.5 could become dominant in Germany*
		All

2	**Vaccination update** • *Data available on vaccines for children under 5 years of age. This topic will be dealt with next.* • *Data on vaccination breakthroughs are still being analysed* **STIKO** • *Statement on the paediatric vaccination procedure for children aged 5-11 and convalescent vaccination. Final decision in STIKO meeting this afternoon.*	*FG 33 (Wichmann)*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *Many decisions depend on how we as the RKI assess autumn 2022. It would be helpful to create 3 scenarios, each with a corresponding probability of occurrence* • *CWA has not yet made a clear decision as to whether the project should be continued* • *Expert Council to publish statement on autumn and possible scenarios soon* • *A model is required as a basis, which is expected to be made available in July and which could then be used to carry out sensitivity analyses* • *As Dept. 2, Mr Bosnjak offers to include indicators on the development of mental health as a standard in the situation assessment. Should be reported to the crisis team once a month with immediate effect.*	*FG21 (Schmich)* *Shade*
5	**Current risk assessment** • *(not reported)*	*Dept. 3*
6	**Expert advisory board** • *(not reported)*	*Praes.*
7	**Communication** **BZgA** • *Existing information material on influenza: STIKO vaccination recommendations and pathogen profile* • *2 COVID information sheets in preparation for the target group of recovered people and risk groups*	*BZgA (Rückle)*

	Press
	• *What is the current status of reduced reporting at the weekend?*
	  ○ *Feedback from BMG is still pending. The ministerial reservation applies.*
	  ○ *Notes from the BMG-RKI vote on this here*
	• *Twitter message accompanying the weekly report:*
	  ○ *Proposal to focus on BA.5 fraught with uncertainty*
	  ○ *possibly decreasing hospitalisation rate as a focal point*
	  ○ *Protection of vulnerable groups where appropriate*
	
	P1
	• *Flyer behavioural recommendations_COVID autumn/winter 2022*
	  ○ *Draft here*
	  ○ *Behavioural recommendations should apply all year round and forever*
	  ○ *Initially focus on another document and continue working on the one for autumn/winter in the background*
	
	General
	• *FAQ: When is SARS-CoV-2 endemic and what does that mean?*
	  ○ *Draft here*
	  ○ *Spatial delimitation (in a region) was undertaken and supplemented*
	  ○ *should be seen as a smooth transition; no sharp dividing line*
	  ○ *Text should be formulated as simply as possible*
	  ○ *Comparison with RKI specialised dictionary*
		Press (Hennequin)
		
		P1 (Leuker)
		
		FG36 (Buchholz)

8	**RKI Strategy Questions**
	General
	• *(not reported)*
	RKI-internal
	• *Weekly report on 26 May (Ascension Day), proposal to send on Wednesday 25 May, Monday 30 May or not at all.*
	  ○ *Shortened weekly report to be published on Wednesday. Contents that will then probably be omitted: Syndromic surveillance, intensive care register, VOC*
	
	• *Future handling of decree processing*
	  ○ *BMG opposes our request that the general decree be cancelled*
	  ○ *Mr Rottmann (BMG) is striving for a compromise; no feedback so far*
		All
		
		Rexroth
		
		Shade

9	**Documents** • *Explanatory text for the infographic Insulation* ○ *Notification to the BMG via the situation centre*	*All* *ZBS7*
10	**Laboratory diagnostics** • *Updating the basic data and notes on testing* • *2 reports sent to BMG in connection with test capacities; no feedback so far*	*Dept. 1 (Mielke)*
11	**Clinical management/discharge management** • *Feedback on telemedicine in South Africa; currently no changes to case developments in intensive care units there*	*ZBS7 (Niebank)*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the situation centre** • *Ascension Day and bridging day with absence note in the nCoV-Lage mailbox*	*FG31*
16	**Important tasks and dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 25 May 2022, 11:00 a.m., via Webex*	

End: 13:02

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 25.05.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
  - *Meike Schöll*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Julia Hermes*
  - *Sebastian Haller*
- *MF4*
  - *Martina Fischer*
  - *Janina Esins*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Anna Rohde*
  - *Mikheil Popkhadze*
  - *Johanna Hanefeld*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	o *Data status: WHO, 24 May 2022*
	o *Cases: 523,786,368 (-2.7% compared to the previous week)*
	o *Deaths: 6,279,667 (CFR: 1.2%)*
	o *List of top 10 countries by new cases:*
	    o *Top 10 countries: USA. China, Germany, Australia, Japan, Italy, South Korea, France, Portugal, Spain*
	    o *Falling trend overall in Europe*
	o *WHO epidemiological update*
	    o *CAVE Changed testing strategies in many places, especially in Europe (e.g. Spain, Denmark, England only test risk groups, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCR per resident)*
	o *Map with 7-day incidence per 100,000 inhabitants in Europe*
	    o *Overall decline in case numbers in Europe*
	    o *Noticeable increase in Portugal, however*
	o *Country focus: Portugal*
	    o *Case number increase since the beginning of May 2022*
	    o *Test positive rate increased to 44%, R-value 7 days at 1.15, slightly decreased*
	    o *slight increase in Covid-19 hospital occupancy, ITS or deaths recognisable*
	    o *BA.5 dominant, estimated at 79% (23.05.22)*
	    o *Estimated growth rate 13% higher than BA.2*
	    o *Doubling time 6 days (compare with Germany)*
	    o ~~*So far no evidence of increased disease severity*~~
	    o *First occurrence in week 13, dominance in week 19, first signs of increase in ITS patients and deaths in week 21*
	    o *So far no evidence of increased disease severity in BA.5*
	    o
	o *Country focus: Spain*
	    o *Fluctuating case numbers*
	    o *Positive share recently rose to 29%*
	    o *R-value 7 days >1 since 20/04/2022*
	    o *Only risk groups are tested; symptomatic persons who do not belong to a risk group are not tested.*
	    o ~~*No increased proportion of*~~ *BA.4 or BA.5 not yet dominant*
	    o *Random sample sequencing (KW18): BA.2.12.1, BA.4 and BA.5 in total <2%*
		*ZIG1
		(Rohde)*

- Specific PCR (week 19) depending on region:
  - BA.1 + BA.3: 0-13.1%
  - BA.4 + BA.5: 0.2-4.9%

Discussion:

Waiver of the table of the top 10 countries by number of new COVID-19 cases, will be omitted in the next session. Worldwide and European overview is sufficient, informative value is also limited due to different test strategies in different countries.

Spain expects BA.4 and BA.5 to become dominant, currently still No assessment of disease severity in a European context possible, will be monitored over the next few weeks. ~~This is expected, that variants with immune evasion will develop~~. The Spanish colleagues expect the dominance of BA.5 in the coming weeks.

CORRECTION: Portugal had peak incidence of 4000 at BA.1 Dominance. Peak incidence with BA.2 dominance "only" 850. Peak incidence of 2100 with BA.1 dominance and with BA.2 dominance "only" 230- ~~already a BA.2 shaft.~~ With all considerations about Transferability of the situation (in particular hospitalisation) must also be considered, that the populations of both countries are better immunised than the Germans (both 86% compared to Germany with 76%), but less have had booster immunisations (PRT: 63%, ESP: 53%, GER: 65%).

National

FG32 (Diercke)

- Case numbers, deaths, trend, slides here
- SurvNet transmitted: 26,159,106 (+49,141), of which 138,643, (+158) Deaths
- 7-day incidence: 281.8/100,000 inhabitants.
- Vaccination monitoring: Vaccinated with 1st dose 64,540,202 (77.6%), with complete vaccination 49,613,602 (59.7%)
- Course of the 7-day incidence in the federal states:
  - Declining, continuous trend continues in almost all federal states
  - Highest 7-day incidence in the north
  - Lowest 7-day incidence in the East
  - Significant upward trend in all federal states see. Lowest 7-day incidences in TH, SA, BB.
- Geographical distribution of 7-day incidence by district
  - Lowest 7-T incidences especially in the eastern BL
  - Highest 7-T incidences in the northern BL: NI, SH
  - Most LK incidence between 250 and 500
- 7-day incidence by age group
  - Significant decline from CW19 to CW20 by a total of 491 cases per 100,00 inhabitants.
  - Decline in all AGs
  - Lowest incidences with AG 75-79, 80-84 and 0-4
  - Highest incidence among schoolchildren and young adults Adults (10-14 year olds)

	o COVID-19 cases by age group and date of death *o Declining trend in the number of deaths by date of death since week 12* *o Weekly death rates in Germany* *o Destatis figures confirm no observation of excess mortality* *o Decreasing number of deaths* o **ITS occupancy and Spock** *(slides here)* *o DIVI Intensive Care Register* *▪ As of 25 May 2022, 726 COVID-19 patients are being treated in intensive care units of the approx. 1300 Acute hospitals treated* *▪ Decline in COVID-ITS occupancy* *▪ ITS-COVID new admissions with +577 in the last 7 days, 200 less than the previous week* *▪ Decrease in new admissions* *o Share of COVID-19 patients in the total number ITS beds that can be operated* *▪ Continuous decline in all federal states* *▪ Decline in Bremen slower than in other north-eastern BCs;* *o COVID-19 treatment occupancy by severity* *▪ Regular operation increases, restricted operation decreases. Staff situation on Intensive care units improve* *o Age groups* *▪ Decline in all AGs, downward trend continues* *▪ Slight increase in absolute numbers of AG 50-59 year-olds* *▪ 0-17-year-olds and 18-29-year-olds have a slight increase* *▪ Percentage dominated by AG 60+,* *▪ SPoCK: The downward trend is forecast to continue in all 5 cloverleaves,*	*MF1 (Fischer)* *FG36 (Buda)*

- **Syndromic surveillance** *(slides here)*
- *FluWeb*
  - *ARE rate in CW20 increased slightly to 5.2 % (previous week 4.5 %) and is still above the pre-pandemic level overall.*

    Range
  - *Total value 19th week at 4,800 ARE per 100,000 inhabitants (previous week: 4,500)*
  - *Increased among children (from 9.9% to 11.7%), also increased among adults (from 3.6% to 4.2%)*
  - *Total ILI down on the previous week (from 1.3% to 1.1%)*
- *ARE consultations/100,000 inhabitants*
  - *Total number of consInts down in week 19: 949 (previous week: 1,183)*
  - *ConsInce (total) is significantly higher than in the last both years, but also higher than in all other*

    Previous seasons at this time
  - *AI is above the values of the last 2 years (pandemic) in all WGs; compared to the other previous years: AI is above the pre-pandemic values for week 20 in almost all AGs with the exception of infants (0- 4yrs)*
- *ARE consultations with COVID diagnosis*
  - *Since calendar week 12/2022, there has been an overall decline in consultations with doctors due to COVID-ARE*
  - *Around 160 doctor visits ARE with COVID diagnosis/100,000 inhabitants.*
  - *Total number of around 130,000 ARE-COVID doctor visits in DE*
- *ICOSARI-KH-Surveillance-SARI-Incidence*
  - *SARI case numbers and SARI ICU case numbers largely stable since CW16*
  - *Currently at summer level*
  - *Further decline in CW20*
- *Hospital surveillance - share of COVID-19 in SARI cases*
  - *COVID-19 share of SARI 18%, slight decrease compared to previous week*
  - *Share of influenza in SARI 1-6% since CW13/2022*
- *ICOSARI-KH-Surveillance - SARI cases (J09-J22):*
  - *SARI case numbers in all AGs at summer level, increasing proportion of influenza since week 13/2022, in AG 15-34*

    Influenza diagnoses (caution: small total number of cases)
- *COVID-SARI hospitalisation incidence*
  - *Significant decline in calendar week 20/2022*
  - *AG 80+ also declining, slightly below level at the turn of the year 2021/22*

	○ **Virological surveillance**, *NRZ influenza data* ○ *Other endemic coronaviruses only detected sporadically* ○ *Significant decline in detections in the sentinel* ○ *Rhinoviruses show the strongest increase, strongest viruses in the sentinel* ○ *H3N2 slight increase, trend is rather declining* ○ *Age distribution: 5-15 year olds most affected (over 30%), influenza activity is influenced by this age group.* ○ *16-34-year-olds slight increase, overall decline in Sentinel*	*FG17 (Dürrwald)*
	○ **Test capacity and testing** *(slides here)* ○ *Number of tests and proportion of positives declining, 80-year-olds tested most frequently* ○ *Doctors' surgeries and "others" record a decline in the number of tests* ○ *Testing remains stable in KH, where the positive rate is falling* ○ *Decline in positive share stable across all AGs*	*FG37 (Haller)*
	○ **Molecular Surveillance, VOC report** *(slides here)* ○ *VOC shares: Omikron dominates with 99.8%* ○ *Slight increase in BA.5, at the expense of BA.2 (69%)* ○ *Number of detections BA.4 and BA.5 doubled, but still in the low range* ○ *Decrease in BA.1, slight decrease in BA.2, slight increase in BA.5 (2.5%)* ○ *Detections of recombinants increase, total number in samples. No major changes compared to previous weeks* **Discussion** ○ *Development of the situation of BA.4 and BA.5* ▪ *Map not only relative, but absolute development in order to be able to calculate possible waves. In Communication with Mr an der Heiden, Mrs Sievers asks for the current status and presents it at the next meeting.*	*FG32 (Sievers)*

2	**Vaccination update** • *The 20th update of the COVID-19 vaccination recommendation was published on 24 May 2022. New is the general vaccination recommendation for 5-11-year-olds with initially one vaccine dose.* • *Information sheets were coordinated and updated with the PEI, the fact sheet on vaccinations and the FAQ were also updated, and a video was produced and published on the STIKO website. Great international interest, also in the media. Enquiry from WHO Geneva regarding a presentation.* • *FG33 is currently working on monoclonal antibodies and monkeypox as well as the problem of reporting data.* • *Further considerations include the publication of a monthly report on vaccination, publication is expected to take place in the second week of June, SORMAS will probably be completely removed from the reporting data* • *Current status of SORMAS: 105 affected health authorities, feedback to SORMAS from 29 health authorities, 15 health authorities have carried out data cleansing. Incorrect vaccination data continues to arrive; it has not yet been possible to clearly identify the error, as it is not a clearly recognisable error, but systematic subliminal errors have also occurred.* ***ToDo*** *Ask for a clear protocol and documentation/filing of the problem reports with SORMAS in view of further enquiries. Contact can be made via the situation centre.*	*FG 33 (Wichmann)*

3	**International** • *The South Korean Public Health Institute (KNIH) has asked to be contacted regarding follow-up discussions on coronavirus. The contact was made via ZIG, ZIG asked for colleagues from the national situation who would like to go into an approximately two-hour exchange with the KNIH. Mrs Rexroth has agreed to take part. Feedback should be received by 27.05 to ZIG, ZIG takes over the appointment finding* ***ToDo:*** *Please send feedback by Friday, 27 May 2022, regarding participation in an exchange with the South Korean Public Health Institute to ZIG/Mrs Hanefeld.*	*ZIG1 (Hanefeld)*
4	**Update digital projects** • *Currently negotiating the future of digital projects: waiting for external feedback, possible changes must be communicated to the public in good time* • *DEA is currently dormant, costs have been reduced by half* • *Posting a tweet about the expiry of the technical validity of the certificates*	*FG21 (Schmich)*
5	**Current risk assessment** • *(not reported)* ○ *xxx*	*Dept. 3*
6	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Unable to attend the meeting due to another appointment* • *Statement "Care" is ready, published yesterday on the Chancellery website (10th statement has already been circulated)* • *Autumn/winter statement should be ready this week*	*Pres*
7	**Communication** **BZgA** • *(not reported)* • *New activities:* • *xxx* **Press** • *DPA reports no daily values on Sunday and Monday* • *Discuss at the Jour Fixe whether the RKI can also cancel the publication on Monday* • *Jour Fixe okay, don't publish Sunday. Omit Monday as well? Minister insists on report on Monday, will be included in Jour Fixe.* **P1** • *(not reported)*	*BZgA n.a.* *Press (Wenchel)* *P1*

	ToDo *Discussion of the reporting of the daily values at the RKI on Monday in the upcoming Jour-Fixe.*	
8	**RKI Strategy Questions** **General** • *Discussion of decree ID 5390: scientific basis for statement in "Strategy adaptation in the context of the spread of the Omikron variant (BA.1/BA.2)" "For the following considerations, it is assumed that acutely ill persons pose a higher risk of infection than asymptomatically infected persons, that the risk of infection with relevant respiratory pathogens decreases significantly after a few days) and that households are generally the setting with the highest risk of transmission."* • *Compilation of various studies on asymptomatic transmission/shedding by Mr Buchholz here* • *This approach attempts to set out a pragmatic approach to the three leading respiratory infections* • *When responding to the decree, please provide feedback that it is about a pragmatic approach to risk reduction* • *Relevant data comes from household studies rather than shedding studies.* • *IAR finalised report was circulated today (here), topics that have not yet been discussed will be successively added to the crisis team's agenda next week* • *Crisis team agenda: Summary of items 10-15: 13-15 will be summarised as a joint item. Topic can be registered if required* ***ToDo*** *Please provide full citations and sources when answering the ID 5390 decree so that the minister can read it for himself.*	*All (Buda)* *Dept. 3*

9	**Documents**
	
	• *Document "Prevention and management of COVID-19 in retirement and care homes and facilities for people with impairments and disabilities"*
	• *Changes in content:*
	  o *Revision of Chapter 4: 4.2 Residents who also leave the home. Differentiation here between behaviour in the facility (vulnerable group) and activities outside the facility*
	  o *Addition of compulsory vaccination of personnel*
	  o *Enquiry with Ms Niebank, press should put it online in an adapted form, request for quick implementation*
	
	ToDo
	Please implement the document quickly and publish it online.
		FG37 (Hermes)

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** • *not reported*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** • *not reported*	*FG38*
15	**Information from the situation centre** • *Due to reduced COVID-19 activity, the situation centre will be converted into a coordination centre in future. At the same time, the crisis team will hold a briefing. This corresponds to level 2 of the RKI's internal crisis plan, no media-effective communication to the outside world, but changes in signature* • *The BMG's general decree has not been discontinued; contact is only made by the BMG in urgent cases (preparation of the GMK, IFG enquiry, very important press enquiries).* • *Change envisaged for the International Communication positions* • *Reporting is currently not yet complete in specialised areas, is in progress*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting as Lage-AG: Wednesday, 01.06.2022 11:00 a.m., via Webex*	

End: 12:24 pm

Briefing on COVID-19 Results protocol

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 01.06.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Amrei Wolter (minutes)*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG34*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	(not reported)
	- *Slides here*
	- *Worldwide: 2,693,600 new cases in 7 days*
	- *Data status: WHO, 01/06/2022*
	  - *Global decline in 7-day incidences*
	  - *Increase in deaths in Asia (China) and Oceania (Australia)*
	- *Map with 7-day incidence:*
	  - *CAVE: changed testing strategies in many places, especially in Europe, e.g. Spain, Denmark, England only test risk groups, people who need treatment in hospital and people who work with risk groups. Austria has reduced the number of PCRs per inhabitant*
	- *Country focus: China, Shanghai*
	  - *Authorities end hard lockdown*
	  - *New cases on the decline since May*
	- *Country focus Portugal*
	  - *R-value has fallen slightly, deaths have risen slightly. Late registrations are to be expected*
	  - *Portugal experienced a BA.1 wave rather than a BA.2 wave. BA.5 has been dominant since week 19*
		ZIG1 (Correa-Martinez)

	National
	- *Case numbers, deaths, trend, slides here*
	- *SurvNet transmitted: SurvNet transmitted: 26,360,953 (+54,957), of which 139,091 (+91) deaths*
	- *7-day incidence: 207/100,000 inhabitants.*
	- *Vaccination monitoring: Vaccinated with 1st dose 64,546,518 (77.6%), with complete vaccination 49,653,534 (59.7%)*
	- *Course of the 7-day incidence in the federal states:*
	  - *Continuing downward trend in almost all federal states*
	  - *Highest 7-day incidence in the north (SH, HS)*
	  - *Lowest 7-day incidence in the East*
	  - *Decline trend clearly visible in all federal states. Decline in SH does not continue*
	  - *Minimal increase in Saarland*
	- *Geographical distribution of 7-day incidence by district*
	  - *Lowest 7-T incidences especially in the eastern BL*
	  - *Highest 7-T incidences in the northern BL: LG Steinburg, LK Oldenburg*
	- *7-day incidence by age group*
		FG32 (Diercke)

	◦ *Lowest 7-day incidence 0-4-year-olds, 70-74-year-olds and 75-79-year-olds* ◦ *Currently highest 7-day incidence among 17-34-year-olds* ◦ *COVID-19 cases by age group and date of death* ◦ *Declining trend in number of deaths by date of death since week 12 (peak observed in week 12)* ◦ *Weekly death rates in Germany* ◦ *Destatis figures confirm no observation of excess mortality* ◦ *At a similarly high level compared to the previous year* ◦ **Syndromic surveillance** *(slides here)* ◦ *FluWeb* ◦ *ARE rate in CW21 relatively stable to slightly lower at 4.8%* ◦ *Corresponds to a total number of almost 4 million ARE in Germany, regardless of a doctor's visit* ◦ *Overall above the pre-pandemic range in CW21* ◦ *Down for children, stable for adults* ◦ *The current ARE rate for children, especially infants, is higher than the pre-pandemic values at week 21* ◦ *Total ILI down significantly compared to the previous week* ◦ *ARE consultations/100,000 inhabitants* ◦ *Reference to public holiday in week 21, which may result in a change in consultation behaviour and practice closure days* ◦ *Total consInt declined in CW21* ◦ *ConsInc (total) is now within the range of previous years at this time due to a significant decline* ◦ *Decline in all age groups* ◦ *CW21 approx. 460,000 visits to the doctor due to ARE in DE* ◦ *ARE consultations with COVID diagnosis* ◦ *Since calendar week 12/2022, there has been an overall decrease in consultations with doctors due to COVID-ARE* ◦ *Around 80 doctor visits ARE with COVID diagnosis/100,000 inhabitants.* ◦ *Total number of around 70,000 ARE-COVID doctor visits in DE* ◦ *ICOSARI-KH-Surveillance-SARI-Incidence* ◦ *SARI case numbers currently slightly below summer level, further decline since CW20* ◦ *SARI-ICU stable at summer level* ◦ *Hospital surveillance - share of COVID-19 in SARI cases* ◦ *COVID-19 share of SARI 18%, slight decrease compared to previous week* ◦ *Share of COVID-19 in SARI with intensive care 22% (previous week 16%)* ◦ *ICOSARI-KH-Surveillance - SARI cases (J09-J22):* ◦ *SARI case numbers in all AGs at summer level* ◦ *In the AG aged 35 and over: between 16-25% COVID-19 diagnoses with SARI* ◦ *COVID-SARI hospitalisation incidence*	*FG36 (Buda)*

	- *Further slight decline in CW21*
	- *AG 60-79 and AG80+ not quite back to summer level yet*
	
	- **Virological surveillance, NRZ influenza data**
	- *Reduced number of sample submissions due to public holidays (n=83)*
	- *Significant decline in detection of coronavirus in the sentinel*
	- *3.6% positive rate of SARS-CoV-2 in Sentinel*
	- *The strongest virus in the sentinel with 6% is HKU1*
	- *Influenza viruses slightly declining trend, positive rate of 12%, rhinoviruses more strongly detected than influenza viruses*
	- *HMPV wave has probably passed, no evidence of RSV*
	
	- **Test capacity and testing** *(slides here)*
	- *Capacities are high, utilisation has declined*
	- *Number of tests and number of positive findings are decreased*
	- *28.8% positive*
	
	- **ARS data**
	- *A decline has been recorded in all federal states*
	- *Positive share has declined everywhere, even where little testing is done*
	- *A lot of tests are still being carried out at the hospital, including Decline in the positive share*
	- *In medical practices, a positive share of 50% can still be achieved with Pre-selection and confirmation of a positive rapid test are related*
	- *Highest AG tests the most, low proportion of positives there*
	- *Decrease in outbreaks in medical facilities and retirement and nursing homes*
	
	- **Molecular Surveillance, VOC report** *(slides here)*
	- *Only Omikron could be detected in sample week 20*
	- *BA.2 and BA.2.9 declining, increased BA.2.3, BA.5 and BA.2.12.1*
	- *Further evidence of the recombinants XE (+4), XM (+27) and XW (+7)*
	- *Increased rise in BA.4 and BA.5*
	- *BA.5:*
	  ▪ *435 cases in the reporting system since calendar week 10*
	  ▪ *7/435 hospitalised*
	  ▪ *0/435 deceased*
	- *BA.4*
	  ▪ *95 cases in the reporting system since CW15*
	  ▪ *0/95 hospitalised*
	  ▪ *0/95 deceased*
	- *Total number of cases is broken down into BA.1, BA.2 takes over*
		FG17 (Dürrwald)
		
		Dept.3 (Hamouda)
		
		FG37 (Eckmanns)
		
		FG36 (Kröger)

	○ *Incidence trend per 100,000 inhabitants: BA.2 trend decreasing, BA.5 trend increasing* **Discussion** ○ *Does an increase in the number of BA.5 cases mean another wave? Can it be shown when BA.5 will become the dominant variant and replace other variants? Can there be a co-circulation between the different variants?* ▪ *Presumably exponential trend, further increase and replacement of the other variants is expected.* ▪ *Mr an der Heiden will explain when/if case numbers go up* ▪ *Consider disease burden when increasing the number of cases and not just testing* ○ *Can there be a misinterpretation of the falling/increasing incidences due to the post-processing of reports that have been left behind at health authorities? Is this taken into account?* ▪ *It may well happen that GÄ (such as Marzahn) sends out late registrations, FG32 did this in the view and examines the completeness of the data* ○ *Possible restrictions due to lack of funding at ARS in SARS regarding the validation of data in the GÄ. Will be discussed again outside the briefing in a smaller group* ○ *Display of dashboard figures on Sunday & Monday (public holiday)* ▪ *Explicit wish of the Minister that Sunday no data o. Daily report is updated* ▪ *Questionable display in the dashboard (display 0 from the previous day or total from the two days before)* ▪ *If non-display entails more work, the figures should still appear on the dashboard, but no e-mail can be sent to the BMG. Disclaimer text is prepared by FG32* ▪ *Manual collection of test figures is discontinued, report to BMG is in preparation.* ○	
2	**Vaccination update** • *(not reported)* **STIKO** *xxx*	*FG 33*
3	**International** • *(not reported)*	*ZIG*

4	**Update digital projects** • *Last Friday: Jour Fixe meeting with Department 5 and Department 6, currently no clear decision on how to proceed with the CWA. Draft decisions have been submitted to the Minister* • *Corona entry regulation: as of today, no proof of entry to DE, must be reproduced in certificates. To date, no order has been received from the BMG, is a prerequisite for implementation* • *Penultimate version 2.23 CWA in Appstore for the time being: Expired certificates can be updated via the app*	*FG21/FG32 (Schmich, Benzler)*
5	**Current risk assessment** ○ *(not reported)*	*Dept. 3*
6	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *Publication of the autumn/winter statement next week* • *No further comments currently planned*	
7	**Communication** **BZgA** • *Publication of the new online portal on Long-Covid on 2 June 2022 at 10 a.m. Press release, communication via Facebook, Twitter. RKI is involved in the cooperation, provision of a social media kit and texts to promote the new portal are provided by the BZgA. Information has been sent to P1 and socialmedia@rki.de and will also be sent to WenchelR@rki.de. On the site, affected persons and relatives, as well as employers/employees, can find information about Long Covid* • *Coronavirus pathogen profile in German has been online for a few days, other foreign languages (regular and Ukrainian) will follow* • *Update of entry regulation and infektionsschutz.de* **Press** • *(not reported)* **Social Media** • *Should BA.5 be communicated more actively?* • *With the current unclear prognosis not yet, wait and see* **P1** • *A diagram of VOC is shown on Instagram, showing the development of BA.5. Comment on this with*	*BZgA (Rückle)* *Press (Wenchel)* *FG21 (Scheida)* *P1 (Lein)*

	accompanying information? • *Do not comment offensively, descriptive sentence can be used (increase from BA.5)*	
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** **Dept.1** ○ *Processing of the decree to estimate the required pool PCR capacities for daycare centres and primary schools in DE with different 7-day incidences* **Discussion** ○ *Discussed in the diagnostics working group, sent to Mr Wieler and Mr Schaade for congruent alignment of the targets with the autumn/winter strategy paper* ○ *Retention of PCR diagnostics on admission to hospital, PCR capacity in care homes, for medical diagnostics in risk groups. What PCR capacities must be maintained?* ○ *Capacities are only maintained if certain capacity utilisation is guaranteed, otherwise economic loss for laboratories, in the absence of a signal, service providers are reduced* ○ *Communication from the RKI that containment is no longer in the foreground, but that other tools (e.g. syndr. surveillance) are now used, so keep the discussion neutral. Narrative that we are in a different situation with the development of vaccines and the spread of antibodies. Presentation in the paper of which phase of the pandemic Germany is in.* ○ *In principle, the provision of PCR tests is also for other pathogens (apart from SARS).*	*Dept.1/All (Mielke)*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*

13	**Surveillance** • *A decree was issued by the BMG to extend the regulation of hospitalisation reports. The RKI was to provide feedback in the form of a quantity estimate and justification. The hospitalisation reports, which would have expired at the end of July, were extended until the end of the year. These are to be transferred from a regulation to the IfSG* • *An interface to the hospitals will be activated today in the DEMIS maintenance centre. From this evening onwards, data can be transmitted directly from the hospital information systems.* • *If hospitals have any queries, they can contact their KISS software manufacturer. The prerequisites for hospitals to be able to report electronically are now in place; the organisational and technical implementation is still ongoing.*	*FG32 (Diercke)*
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *De-escalation of the situation centre to a coordination centre* • *Various positions were reduced for this purpose. International communication is severely restricted, the CoNa between Austria and Bavaria will not be continued* • *Internal KoNa is discontinued* • *Reduction of the press liaison hotline* • *Decrees (including very urgent ones) are still coming in. The working hours of the coordination centre have been reduced (10 a.m. - 4 p.m.), which makes it more difficult to respond in a timely manner to decrees that may be received after office hours.* • *Tomorrow the shift supervisor and triage will be absent, request for colleagues from other departments to fill in. Will also be addressed by e-mail.* • *FG34 and FG35 currently under heavy strain due to monkeypox*	*FG31 (Rexroth)*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Monday, 8 June 2022, 11:00 a.m., via Webex*	

End: 12:38 pm

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

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 08.06.2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Julia Hermes*
  - *Tim Eckmanns*
- *ZBS7*
  - *Michaela Niebank*
- *MF4*
  - *Martina Fischer*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Miriam Dreesbach*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	• *Worldwide, data status: WHO, 31 May 2022, slides [here]*
	• *Decreasing global infection incidence (-11% cases, -24% fatalities)*
	• *To be interpreted with caution due to changed test strategies*
	• *By continent*
	  o *Africa*
	    ▪ *Total number of cases -23% compared to the previous week, increase in some countries*
	    ▪ *Death figures: sideways trend, decline in case numbers not yet reflected here*
	  o *America*
	    ▪ *Little change in case numbers, but falling number of deaths (-29%)*
	    ▪ *In the south, e.g. in Chile and Argentina, the trend is rising in some cases, possibly due to the winter season or*
	    the distribution of BA.2.12.1
	  o *Asia*
	    ▪ *Generally falling case numbers*
	    ▪ *Only a very slight fall in the number of deaths*
	    ▪ *Increases in India, Qatar and UAE*
	  o *Oceania*
	    ▪ *General decline in the number of cases and deaths*
	    ▪ *Highest number of deaths in Australia and New Zealand*
	  o *Europe*
	    ▪ *Further decline in the number of cases and deaths (-14% and -30%)*
	    ▪ *Rise in case numbers in France, Austria, then Germany*
	    ▪ *Portugal is currently the country most affected, with an incidence of just under 1500*
	    ▪ *Increase in France and Austria possibly due to measures being halted; no masks are being worn in Austria.*
	    worn more
	• *Country focus China*
	  o *Falling figures in Beijing*
	  o *Easing of the COVID-19 restrictions*
	  o *People can return to work*
	  o *Restaurant visit possible for those who have tested negative 3 days in a row*
	  o *Schools, restaurants and tourist attractions were closed but schools will open in the coming days*
	  o *Incidence 35/100 000 p.e.*
	• *Virus variants, source GISAid and WHO SitRep*
	  o *Number of sequences submitted continues to decline*
	  o *These data should also be interpreted with caution due to*
		
		ZIG1

	Changed surveillance, sequencing and sampling strategies o Omikron BA.2 dominates but is slowly declining (currently 75%), BA.1 is also declining o BA.4 and BA.5 continue to increase, the BA.5 increase is the most significant from 1 to 2% o Most common variant according to BA.2 now BA.2.12.1, according to US CDC it has a share of 62% in USA and 80% in region 2(?) • Country focus USA o Rise in case numbers since mid-April, stable since May o Slight increase in intensive care bed occupancy o No indication of increased disease severity due to BA.2.12.1 **National** Case numbers, deaths, trend, slides here • SurvNet newly transmitted 84,655, including 145 deaths o Less reliable after the long weekend, presumably case-fatality reports to follow o 7-day incidence ▪ Currently 240/100,000 inhabitants. ▪ Before the weekend, the rise went into a plateau, data of the last 2-3 days are unnaturally low ▪ It is unclear how many late registrations will be made and whether the increase will continue ▪ LK with incidences >500 in the west from north to south ▪ Incidence by age group: slight increases in many AGs last week, especially in younger adults, in 20-year-olds and in older adults. 35-year-olds is currently the highest o Deaths ▪ Declining, 928 deaths in the past 14 days ▪ Currently no excess mortality, everything in the "normal" range	AL3
	• DIVI Intensive Care Register, slides here o 644 COVID-19 patients in treatment at IST of the 1300 acute hospitals, occupancy is declining, but has slowed somewhat o 479 new admissions to IST in the last 7 days, slight increase o According to BL ▪ Total decrease in actual occupancy (total number of beds) ▪ Slight increase again in 3 BL (HB, Saxony-Anhalt, HE) ▪ In BW, BY plateaued, remaining BL moderate decline o Treatment occupancy according to severity ▪ The number of severe cases with invasive ventilation has plateaued, these are longer and are becoming more frequent. treated longer ▪ Decline in occupancy of cases with light treatment o Operating situation improves, fewer KKH-ITS report Restricted situation, regular operation increases significantly	MF4

	and staff shortages are declining but remain tense ○ Occupancy according to AG ▪ Decline or plateau in almost all AGs ▪ Only a slight increase in absolute figures for the 70-79 age group ▪ Slight increase in percentage terms in the 18-29 age group, above all older groups overall affected ○ SPoCK forecast for the next 20 days: plateau formation is predicted for all 5 cloverleaves ○ Discussion: ▪ Is it possible to present the actual figures every two weeks? ▪ Yes, as long as the number of cases does not increase • Test capacity and testing ○ No report on this this week ○ Slides here on ARS data from last week ○ There was more testing than in the previous week, but before that it was Ascension Day ○ Higher proportion of positives with more tests ○ Number of tests stratified by BL ▪ Slightly more testing was carried out almost everywhere (significantly more in NRW) ▪ Positive share no longer decreases, but remains stable or increases slightly; this applies to all BLs ○ Medical practices: significantly more tests, proportion of positives rising ○ In KKH, both tend to remain the same ○ According to AG ▪ Middle AG 15-59 years are tested more ▪ Not as many tests for children ▪ The proportion of positives is decreasing for 5-14 year olds with fewer tests, for children with the same number of tests slight increase, positive share increases mainly due to 15-59 year olds ▪ Still the same for over 80-year-olds ▪ Increase in cases of 15-59-year-olds and proportion of positives ▪ It is difficult to interpret the positive results as only PCR tests are seen and not possible previous tests. Antigen tests carried out ○ Publication of the latest COVID-19 and vaccination situation monitoring report in long-term care facilities last week, mandatory reporting as of this month ○ Basic immunisation stagnates at 93%	FG37
	• Syndromic surveillance, slides here ○ FluWeb ▪ Increase in ARE rates in relation to all AGs except 0-4 year olds ▪ Rates are above the level of the pre-pandemic population ARE, higher than the usual summer dip ○ AGI outpatient area ▪ Catch-up effect of the short Ascension week visible with	FG36

	expected peak ▪ Relatively stable level of ARE doctor visits with just under 900,000 in week 22 ▪ Overall level of all AREs higher than in the pre-pandemic summer ▪ Hypothesis: Omicron measures have prevented other respiratory pathogens from circulating and are now doing so stronger due to discontinued measures ▪ ARE consultations due to COVID-19 diagnosis: slight increase, possibly also catch-up effect short week 21 o ICOSARI ▪ Further decline in the incidence of severe respiratory infections in the inpatient area, including ITS ▪ Not only SARI, but also the proportion of COVID-19 in SARI has fallen to 13% and 12% for ITS ▪ Influenza incidence in the KKH as well ▪ According to the official definition, the influenza wave has been over for 2 weeks (2022 only week 17-20) • Virological surveillance, NRZ influenza data o SARS-CoV-2 ▪ Evidence is generally declining ▪ Slight increase to 6% compared to the previous week, but still at a low level ▪ SARS-CoV-2 dominates among coronaviruses ▪ Age distribution: mainly 34-60-year-olds o Influenza: mainly H3N2, age distribution mainly Children and young people, no older AG, wave seems to be over o ARE activity increasing, primarily human rhinoviruses, followed by parainfluenza viruses, a few human metapneumoviruses (HMPV), no RSV detections • Molecular Surveillance, slides here o Proportion of Omikron is unchanged, all sublines together 100%, no other variants were detected o BA.2 predominates with 63%, followed by BA.2.9 with 15% o BA.5 has proportionally doubled to 10%, BA.2.12.1 has also increased o Recombinant detections unchanged and constant increases, no change in weekly proportions o L452 mutation: BA.4, BA.5, BA.2.12.2 and some BA.2 lines have shown this, possible immune escape (not confirmed) o BA.5 and BA.4 properties ▪ According to reporting data unchanged ▪ Number of cases increases for both ▪ Proportion hospitalised in BA.5 (BA.4 no hospitalisation) has not increased (rather reduced) ▪ No deceased for both ▪ Exposure locations: BA.5 different European countries,	FG17 FG36

	Most from/with place of infection Germany, BA.4 one case from abroad (Spain) ▪ Growth BA.4 and BA.5 over the 180 days from first sequencing is comparable ▪ Ratios between total and sample numbers were different between the two variants, for the The sample is used for evaluation as the reason for sequencing is not always known for the other figures; this will change with the new Corona Regulation • Modelling trend BA.4 and BA.5 (end of slides molecular surveillance) o Incidence and proportion of BA.5 increasing, both declining in BA.2 o If the current trend continues, the share of the two (sum BA.4 & BA.5) would be over 50% in week 24 and their dominance would be reached, followed by an increase in the number of cases o Modelling is based on sequence data up to week 21, due to the public holidays there is no more recent reliable data yet o Proposal for a wording for the weekly report (see slide 8), is circulated and voted on • Discussion o Is there any indication of the serial interval and R-value for the new variants? ▪ BA.1 (with 3.3 days) was faster than BA.1 with 3.8), no statement is yet possible on BA.4 and BA.5 ▪ R-value is also not yet quantifiable o In calendar week 20, just under 9,300 sequences, the number of sequenced genomes are still sufficient to represent the proportion? o Variants BA.4 & BA.5 ▪ Is the increase in young adults due to their behaviour or to new variants? ▪ Only total number was used, no AG breakdown ▪ Sequence mapping is only possible for the message data part ▪ Number of BA.5 increase is certainly also linked to behaviour, including possible seasonal and other effects ▪ These are small figures, but they are in line with the interpretation of Portugal and Austria ▪ The number of infections is expected to rise again, BA.4 and BA.5 will contribute to this, was also announced yesterday. already mentioned in BMG-Morgenlage ▪ BA.4 and BA.5 are already dominant in Switzerland ▪ Increase cannot be explained by immune escape alone ▪ This should be mentioned in the summary on page 1 of the weekly report, if applicable ▪ BA.4 and BA.5 alone will not lead to the summer wave, but together with other aspects o What is the message of the modelling? ▪ Level recommendations: RKI has COVID-19 recommendations not dropped, these are still in the	FG34 All

	Weekly report mentioned ▪ *Political level: possibly also makes other measures out of it, Ampel coalition is currently actively discussing this, data must be submitted to ministers as relevant for the discussion* ▪ *Holidays: currently BY and BW have Whitsun holidays (this week Saarland), this will influence the number of registrations in week 25 everyone will be back at school and then the summer holidays will gradually begin* ▪ *Message: we cannot feel safe in summer without caution, interpretation must be formulated carefully the extrapolation is based on data up to the short week 21, possibly effects of public holidays and school closures are mentioned* ▪ *This should be sent to the minister in the form of a scientific paper this week, rather not wait longer to avoid stating the obvious (later/too late)* ○ *What is the RKI's opinion on booster vaccination?* ▪ *This and influenza will be topics for the autumn* ▪ *Vaccination effect better the closer in time it is to the maximum event* ▪ *After 3 vaccinations, it makes sense to vaccinate again in Sept/Oct, possibly for logistical reasons more difficult* ▪ *Better to refresh earlier, taking into account logistics and to give doctors time (from the end of August/Sept)* ▪ *Only 80% of older people have a booster vaccination, which will no longer provide significant protection in autumn* ▪ *Is STIKO decision, will go in this direction*	
2	**Vaccination update** • *(not reported)*	*FG 33*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *(not reported)*	*FG21*
5	**Current risk assessment** • *No adjustment*	*Dept. 3*

6	**Expert advisory board** • *Corona Expert Advisory Board Statement* o *Long-announced statement is ready* o *Closing date today 3 pm, there will be a press conference with Mr Grömer, Ms Betsch, Mr Sander etc. in which she will be presented* o *President shares final statement* o *RKI has played a major role in shaping this* • *State Secretary Ms Draheim and Ms Teichert are coming to the RKI tomorrow to see the surveillance system and whether it can fulfil future requirements* • *Interim assessment of what went well/bad and what the future looks like is in preparation*	*Pres*
7	**Communication** **BZgA** • *(not reported)* **Press** • *Teaser on homepage should be adapted to summer situation and get new image and different look, will be shared for voting* • *Perspective: when could COVID-19 teasers be removed?* o *This should be reconsidered as part of a general de-escalation - perhaps at the start of the summer holidays?* o *Also to consider how de-escalating this is received...* o *The summer break begins on 7 July, when we should consider removing/replacing teasers at the beginning/middle of July* o *Minister does not want to de-escalate, also to be considered* **P1** • *Not present* • *Behavioural tips for summertime* o *Question from BMG regarding recommendations for travel, holidays etc.* o *Contents e.g. "if you are travelling, check your vaccination status, etc.", "even in summer COVID-19 is not gone, protect yourself this way and that..."* o *BZgA investigates whether this is planned for you* o *School, day-care centre, local transport are (also) problems, why treat them differently? Comparably, BfR Monitor always mentions hand washing before/over ventilation* o *The weighting should be carefully considered (also on the basis of Ms Betsch's survey results)* o *Last summer there was a flyer, could be adapted* *ToDo: Task - P1 to revise 2021 summer flyer, in technical cooperation with FG36*	*BZgA* *Press* *VPresident/all*

8	**RKI Strategy Questions**
	
	General
	
	• *FG36 has received a remission today until 3pm tomorrow*
	• *Mandate: Deliver concept including interpretation/recommendation for schools and kindergartens based on studies to be implemented in the autumn strategy*
	• *RKI autumn strategy not yet in place, statement exists*
	• *Minister wants to publicly present concept in week 25*
	• *Possible mentions: Vaccination, fewer masks, describe ventilation analogue to recommendations of the expert advisory board*
	• *Testing at schools*
	  o *Do not prioritise testing, this depends on the general population testing strategy*
	  o *Minister is generally in favour of testing, citizen testing will continue for the time being*
	  o *School tests must also be coordinated with other departments*
	  o *RKI should not convey to parents/population that the children are a problem, other groups probably have a much higher number of unreported cases because they have never been systematically tested*
	  o *Testing in schools has lost importance from the RKI's point of view, alternatives e.g.*
	    ▪ *Possibility of random testing by PCR (1.5%)*
	    ▪ *Lollite testing for capacities*
	    ▪ *Antigen testing 2-3 times a week*
	    ▪ *describe what can be achieved with each of these*
	
	RKI-internal
	
	• *(not reported)*
		FG36/all

9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** • *(not reported)*	*FG17/ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG14*
13	**Surveillance** • *(not reported)*	*FG32*

14	**Transport and border crossing points**
	
	• *Travellers from Portugal*
	  o *Enquiry from GA regarding the re-entry of persons from Portugal was forwarded to AL1 by the coordination centre*
	  o *Helplessness how to proceed with return travellers from Portugal, where BA.5 is dominant*
	  o *How should people who fall ill in the context of travelling to Portugal be dealt with (especially as sequencing results only come later), is a special containment strategy necessary?*
	  o *Variant is already circulating to a relevant extent in Germany, currently no evidence of properties that require special measures by ÖGD*
	  o *Will also become the dominant variant in Germany*
	  o *From a legal perspective, a special strategy for Virus variant areas permitted, currently there are no defined virus variant areas*
		FG31

15	**Information from the coordination centre**
	
	• *BMG General Decree*
	  o *Was changed this week, theoretically return to normal business*
	  o *However, there are various exceptions to this, so there will still be many (often urgent/short-term) enquiries to the RKI*
	  o *Very short-term matters can no longer be effectively coordinated via the coordination centre due to the change in working hours*
	  o *Coordination centre is currently staffed from 10 am to 4 pm, Automatic absence notification is set to inform about this*
		FG31

16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 15 June 2022, 11:00 a.m., via Webex*	

End: 12:58

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

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 15.06.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda / Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG31*
  - *Ute Rexroth*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaele Diercke*
  - *Justus Benzler*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Julia Hermes*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *P1*
  - *Ines Lein*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	• *Worldwide, data status: WHO, 13/06/2022, slides here*
	• *Rather constant global incidence of infection (+5% cases, +2% deaths)*
	  • *By continent*
	  ○ *Africa*
	    ▪ *Total number of cases -8% compared to the previous week*
	    ▪ *Number of deaths: -29% compared to the previous week*
	  ○ *America*
	    ▪ *Rising number of cases (+12%) and deaths (+29%)*
	    ▪ *Primarily increasing on the South American continent*
	  ○ *Asia*
	    ▪ *Slight decline in case numbers (-1%)*
	    ▪ *Slight increase in the number of deaths (+6%)*
	  ○ *Oceania*
	    ▪ *General decline in the number of cases and deaths (-29% and -14%)*
	    ▪ *Easy relaxation in Australia and New Zealand*
	  ○ *Europe*
	    ▪ *Rising number of cases (+12%) compared to the previous week*
	    ▪ *Falling number of deaths (-27%)*
	    ▪ *Increase in the number of cases in Germany, the Netherlands, Italy, Belgium and France*
	    ▪ *Falling incidence rates in Portugal at a high level*
	• *Country focus Portugal*
	  ○ *Case number increase since the beginning of May 2022 (CW17/18)*
	  ○ *Positive share continues to rise (as at 23/05/2022: 50%)*
	  ○ *R 7 days: 0.98 (Madeira 1.29)*
	  ○ *10% of cases hospitalised, stable since the beginning of the year*
	  ○ *Stable ITS occupancy, rising deaths*
	  ○ *BA.5:*
	    ▪ *First appearance week 13*
	    ▪ *Dominance KW19*
	    ▪ *79% (23.05.2022)*
	    ▪ *84% (CW22)*
	    ▪ *Rising number of deaths since calendar week 19*
	    ▪ *estimated growth rate 13% higher than BA.2*
	    ▪ *Doubling time 6 days*
	    ▪ *So far no evidence of increased disease severity*
	  ○ *Survey in the PHIRI network 09.06.2022, international none new measures due to BA.4 and BA.5 in: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Estonia, Finland, Italy, Ireland, Lithuania, Netherlands, Romania, Slovakia, Slovenia, UK*
	    ▪ *Malta has stopped de-escalation and keeps mask requirement in vulnerable settings (hospitals,*
		ZIG1 (Rohde)

	Retirement and nursing homes and	

	Obligation to provide proof on entry (negative test/healthy/vaccinated) with. o Overall excess mortality is currently excessive, but may also be due to other factors, including the heatwave o Still no signs of increased disease severity in BA.5	
	National *Case numbers, deaths, trend, slides here* • SurvNet newly transmitted 92,344, including 112 deaths o 7-day incidence ▪ Currently 472/100,000 inhabitants. ▪ LK with incidences >500: + 17 (155/411) ▪ LK with incidences >1,000: + 1 (9/411) o >35 million reports via DEMIS to date ▪ SARS-CoV-2-DEMIS reports correspond to the number of COVID-19 cases reported to the RKI o Course of the 7-day incidence in the federal states ▪ Increases in all BL ▪ Highest incidences in SH, NI, HE, HB, NRW ▪ Lowest incidences in: TH, SN, ST, BB, BE o Geographical distribution of 7-day incidence by district ▪ High 7-day incidences primarily in the north-west ▪ 157/411 LK with 7-day incidence > 500/ 100,000 inhabitants. o Heatmap - Weekly COVID-19 incidence (per 100,000 inhabitants) ▪ Highest incidence among young adults (25-29-year-olds) ▪ Incidence in AG 25-29 years doubled from around 300/100,000 inhabitants to 600/100,000 inhabitants in comparison to the previous week o COVID-19 cases by age group and date of death ▪ Decline since CW12, trend continues o Weekly death rates in Germany ▪ No excess mortality observed in recent weeks compared to previous years	FG32 (Diercke)
	• Test capacity and testing, slides here o More tests were carried out than in the previous week o Increase in the number of tests to 619,298 (previous week: 596,741) o Higher proportion of positives with more tests o Positive share increased from 33% to 42% o Number of tests stratified by BL o Number of tests per 100,000 inhabitants by AG and week ▪ Little change, slight increase in middle age (35-60-year-olds) o Number of positive tests per 100,000 inhabitants by AG and week ▪ Increase in all age groups ▪ Age group 5-14 years dominates	Dept. 3 (Hamouda)

- Positive shares by AG and week
  - 15 to under 60-year-olds dominate and with the steepest Increase

- Syndromic surveillance, slides here
  - FluWeb
    - Increase in ARE rates, particularly in AG 15-34-Year olds
    - ARE overall rather stable (increase of 3 %): 5.3 % (previous week: 5,1 %)
    - rates are above the level of the pre-pandemic Population ARE, higher than the usual summer sink
  - AGI outpatient area
    - Compared to the previous week overall: rather stable (increase 4 %).
    - Decrease in children up to 14 years of age, increase in (young) adults aged 15 and over (increase between 10-20%)
    - in week 23: almost 1 million visits to the doctor due to ARE in Germany
  - ARE consultations with COVID diagnosis / 100,000 inhabitants
    - Since calendar week 22/2022, an overall increase in the Doctor consultations due to COVID-ARE observed
    - in about 240 doctor visits ARE with COVID diagnosis per 100,000 pop.
    - In some cases significant increase in all AGs, with the exception of the 80-year olds
  - ICOSARI
    - SARI case numbers increased slightly in week 22/2022 (unusually many late registrations), rather stable in week 23 at summer level
    - Share of COVID-19 in SARI 18% (previous week: 13%) again also again some cases of influenza (especially in the AG 0-4 and 80+!)
    - Share of COVID-19 in SARI with intensive care 13% (previous week: 15%), no influenza cases with Intensive treatment
  - COVID-SARI hospitalisation incidence
    - Apparently bottomed out in CW 21/22, slight rise in CW 23/2022 overall and in all age groups

FG36 (Buda)

- Virological surveillance, NRZ influenza data
  - SARS-CoV-2
    - Increase in the past 2 weeks
    - SARS-CoV-2 dominates among coronaviruses
    - Age distribution: highest number of cases among over 60-year-olds and lowest number of cases among 0-4 year olds
  - Influenza: mainly H3N2, age distribution mainly 5-34 year olds, slight increase, overall low level with 8% positive rate

FG17 (Dürrwald)

	○ ARE activity increasing, primarily human rhinoviruses, followed by Parainfluenza viruses, a few human metapneumoviruses (HMPV) with a downward trend, no RSV detections • Molecular Surveillance, slides here ○ Omikron's share is unchanged, all sublines together 100%, ○ No other variants were detected ○ BA.2 predominates with 50%, followed by BA.5 with 24% and BA.2.9 with 11% ○ BA.5 has doubled proportionately to just under 24% ○ Recombinant detections: jumps in XG to 41 (+38) and XM to 459 (+99) due to reassignments ○ Otherwise still stable, unchanged and consistent growth ○ L452 Mutation: BA.4, BA.5, BA.2.12.2 and some BA.2-lines have shown these ○ BA.5 properties: ▪ 2324 cases in the reporting system since week 09/22 up to and including week 22/22 ▪ Hospitalised: 23 (1.0 %); 1419 (61 %) NA ▪ Deceased: 0 (106 NA) ▪ Number of cases increases for both ▪ Exposure location: 29x EUR except DE, Africa (2), America (2), Asia (3) ▪ Reporting system: 26/1101 suspected cases ○ BA.4 properties: ▪ 431 cases in the reporting system since calendar week 15/22 up to and including 22/22 ▪ Hospitalised: 3 (0.7 %); 269 (62 %) NA ▪ Deceased: 1 (13 NA) ▪ Exposure location: 1x EUR except DE, Africa (2), America (2) ▪ Reporting system: 7/201 Suspected cases • Discussion ○ 10% hospitalisation rate in Portugal. Are the severe cases diagnosed more frequently here? ▪ Presumably yes. Testing in Germany tends to be more sensitive.	FG36 (Kröger) All
2	**Vaccination update** • (not reported)	FG 33
3	**International** • (not reported)	ZIG

4	**Update digital projects** • *CWA - Results of the Privacy-Preserving Analytics (2021)* ▪ *Analysis by device and operating system* ▪ *Around 15 million data records transmitted daily* ▪ *Increased risk status in people who have registered for a test* ▪ *Higher positive rate among those with increased risk status; differences less pronounced in winter than from Spring. Reason possibly stricter corona rules + more awareness in winter.* ▪ *Proportion of positives by risk status:* o *For PCR tests, increase in the positive rate over the Winter across all risk statuses; from spring onwards, further increase in the positive rate for higher risk statuses (up to 75%) and decrease for all other risk statuses.* o *Antigen test shows the same picture with a positive rate of up to 13% for high risk and less than 5% for all other risk statuses.* ▪ *Fast testing within 1-2 days after status change in CWA* ▪ *Conclusion: Those with a red tile have a significantly higher positive rate than those with a green tile*	*FG32 (Benzler)*
5	**Current risk assessment** • *No adjustment*	*Dept. 3*
6	**Expert advisory board** • *(not reported)*	*Pres*
7	**Communication** **BZgA** • *Corona vaccination information sheets updated* ▪ *Fact sheets for parents summarised in one* • *New information sheet for risk groups* • *Publication of information sheet for convalescents at the end of the week* **Press** • *Federal Press Conference on Friday, 17 June with Mr Schaade* • *Key statements for the management report and BPK* ▪ *Orientation on last weekly report and tweets* ▪ *Emphasise rules of conduct and vaccinations* **P1**	*BZgA (Seefeld)* *Press (Wenchel / Degen)*

	• *Task - P1 to revise 2021 summer flyer, in technical cooperation with FG36* ▪ *On order, deadline next week*	*P1 (Lein)*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *Are we currently talking about a summer wave?* ▪ *term at the moment, as it is probably not required by the RKI either* ▪ *Focus on scientific definition of the individual waves* ▪ *Agreement: Avoid the term summer wave*	*All*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** • *(not reported)*	*FG17/ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*All*
13	**Surveillance** • *Improvement of hospitalisation reports via DEMIS* ▪ *Since March 2022, hospitals have also been able to report hospitalisations related to COVID-19 via the DEMIS reporting portal.* *report electronically to the GÄ* ▪ *Low utilisation to date, as manual input in DEMIS required* ▪ *An interface has been made available so that automated reporting from the HIS to DEMIS can take place.* *can* ▪ *Current problem: Only a few HIS providers have implemented this interface so far* ▪ *If necessary, prepare a letter from the RKI to the hospitals* ▪ *Meeting on Friday, 17 June with KH and KIS providers* ▪ *Provision of addressee list Contact persons of the HIS providers*	*FG32 (Diercke)*

14	**Transport and border crossing points** • *(not reported)*	*FG31*
15	**Information from the coordination centre** • *Generally quieter, no acute concerns, isolated enquiries*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 22 June 2022, 11:00 a.m., via Webex*	

End: 12:16 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 22 June 2022, 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*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
- *FG21*
  - *Wolfgang Scheida*
- *FG23*
  - *Robin Houben*
- *FG 24*
  - *Thomas Ziese*
  - *Anke Christine Saß*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG31*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
- *FG35*
  - *Klaus Stark*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
  - *Julia Hermes*
- *ZBS1*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
- *MF3*
- *MF4*
  - *Janina Esins*
- *P1*
  - *Christina Leuker*
- *P4*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZIG*
  - *Johanna Hanefeld*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Sarah Esquevin*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Nina Horstkötter*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** o Slides here o Data status: WHO, 20/06/2022 o Decrease in cases in Africa, America, Asia o Increase in Oceania o Slight rise in case numbers in Europe: increase everywhere BA.5, Info DK: BA.5 dominant variant o Portugal: Data as of 13.06: overall slightly decreasing 7TI and stabilisation, Azores and Madeira Plateau or light Increase in hospital and ITS occupancy: Beginning of June Stabilisation or slight decrease; 10% of cases hospitalised, stable since the beginning of the year; deaths: slight Increase; BA.5 88% of all sequenced cases. Positive proportion continues to rise (as at 23.05.2022: 50%), but test strategy adapted: Focus on symptomatic patients	ZIG1
	National o Case numbers, deaths, trend, slides here o Age distribution: increase in all age groups but not a doubling. Highest incidence in Age group 20-50 o 27,454,225 total cases (+119,232), deaths 140,462 (+104), no increase in deaths observed so far o 7-day incidence: 488.7/100,000 inhabitants. o Vaccination monitoring: with full vaccination 63,329,221 (76,2%) o Course of the 7-day incidence in the federal states: ▪ Strangely flattened; changed test behaviour must be be taken into account ▪ Geographical distribution: the high number of cases, especially in the North-west. Eastern and south-eastern BL not so far strongly affected. o Test capacity and testing (not reported)	FG31
	o ARS data: Slide here Reporting rhythm adapted to test number recording (fortnightly). Active outbreaks are at a low level, but a slight increase can be observed. Retirement and nursing homes: 119 (previous week 94); medical facilities: 45 (as in previous week).	FG37
	o VOC report and mol. Surveillance (slides here) Data status 20.06.2022: Delta omitted, as no delta has been proof more. BA.1 and BA.3 are also no longer used. proven. BA.2 44.1%, BA.5 49.7%; BA.4 5.8%. BA.4 and BA.5: no longer such a strong increase, no doubling in	FG36

	shares compared to the previous week. It can	

	BA.5-75% can currently be assumed. Detection of recombinants: The proportion of recombinants found in the sample is now shown in the weekly report. No BA.5 deceased persons reported so far. One person with BA.4 deceased. Exposure/infection sites are only recorded to a small extent. Entry from outside (America, Asia, Africa) low, main place of infection: Germany. Growth appears to be slowing slightly. o Syndromic surveillance (slides here) Flu web: ARE rates slightly up or stable. Significantly above the pre-pandemic values. The value (total) in week 24, 2022 was 5,300 ARE (previous week: 5,000) per 100,000 inhabitants; corresponds to a total number of 4.4 million ARE in Germany, regardless of a doctor's visit (23rd week: 4.2 million); age group 0-4 and 5-14 year olds make up the highest proportion. Adults: remained rather stable or slightly decreased. AGI, consultations with doctors: Compared to week 23 of 2022: decline in 0- to 4-year-olds, 5- to 14-year-olds stable, decline in adults approx. 1,000 doctor consultations due to ARE per 100,000 population; approx. 800,000 doctor consultations due to ARE in Germany. values are significantly higher than at the same time in pre-pandemic seasons. A more sensitive doctor-visiting behaviour can be assumed. ICSARI, SARI incidence: no major changes; usual summer level. Share of COVID in SARI and ITS: slight increase o Virological surveillance, NRZ influenza data Increase in SARS-CoV2 positivity rate (22%), only 65 samples sent in, corresponds almost exactly to the proportion of COVID-confirmed diagnoses in all ARE visits. Other human coronaviruses hardly play a role. H3N2 detections: slight decrease. Hardly any RSV, HMPV detection. Rhino and parainfluenza both detectable, but low level. o Figures on the DIVI Intensive Care Register (slides here) Increase recorded, 780 patients (672 previous week); new admissions: 705 in the last 7 days (previous week 541, 2 weeks ago: 479). Number of deaths stable since the beginning of June, no significant increase or decrease so far. Rise more likely to be observed in light treatments, not in invasive ones. Increase in staff shortages: possibly indirectly due to infections. Age distribution: Occupancy mainly due to age group over 60. Forecasts for the next 10 days: no strong further development of the trend for Germany as a whole, but increase predicted in the east and south. ITS data will also be presented next week in KS. o Mental health: (not reported) Questions/discussion: slightly higher hospitalisation rate for BA.5 compared to earlier times - could this be due to the fact that the more severe cases tend to be diagnosed? - Possibly yes. Portugal	FG36 FG36 (Buda) MF4

	10%: here probably also mainly severe cases. Comparison of COVID-SARI I with /THI: rather WITH than BECAUSE of COVID-19 hospitalised. *It is not possible to differentiate between virus variants here. Despite the increase in BA.4 and BA.5, no higher pathogenicity is currently observed.* *Here again, we can see very clearly that we need systems, which act largely independently of test behaviour*	
2	**Vaccination and STIKO update** - *STIKO and ZBS 7: Positioning on the use of monoclonal AK for prophylaxis and PeP planned.* - *COVID-19 vaccination for infants: in rolling review procedure at EMA, whether Spikevax and Comirnaty will be extended to U5 age group.* - *Monthly report on vaccination/vaccination effectiveness. Release by BMG pending. Problems with vaccination data mainly due to problems with SORMAS. Troubleshooting together with HZI; no vaccine effectiveness has been reported for 8 weeks; many enquiries about this. Decision on publication will probably not be made before next week.* - *Question: Effectiveness of vaccinations against BA.5? - So far only comparison of effectiveness between BA.1 and BA.2 Studies show that BA.1 and BA.2 infected unvaccinated people are significantly less protected against BA.5 than vaccinated people.* - *Modelling: When can we expect the first models for the autumn? New employee Michael Höhle starts on 01.07. Models with many uncertainties compared to last year: are becoming increasingly complicated due to complex immunological events and it is hardly possible to differentiate between (repeatedly) vaccinated and recovered. Comparisons with the previous year very uncertain (LSHTM). WHO is discussing completely new models. Data from new vaccines must also be included. Early Sept e.g. bivalent vaccine from Moderna expected (indirect effect on transmission?). Modelling would also have to go beyond COVID-19 and include influenza and RSV: an ARE rather than COVID scenario would have to be modelled become.*	*FG 33*
3	**International** *(not reported)*	*ZIG*

4	**Update digital projects** *(not reported)*	*FG21*

5	**Current risk assessment**
	• *Discussion of the proposed amendments to the risk assessment*
	  ○ *BA.4 and 5 not mentioned; formulate neutrally "currently circulating Omikron variants" instead of naming variants directly.*
	  ○ *Textual adjustments will be circulated for comment until next week*
		Dept. 3

6	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Paper on lessons learnt in planning, circulated in task force* • *On 21 June, Mr Karagiannidis presented the autumn/winter statement to representatives of the federal states on behalf of the BKamt. The focus was strongly on the clinical perspective. Different systems for assessing the dynamics already exist, but are often not recognised. In response to the criticism that there is no information on outbreaks in hospitals or care facilities, the federal states referred to RKI reports and to the fact that reports depend heavily on the workload of the authorities.* • *Proposal (Pres) to invite the Expert Council in-house (together with the Advisory Board on Pandemic Respiratory Infections): Presentation of our work and systems to improve the Expert Council's understanding of existing systems, structures and processes.* • *Rules of procedure are available, substitutions of individual members are not provided for in the event of non-attendance. External experts may be invited.*	*Line, AL3, FG36*

7	**Communication** **BZgA** - *Fact sheet for recovered people: COVID vaccination after surviving infection?* - *New topic page on infection and vaccination in preparation (when and how often should people who have recovered be vaccinated?)* - *Vaccination book for everyone: www.dasimpfbuch.de will be deactivated on 1 July and integrated into infektionsschutz.de.* **Press** • *No topics* • *Message COVID Weekly Report: Take up the most important sentences from the summary: Currently slight flattening of the increase can be observed, but inf.pressure from Omikron remains very high. Twitter message should refer to the summary of the weekly report - being processed by the social media task force* **P1** • *Flyer behaviour tips for the summer (here): Comments until 24.06. DS requested. "When things get tight - mask": Indoors MNS should generally be worn, regardless of the distance.*	*BZgA* *Press* *P1*
	Practical example: possibly supplement and extend to people who know each other (family celebrations, common rooms), smart ventilation: Include the workplace. Testing? Only for visits/meetings with risk groups, not generally recommended because otherwise you get back into the 2G/3G range. Symptoms: very different perceptions of what symptoms are. Awareness should be raised again here	
8	**RKI Strategy Questions** **General** • *Should a separate RKI strategy be written for the autumn? Documents were prepared by the RKI, but not approved by the BMG. A statement from the Expert Council is now available, to which the RKI has contributed. BMG presents its own 7-point plan with reference to the statement of the Expert Council. In terms of content, the RKI paper would not add anything decisive that deviates from the statement of the Expert Council or the BMG paper. If there were any deviations, this would be difficult to communicate. Modelling as a data basis difficult. - Decision: against.*	*All*

9	**Documents** • [Regular screening for SARS-CoV-2 in institutions](). *Request from the BMG to assess the need for screening for SARS-CoV-2 and influenza as proposed in the autumn/winter paper by the Expert Council?* *Regular SARS-COV-2 testing should be maintained. In symptomatic individuals, and as soon as the flu epidemic is officially has also been tested for influenza.*	*FG37*
10	**Laboratory diagnostics** **FG17 not reported ZBS1** **not reported**	
11	**Clinical management/discharge management** • *Minor adjustments to COVRIIN recommendations*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *Initiative of BMG to include SARS-COV-2 negative tests in IfSG again (was cancelled in Nov 2020). RKI proposal to also include influenza here.*	*FG 31*
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *Notice to all that information discussed in the KS must be treated confidentially.*	*FG31*
16	**Important dates** • *None*	*All*
17	**Other topics** • *Next meeting: Wednesday, 29 June 2022, 11:00 a.m., via Webex*	

End: 12:30 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 29 June 2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade/ Annette Mankertz

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
- *Dept. 2*
- *Dept. 3*
- *FG11*
- *FG12*
  - *Annette Mankertz*
- *FG14*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
  - *Julia Hermes*
- *ZBS1*
- *ZBS7*
  - *Michaela Niebank*
  - *Christian Herzog*
- *MF2*
- *MF3*
- *MF4*
  - *Janina Esins*
- *P1*
  - *Christina Leuker*
- *P4*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Romy Kerber*
- *ZIG2*
- *ZIG4*
- *BZgA*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Data status: WHO, 28 June 2022* ○ *Global increase (+17% compared to previous week); death figures remain stable* ○ *Decrease in cases in Africa, Oceania, Asia* ○ *Increase in America, Europe* ○ *7-day incidence in Europe: Significant increase in the number of cases (+35%) with a simultaneous decrease in deaths (-10%): Highest 7-day incidences in Portugal, Luxembourg, Greece, Austria, Malta, Germany, Italy and France (in descending order; all with a 7-day incidence of between 500 and 750 per 100,000 inhabitants).* ○ *Virus variants worldwide & BA.2.12.1/BA.5* *BA.1: < 1%, BA.2: 36%, BA.2.12.1: 31% → 17% (69 countries), BA.4: 6% → 9% (58 countries), BA.5: 16% → 25% (62 countries)* ○ *Country focus USA: BA.2.12.1 reached peak in CW21, declines since then and is currently at 42%; BA.5 has been rising since the end of April and is currently at 37%* ○ *USA: Case and death figures stable since the end of May; increase in hospitalisations & actual occupancy since mid-April*	*ZIG1 (Kerber)*
	National ○ *Case numbers, deaths, trend, slides here* ○ *7-day incidence continues to rise slightly* ○ *28,048,190 total cases (+133,950), deaths 141,022 (+175),* ○ *7-day incidence: 646/100,000 inhabitants.* ○ *Vaccination monitoring: with full vaccination 63,342,616 (76.2%)* ○ *SARS-CoV-2 reports recently increased more than COVID-19 cases reported to the RKI* ○ *Course of the 7-day incidence in the federal states:* ▪ *Difference between BCs varies greatly: in SH + NI 7-T incidences of up to 1,000 / 100,000 inhabitants. while eastern BL is significantly lower.* ○ *Geographical distribution: clear east-west divide and north-south divide. The northern BL/LK regions continue to be the most affected.* ○ *Most affected AG: 25-29-year-olds with incidences of up to 1,000* ○ *Least affected AG: 0-4-year-olds; however, increase in all AGs* ○ *Deaths at a similar level in recent weeks; an increase in the number of cases is also to be expected here*	*FG32 (Diercke)*

	○ Destatis mortality figures currently show no excess mortality	
	○ Test capacity and testing: Slides here Significant increase of 200,000 in CW25 (888,500 in total) tests). Positive percentage with an upward trend at currently 50%. Positive rates and number of people tested in all Age groups increasing. The number of active outbreaks is increasing both in the medical facilities as well as in nursing and residential homes. Nursing homes. Report on vaccination rates in care facilities (9,395 facilities transmitted) (April 2022): Regional differences, lower in the east than in the west. Both for residents and employees.	FG37 (Abu Sin)
	○ VOC report and mol. Surveillance (slides here) Data status 27.06.2022: VOC shares from Omikron. KW24: BA.1 <0.1%, BA.2 26.6%, BA.3 0%, BA.4 7.4% BA.5 65.7% and BA.2.12.1 3.9% (in line with the international picture). BA.5 has become the dominating brand in the last 2 weeks. Subline. Detection of recombinants with a stable image. The Data on the number and proportions of recombinants from the sample are now listed as a table for download and are not listed separately in the report text. BA.5: 8191 cases in week 25, hospitalised: 92 (1%), 4732(58%) NA, Deceased: 1, Place of infection: Africa (2), America (2), Asia (4) BA.4: 1232 cases in week 25, hospitalised: 15(1%), 784(59%) NA, Deceased: 1, Place of infection: Africa (2), America (2) 25/06/2022: 983,331 full genome sequencings CorSurV extended from 01.07.2022: Restriction of occasions, Limitation of the remuneration (€150), gradation of the scope adapted.	FG36 (Kröger)
	○ Syndromic surveillance (slides here) Flu web: ARE rates slightly up or stable. Significantly above the pre-pandemic values. The value (total) was in of the 25th week of 2022 at 5,400 ARE (previous week: 5,400) per 100,000 Inhabitants; corresponds to a total number of 4.5 million ARE in Germany, irrespective of a doctor's visit (week 24: 4.5 million); age group 35-59- particularly strong increase (4.4% to 5.1%); decrease for children (from 11.1% to 8.6%), for adults overall increased (from 4.5 % to 4.9 %) AGI, consultations with doctors: Compared to week 24, 2022: Increase in all age groups approx. 1,500 doctor consultations due to ARE per 100,000 p.e.; approx. 1.2 million visits to the doctor due to ARE in Germany. values significantly higher than at the same time in pre-pandemic Seasons. AI compared to the previous week overall: significant (increase: 30 %). At 1,442 (previous week: 1,112), the total in week 25 was up on the previous week.	FG36 (Buda)

	the area of the previous years for the 25th week, but also in all AGs significantly higher. *<u>ARE with COVID-19 consultations:</u>*	

	In calendar week 25/2022, the figures rose significantly in all age groups under 80, but remained stable for those aged 80 and over Since week 22/2022, there has been a significant increase in some cases, especially in the age groups 15-79 years <u>ICSARI, SARI incidence</u>: no major changes; SARI case numbers in week 25 remain rather stable at summer level. SARI-ICU slightly above usual values after increase in previous week, but still at summer level. Share of COVID-19 in SARI 36% (previous week: 24%) has risen again significantly since the low point in week 22 (13%); increase affects all age groups Share of COVID-19 in SARI with intensive treatment 35% (previous week: 32%), also sharp increase from week 24/2022 Share of influenza in recent weeks between 1 - 2% (SARI) or below 1% (SARI intensive) COVID-SARI hospitalisation incidence: significant increase in CW 25/2022 overall; strong increase especially in AG under 15 and over 60 years. Increase in COVID-SARI cases, particularly in the 60-79 and 80 age groups, equally significant (also with intensive care) Increase in deaths in AG 80+ (week 24, late registrations for week 25 likely <u>Virological surveillance, NRZ influenza data</u> Increase in SARS-CoV2 positivity rate (64%), between 80-90 samples sent in. Most submissions from paediatric practices. At 19.5%, SARS-Cov-2 viruses are dominant (recent upward trend). Other human coronaviruses hardly play a role. H3N2 plateau at a level of 8%. Detection: slight increase in parainfluenza viruses (PIV), only a few HRV, HMPV detection. No RSV. o *Figures on the DIVI Intensive Care Register (slides here) increase, 980 patients (780 previous week); new admissions: 905 in the last 7 days (previous week 705). In the meantime, there has also been a slight increase in the number of deceased ICU patients. Increase in the proportion of COVID-19 patients is relatively evenly distributed across Germany. There has now also been an increase in patients with severe treatment and invasive ventilation. As the number of COVID-19 patients increases, so does the workload and staff shortage. In absolute figures, the increase is driven by older patients (60+). 77% of the current actual occupancy is people aged 60+. The largest increase is currently among people aged 80+. The forecasts generally predict an increase in actual occupancy at Kleeblatt Ost.* o *Mental health: (not reported)*	*FG17 (Dürrwald)* *MF4 (Esins)*

	Discussion • *Increase in hospitalisations in the eastern cloverleaf with lower incidences at the same time. Systematic underreporting?* ▪ *Systematic distortions not unlikely* ▪ *Regions close to the border in the east are more similar to the west* ▪ *the ARS figures seem to indicate lower test numbers in the east; Thuringia, for example, has significantly higher numbers* *Positive rate* • *Does BA.5 lead to an increased number of severe cases or does this go hand in hand with the increased number of cases?* ▪ *This is largely due to the increase in cases. Nothing else is known.*	*All*
2	**Vaccination and STIKO update** • *Meeting with Moderna today* ▪ *Presentation of current data on the variant impulse material* • *Meeting with BMG today on vaccination breakthrough data* ▪ *Planned publication in a monthly report* • *Meeting with STIKO tomorrow* ▪ *With the involvement of BMG, PEI* ▪ *Planning of next steps Issues relating to authorisation of vaccine for children aged 6 months to 5 years,* *Vaccine recommendation 4th dose*	*FG 33 (Wichmann)*
3	**International** *(not reported)*	*ZIG*
4	**Update digital projects** • *CWA update today 6pm with the latest version 2.24 for the time being* • *Corona WarnApp will be continued until May 2023*	*FG21 (Scheida)*
5	**Current risk assessment** • *Current version circulates here* ▪ *Proposed amendment: Delete specific Omikron variants* ▪ *Generic wording desired* ▪ *Editorial adjustments*	*FG31 (an der Heiden)*
6	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	*Praes*

7	**Communication**
	
	BZgA
	• *No topics*
	
	Press
	• *No topics*
	
	P1
	• *Summer flyer was sent out via the mailing list*
	  ▪ *Minor adjustments, comments please until tonight*
	  ▪ *Publication tomorrow*
		BZgA
		
		Press
		
		P1 (Leuker)

8	**RKI Strategy Questions**
	
	General
	• *(not reported)*
	
	RKI-internal
	• *IfSG draft*
	  ▪ *Reference to the possibility of commenting*
	  ▪ *Very extensive changes that go far beyond COVID-19*
	  ▪ *RKI should also record bed occupancy*
	  ▪ *Hospitals are to be obliged to submit all hospitalisation reports via DEMIS by autumn*
		FG31 (an der Heiden)
		
		FG32 (Diercke)

9	**Documents** • *(not reported)*	*FG37*
10	**Laboratory diagnostics** • *Change TestVO here* ○ *New draft for the coronavirus testing regulation provides for the continuation of citizen testing*	*FG36*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG14*

13	**Surveillance** • *Instruction of the BMG to evaluate positive antigen detections in situation reports* ▪ *Do not fulfil our reference definition* ▪ *Concept is currently being developed* ▪ *The data provided to us in this regard is incomplete, incomplete and therefore not very meaningful* ▪ *Please include the number of antigen tests in the report mention the transmitting GÄ*	*FG 32 (Diercke)*
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *Reminder of RKI internal survey on situation management* ▪ *An in-house survey on COVID situation management is currently underway.* ▪ *Request for participation and dissemination within the team and among colleagues* ▪ *Duration about 10 - 15 minutes* ▪ *Participation still possible until 06.07.2022.* ▪ *Available under the following link: https://befragungen.rki.local/SE/1/Lagezentrum/*	*FG31*
16	**Important dates** • *None*	*All*
17	**Other topics** • *Next meeting: Wednesday, 06.07.2022, 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:	*Wednesday, 06.07.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept.2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG23*
  - *Antje Gößwald*
- *FG25*
  - *Christina Poethko-Müller*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Ines Lein*
- *MF4*
  - *Janina Esins*
- *ZBS7*
  - *Agata Mikolajewska*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Astrid Rose*

ROBERT KOCH INSTITUT

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	• *Worldwide, data status: WHO, 06.07.2022, slides here*
	• *Rising global incidence of infection (+13% cases, +3% deaths)*
	• *Rising case numbers on all continents with the exception of Africa*
	• *By continent*
	  ○ *Africa*
	    ▪ *Total number of cases -19% compared to the previous week*
	    ▪ *Number of deaths: -34% compared to the previous week*
	  ○ *America*
	    ▪ *Rising number of cases (+5%) and deaths (+17%)*
	  ○ *Asia*
	    ▪ *Rising number of cases (+13%)*
	    ▪ *Falling number of deaths (-6%)*
	  ○ *Oceania*
	    ▪ *General increase in the number of cases and deaths (+17% and +7%)*
	  ○ *Europe*
	    ▪ *Rising number of cases (+19%) compared to the previous week*
	    ▪ *Falling number of deaths (-11%)*
	• *7-day incidence per 100,000 population in Europe*
	    ▪ *22 countries with >40% increase in case numbers compared to the previous week*
	    ▪ *Highest incidence in Cyprus (1,225), France (1,175), Luxembourg (917), Italy (916) and Austria (817)*
	• *BA.5 in EU*
	    ▪ *Dominance in most EU countries in CW23*
	    ▪ *Portugal: dominance week 19, falling case numbers from week 23*
	    ▪ *BA.5 wave: falling case numbers expected from approx. week 28*
	• *Europe - Adaptation of vaccination recommendation 2. booster vaccination due to BA.5*
	    ▪ *France and the Netherlands recommend 2nd booster vaccination from the age of 60, Norway from the age of 65*
	    ▪ *From 1 October 2022, Denmark will send everyone aged 50 and over an invitation to a second booster vaccination*
	• *Test strategies international [ID5545]*
	    ▪ *Free self-testing currently only available in the USA*
	    ▪ *Paid self-tests with strong recommendation in the Netherlands, Portugal, Italy, Spain*
	    ▪ *PCR tests free of charge ~~very different~~ for restricted groups of people ~~in~~ different countries*
	    ▪ *Austria offers the general population 5 free self-tests and 5 free PCRs per person per month*
	• *Omikron subline BA.2.75*
	    ▪ *From media reports in India (cases in 10 states),*
		ZIG1 (Rohde)

	isolated cases in the UK, Canada, New Zealand, Australia ▪ Only available official statement from the Ministry of Health in New Zealand: Currently there is no evidence Adapt measures **National** Case numbers, deaths, trend, slides here • SurvNet newly transmitted 130,728, including 122 deaths o 7-day incidence ▪ Currently 678.8/100,000 inhabitants. ▪ LK with incidences >500: + 0 (305/411) ▪ LK with incidences >1,000: - 1 (38/411) o Course of the 7-day incidence in the federal states ▪ Increase has slowed in all BL ▪ Highest incidences in SH, NI, SL, HB, NRW ▪ Lowest incidences in: TH, SN, ST, BB, BE o Geographical distribution of 7-day incidence by district ▪ Continued high 7-day incidences, primarily in the north-west ▪ 305/411 LK with 7-day incidence > 500/ 100,000 inhabitants. o Heatmap - Weekly COVID-19 incidence (per 100,000 inhabitants) ▪ Highest incidence among young adults (25-29-year-olds) ▪ Lowest incidence among 0-4 year olds and 65+ year olds o Weekly death rates in Germany ▪ Slight increase in the number of deaths, possibly due to the heatwave	FG32 (Diercke)
	• Intensive register, SPoCK (slides here) ▪ DIVI Intensive Care Register As of 06/07/2022, 1,059 COVID-19-patients treated in intensive care units (of the approx. 1,300 acute hospitals). Further increase in COVID-ITS occupancy ITS-COVID new admissions with +938 in the last 7 days Further increase in deceased ITS patients recorded ▪ Share of COVID-19 patients in the total number of operational ITS beds Relatively evenly distributed across Germany (exceptions: Hamburg and Bremen) ▪ COVID-19 treatment occupancy by severity Increase for mild and decrease for severe Treatments Increase in absolute numbers due to the older generation (60+ years): 76% is over 60 years old ▪ SPoCK: Prognoses of COVID-19 patients requiring intensive care The forecasts predict an increase in actual occupancy in all BCs.	MF4 (Esins)
	• Syndromic surveillance, slides here	

	o FluWeb ▪ The value (total) in the 26. CW 2022 at 5,400 ARE (previous week: 5,500) per 100,000 Inhabitants. ▪ Corresponds to a total number of 4.5 million ARE in Germany, irrespective of a visits to the doctor (CW 25: approx. 4.6 million). ▪ ARE overall: stable at 5.4% (previous week: 5.5%); previous week's figure "increased" by 0.1 percentage points ▪ Trend stable so far, no decline recognisable ▪ Increase in children (from 9.3 % to 10.7 %), decrease in adults (from 4.9 % to 4.5 %) ▪ Rates are well above the level of the pre-pandemic population ARE o AGI outpatient area ▪ Compared to the 25th week of 2022: stable, decline in all age groups due to Late registrations for week 25 ▪ approx. 1,500 medical consultations due to ARE per 100,000 p.e. 26. week 2022: approx. 1.2 million visits to the doctor due to ARE in Germany ▪ AI compared to the previous week overall: down. o ARE consultations with COVID diagnosis / 100,000 inhabitants ▪ ARE with COVID-19 consultations until 26th week of 2022 ▪ Around 420 doctor visits ARE with COVID diagnosis /100,000 p.e. (=total number of around 350,000 ARE-COVID doctor visits in Germany) o ICOSARI ▪ SARI case numbers in week 26 remain rather stable at summer level ▪ SARI-ICU slightly above the usual values since week 24, but still at summer level o COVID-SARI hospitalisation incidence ▪ 3.1 COVID-SARI per 100,000 ▪ Corresponds to approx. 2,600 new hospital admissions due to COVID-SARI in Germany. ▪ Stable compared to the previous week o COVID-SARI development 16th week to 26th week 2022 ▪ Increase in COVID-SARI cases, especially in the 60-79 and 80 age groups, weakened in week 26 ▪ More intensive care treatments again in AG 60-79 (late registrations for week 26 likely) ▪ Increase in deaths in AG 80+ (CW 24 and 25, late registrations for CW 26 likely) • Virological surveillance, NRZ influenza data o SARS-CoV-2 ▪ Plateau in recent weeks ▪ In week 26 20% SARS-CoV-2 detections ▪ SARS-CoV-2 dominates among coronaviruses ▪ Age distribution: highest number of cases among over 60-year-olds	FG36 (Buda) FG17

(Dürrwald)

  and lowest number of cases among 0-4 year olds
  - Influenza: 5.3% detections exclusively H3N2, age distribution mainly 16-34-year-olds.
  - ARE activity increase in parainfluenza viruses. HRV slightly decreasing, isolated HMPV and no RSV detection.

FG36 (Kröger)

- *Molecular Surveillance, slides here*
  - The trend of recent weeks continues
  - BA.5 now clearly predominates with 77% followed by BA.2 (16.1%), BA.4 (6.7%) and BA.2.12.1 (3.6%)
  - BA.5 is divided into sublines (BE.1 26.7%, BA.5.1 25.3%, BA.5.2.1 8.5%, BA.5.2 6.3%)
  - BA.5 properties:
    - Seqs: 21,938 of which 12,699 in random sample
    - 8,191 cases in the reporting system by 05/07/2022
    - Hospitalised: 144 (1.8 %); 6438 (79 %) NA
    - Deceased: 3 (3x 60-79; 1x 80+)
  - BA.4 properties:
    - Seqs: 2,701 of which 1,541 in random sample
    - 1,551 cases in the reporting system by 05/07/2022
    - Hospitalised: 22 (1.4 %); 996 (64 %) NA
    - Deceased: 1
  - Whole genome sequencing & CorSurV 05.07.2022
    - Almost 1 million total genome sequences, of which 473,446 are in the sample

FG23 (Gößwald)

- *First results of CoMobu 2: Seroprevalence of antibodies against SARS-CoV-2, proportion of vaccinated and infected persons by the end of February 2022 (slides here)*
  - Corona Monitoring nationwide 2021 is a cooperation between RKI and SOEP
  - Net sample of 11,162
  - Range of topics in questionnaire: Infection, vaccination, informedness, current state of health, Health behaviour
  - Period mainly until the end of 2021
  - Seroprevalence of IgG antibodies in the adult population was estimated at 91 per cent nationwide (85% in 14-17-year-olds)
  - 10% of adults in Germany had a SARS-CoV-2 infection. (Population 60+: 7%)
  - Around a third of the population was assessed as having particularly good protection against a severe course of the disease
  - Limitations: Only private households. Underestimation due to methodological uncertainties, selection bias

Discussion

- *Is there a representation of the number of ITS beds that can be operated per day, the denominator of the capacity utilisation is likely to change significantly due to the illness situation in the staff -> It is possible that the number of occupied beds underestimates the number of beds that can be operated per day?*

	actual situation? ▪ The number of beds that can be operated has fallen by around 5% since January. The staff factor naturally plays an important role here. a role. MF4 provides information in the event of anomalies. • Situation SH: In the EpiLag it was mentioned that the increase in cases is due to the Kiel Weeks. • Suggestion to make the BA.5 sublines in the graphics similar in colour so that they are recognisably related • CoMiBu can only be stratified regionally at a coarser level, not at a smaller scale	All
2	**Vaccination update** • The new monthly report on the COVID-19 vaccination situation in Germany will be published tomorrow • STIKO meeting last week; evidence regarding a possible change in the recommendation of a 2nd booster vaccination will be comprehensively processed by the next meeting on 20 July	FG 33 (Harder)
3	**Update digital projects** • (not reported)	FG21
4	**Current risk assessment** • Proposal set for Long-COVID-19 (slides here and here) ▪ Study question: Assessment of the effectiveness of vaccination against COVID before infection with regard to long COVID ▪ Systematic review - PICOS methodology ▪ Final report expected in autumn ▪ 69 studies were screened according to inclusion and exclusion criteria ▪ Should not be included in the current risk assessment until final results are available • No change in current risk assessment	FG25 (Poethko-Mueller)
5	**Expert advisory board** • (not reported)	Praes

6	**Communication** **BZgA** • *not reported* **Press** • *Social Media Taskforce gives an introduction for the weekly report tomorrow focussing on acute respiratory diseases.* **P1** • *Behavioural tips for the summer are online. They have already been tweeted.*	*BZgA* *Press (Wenchel)* *P1 (Lein)*
7	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All*
8	**Documents** • *COVID-19 interim report* ▪ *Data status from 01/01/2022* ▪ *will be finalised soon* ▪ *Proposal: Approval by department heads* ▪ ~~*Non-final*~~ *draft, not yet fully agreed in house, should be submitted to the Scientific Committee at the same time. Advisory Board and departments (target date 15.07.22)*	*FG31 (Rexroth)*
9	**Information from the coordination centre** • *Gaps in the line-up* ▪ *due to sickness, holidays and other priorities such as the monkeypox situation* ▪ *No own compensation possible; there is a risk of losses* • *Proposals Frequency reduction Reporting* ▪ *In particular, change the frequency of the weekly report; shorten texts and content if necessary* ▪ *Suggestion to scrutinise Monday reporting, no meaningful data* ▪ *Topic will be included in the next Jour Fixe*	*FG31 (Rexroth)*

10	**Other topics**	
	• *Next meeting: Wednesday, 13 July 2022, 11:00 a.m., via Webex*	*All*

End: 13:13

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 13.07.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antao*
- *Dept.2*
  - *Michael Bosnjak*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
  - *Maria Silva de Almeida*
- *FG31*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
  - *Claudia Siffczyk*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *P1*
  - *Christina Leuker*
- *MFI*
  - *Martina Fischer*
- *ZBS7*
  - *Agata Mikolajewska*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	○ *Worldwide, data status: WHO, 12.07.2022, slides here*
	○ *Rising case numbers on all continents with the exception of Africa*
	○ *Europe reports the most cases (around 50%)*
	○ *Small decline in deaths, most reported deaths from America*
	○ *Map with 7-day incidence:*
	  ▪ *12 countries with >40% increase in case numbers compared to the previous week (Estonia, Kosovo, Romania, Poland, North Macedonia, Montenegro, Serbia, Hungary, Bulgaria, Albania, Bosnia and Herzegovina, Slovenia)*
	  ▪ *11 countries with incidences above 500/100,000 inhabitants (Cyprus, France, Italy, San Marino, Greece, Monaco, Luxembourg, Austria, Malta, Germany, Andorra), of which only Cyprus, Italy and Andorra have a case change >20% at the same time*
	  ▪ *Incidences are falling in Portugal, England and Norway*
	  ▪ *BA.5 Dominance in most EU countries in CW23*
	  ▪ *BA.5 wave: falling case numbers expected from approx. week 28*
	○ *Other reports:*
	  ▪ *Calculations from Denmark: Hybrid immunity (Omikron + vaccination) protects better than vaccination alone. Comparison of people who had a SARS-CoV-2 infection while Omikron was dominant with people who did not have a confirmed SARS-CoV-2 infection in the same period with an odds ratio of 0.075*
	  ▪ *Preliminary analyses indicate that the vaccination status of cases infected with BA.4 and BA.5 does not change. significantly different from that of cases infected with BA.2, suggesting that the protection conferred by the vaccines is probably comparable to that previously observed.*
	  ▪ *Country focus India: Omikron subvariant 2.7.5 sequenced for the first time in India (CW21), progression in India since 10.02.22, case numbers are rising again. BA.2 and BA.5 were sequenced in India. No sequences from July are available yet, last sequences from June. There were 4,000 sequences available, 155 of which were BA.2.7.5. Distribution in 13 regions. From 13-27.6, BA.2 was dominant (78%), followed by BA.5 (20%).*
		ZIG1 (Gillesberg-Raiser)

	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: 29,308,100 (+127,611), thereof 142,139 (+104) Deaths* ○ *7-day incidence: 691.8/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,714,929 (77.8%), with complete vaccination 51,338,510 (61.7%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Effect of Kiel Week with high case numbers in SH has dissipated, decrease in incidences* ▪ *Stable development/plateau phase in all federal states* ○ *Geographical distribution of 7-day incidence by district* ▪ *A district with an incidence of over 2,000* ▪ *Acceptance in SH* ○ *Heatmaps* ▪ *Plateau, no major change from the previous week* ▪ *Highest incidence among young adults (25-29 year olds)* ○ *COVID-19 cases by age group and date of death* ▪ *Plateau, no growth* ○ *Weekly death rates* ▪ *High excess mortality due to intense heat in June, not COVID-19* *Discussion* ○ *Lower Saxony has reported too few cases due to technical problems (18,000 expected, 6,000 reported). NS contacted the RKI press office. NS has sent a press release, technical problem has been solved.*	*FG32 (Sievers)*
	○ *VOC report* ▪ *BA.5 share increases to 83%* ▪ *Other variants no longer detected or in decline* ▪ *Stagnation of BA.2.12.1 and BA.4* ▪ *BE.1 and BA.5.1 strongest sublines of BA.5* ▪ *Due to the high number of sublines, graphics are now prepared differently. Introduction of two Graphics. The first provides a rough overview of VOCs (top variants), with a more detailed representation in the second chart. The currently dominant variants are shown here diversified into sublines* ▪ *New line BA.2.75 first detected in India. 5 sequences, 3 of which were sampled. Sampling took place at the beginning of June. Due to the low level of sequencing and widespread distribution in various regions, it is assumed that this is an underreporting. Cases spread across federal states, none*	*FG36 (Kröger)*

	Travel history/recognisable context ▪ *No hospitalisation of cases* o *Syndromic surveillance* o *FluWeb* *The value (total) in week 27 of 2022 was 6,000 ARE (previous week: 5,300) per 100,000 inhabitants.* *Corresponds to a total number of 5.0 million ARE in Germany, regardless of a doctor's visit (26th calendar week: approx. 4.4 million).* ▪ *ARE total: rising 6% (previous week: 5.3%); previous week's value "increased" by 0.1 percentage points* ▪ *Trend: no decline recognisable, rising after a stable phase* ▪ *Increase in children (from 10.5 % to 12.1 %), in adults: 5.0 % (previous week: 4.5 %)* ▪ *Total ILI: minimal decrease (from 2.1 % to 1.9 %); (previous week: 2.0 %);* ▪ *Decline among children (stable among adults)* o *ARE consultations with COVID diagnosis / 100,000 inhabitants* ▪ *In week 27, slightly fewer visits to the doctor for ARE were registered nationwide than in the previous week;* *but: there were a number of late registrations for the previous week, so the trend is rather stable* ▪ *Approx. 1,500 medical consultations due to ARE per 100,000 p.e.* ▪ *27th week of 2022: approx. 1.2 million visits to the doctor due to ARE in Germany* ▪ *AI compared to the previous week overall: stable, total in week 27 at 1,503 (previous week: 1,554)* *slightly higher than in CW 26* o *ARE consultations with COVID diagnosis / 100,000 inhabitants* ▪ *Since calendar week 22/2022, an overall increase in doctor consultations due to COVID-ARE has been observed again,* *CW 27/2022 largely stable compared to the previous week* o *SEED-ARE with COVID-19 consultations in age group up to week 27, 2022* ▪ *in week 27/2022, the values in the age groups of 5 to 59-year-olds are down compared to the previous week* *remained largely stable, but fell in the other age groups* ▪ *Since calendar week 22/2022, there has been a significant increase in some cases, particularly in the 15-79 age groups* o *ICOSARI* ▪ *SARI case numbers in week 27 remain rather stable at summer level* ▪ *SARI-ICU slightly above the usual values since week 24, but still at summer level* ▪ *Share of COVID-19 in SARI has risen in recent weeks, week 27: 41% (previous week: 39%)* ▪ *Share of COVID-19 in SARI with intensive treatment 47 %* *(previous week: 29%), increase compared to the previous*	*FG36 (Buda)*

	○ *COVID-SARI hospitalisation incidence* ▪ *3.7 COVID-SARI per 100,000* ▪ *Corresponds to approx. 2,600 new hospital admissions due to COVID-SARI in Germany.* ○ *COVID-SARI development 17th week to 27th week 2022* ▪ *The increase in COVID-SARI cases recorded since calendar week 22, particularly in the 60-79 and 80 age groups, has weakened* ▪ *Increase in deaths in week 24/25 in AG 80+ has currently not continued* ○ *Virological surveillance, NRZ influenza data* ▪ *SARS-CoV-2 increased to 26% (5th highest value in the sentinel), striking.* ▪ *No detection of endemic corona viruses* ▪ *All AGs affected, older AGs still most affected* ▪ *Influenza virus H3N2 declining (4% positive rate)* ▪ *Other respiratory viruses: PIV high level (20%), followed by rhinoviruses (14%), no detection of RSV*	*FG17 (Dürrwald)*

	○ *Figures on the DIVI Intensive Care Register*
	○ *DIVI Intensive Care Register*
	▪ *As of 136 July 2022, 1,232 COVID-19 patients in intensive care units (of the approx. 1,300 acute-care hospitals).*
	▪ *Further increase in COVID-ITS occupancy*
	▪ *ITS-COVID new admissions with +1,122 in the last 7 days*
	▪ *Further increase in the number of deceased ITS patients*
	▪ *Share of COVID-19 patients in the total number of operational ITS beds*
	  ▪ *The increase in COVID-19 patients in beds is currently between 3.5% and 7%*
	  ▪ *In Bremen, the share is currently around 12%, in Hamburg around 9%*
	  ▪ *SH Decline to plateau*
	  ▪ *NRW has risen relatively sharply from 3% to 6%*
	▪ *COVID-19 treatment occupancy by severity*
	  ▪ *Proportion requiring invasive ventilation increases*
	  ▪ *33% with invasive ventilation*
	  ▪ *43% unknown treatment, possibly no respiratory ventilation*
	  ▪ *There was an increase in all treatment groups (except ECMO). Absolute increase the figures for the various treatment groups; in percentage terms, there is now an overall trend towards a proportionate increase in light treatments in particular and a proportionate decrease in heavy treatments*
	  ▪ *The increase in the number of cases is due to*
		MFI (Fischer)

	lighter treatment levels controlled
	▪ Assessment of the operating situation
	  ▪ Workload and staff shortages are increasing, 60% of MBs report full or partial Restriction of the operating situation
	  ▪ Staff shortages reported by 50% of intensive care units
	▪ Age groups Development
	  ▪ Increase in absolute figures is driven by 60+
	  ▪ Share of 60+ has levelled off at 75%
	▪ SPoCK: Prognoses of COVID-19 patients requiring intensive care
	Forecasts predict an increase in ITS occupancy in all CCs.
	
	Project presentation
	Long-Covid activities at the RKI overview
	• Long COVID as a public health problem
	  o Summer 2020: First reports in social media on "Long COVID", increasingly the focus of science and politics
	  o Spring 2021: Initiative report and establishment of a working group on Long COVID at the RKI
	  o May 2021: first content on long-term effects in the SARS-CoV-2/COVID-19 fact sheet, FAQs
	  o June-December 2021: Interministerial Working Group Long COVID (IMA) chaired by the BMG
	  o December 2021: "Post-COVID-19" BMG project
	• Epidemiology and Public Health on Long COVID
	  o Regular updating of scientific evidence, literature research
	  o Systematic evidence syntheses on Long COVID
	  o Systematic review: does SARS-CoV-2 vaccination protect against Long-COVID? (period March-November 2022)
	• Primary data collection: seroepidemiological studies
	  o CoMoLo follow-up and CoMoBu wave 2, supplementation of surveys for Long Covid research on medium and long-term health consequences of the pandemic comparing adults with and without SARS-CoV-2 infection
	• Project: "Post-COVID-19"
	  o Dec.2021-Dec.2023, analysis of health care data, survey of general practitioners and paediatricians on Long-COVID, expansion of cooperation between RKI and partners in public health and health care, self-help organisation
	
	Discussion
	▪ Acute infection situation
	  o The impression arises from syndromic surveillance,
		FG25 (Scheidt-Nave)

	that the current activity of infection/spread in the population has reached its peak. When will there be a decline? It takes time to see a trend in older people, can this be measured by hospitalisation and actual deaths? o *Case numbers are currently at a plateau. Numbers in intensive care and hospitalisation in the reporting system are still increasing. Therefore, do not signal an easing, but communicate a constant level* o *It is still a transfer at a high level. Sideways movement is not enough to ease the situation. Tenor for weekly report* o *Syndromic surveillance should be brought to the fore (and before incidence). Well received in the last weekly report.*	
2	**Vaccination update** • *Publication of the monthly report last week* • *Press relations work in the aftermath, no major reflection in the press, report was picked up by dpa. Press enquiry from WELT with 26 questions, already answered, has not yet been published* • *Preparation for STIKO meeting next week. Topics:* ▪ *ECDC announcement second booster* ▪ *Tendency, whether STIKO recommends from 60 years still unclear* ▪ *Mr Mertens in conversation with the Minister on Monday* ▪ *Probably no 4th vaccination for all, rather a more precise definition of the risk group* *Discussion* • *Should the 2nd booster be carried out with a customised or general vaccine?* • *Whether a 2nd booster with an adapted or general vaccine should be carried out will be discussed at the STIKO meeting next week* • *Adapted vaccines are expected to be delivered in September/October. Limited data on the benefit of the adapted vaccines is based on immunological bridging considerations. ECDC announcement is understood to mean that there should be no wait for adapted vaccines* • *Question of timing/efficacy: with other vaccines, variations are not investigated in large studies. An intensive part of the discussion is the risk of limiting the immune response if the same vaccine is boosted repeatedly* • *Question about other antibodies formed: there is initial data on this from Moderna, will be discussed at the STIKO meeting next week.* *are presented. Initial laboratory studies (clonality issue) are also discussed there.*	*FG 33 (Harder)*

3	**Update digital projects** • *Negotiations/examinations as to how long CWA can remain active beyond 31 December (financial/legal)* • *Recommendations for action in CWA updated* • *Valuation based at the BMG*	*FG21 (Schmich)*
4	**Current risk assessment** ○ *No need for updating*	*FG31 (an der Heiden)*
5	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	

7	**Communication**
	BZgA
	• *Development of a vaccination check as a click tool, will be available from autumn. The public can find out whether vaccination is recommended for them. The RKI is asked to review the content from a technical perspective*
	
	Discussion
	• *Status and availability of autumn/winter trade journal?*
	  ▪ *Flyer tips autumn/winter Influenza and COVID currently on hold, will not go out until autumn. Current tips for Summer on RKI website. Flyer autumn/winter will be sent to BZgA by P1 (Lein).*
	• *What is the RKI's position on self-testing?*
	  ▪ *To reduce the number of cases, testing must be highly frequented (2-3 times per week), by not existing output of tests, regular performance is more difficult. Therefore no major effect on R-value or case numbers to be expected.*
	  ▪ *Self-tests only have a short time window in which they are positive. False-negative tests in the early phase*
	  ▪ *Diagnosis belongs in the hands of a diagnostician. For risk groups, however, another factor for protection*
	  ▪ *In case of symptoms (and other illnesses) recommendation to stay at home for 5 days*
	  ▪ *It is uncertain whether test systems for other pathogens will become established. Self-tests for corona remain probably still exist for a while*
	Press
	• *20.07 Background discussion on CoMoBu study with Ms Gösswald*
	• *A factsheet with accompanying PM is planned for Thursday (21 July). Both documents will be sent to BMG in advance (Friday, 15.07)*
	P1
	• *(not reported)*
		BZgA (Rückle)
		
		Press (Wenchel, Degen)
		
		P1

8	**RKI Strategy Questions** **General** • *Question from EpiLag about secretion:* *"Is there an intention to lift isolation after a positive SARS-CoV-2 test, as other respiratory diseases that do not require isolation will also be circulating in winter? Is there an intention to tighten up contact tracing?"* ▪ *Is a recommendation of the federal government, will be updated in due course. With a view to autumn* *Leave separation recommendations as they are. No active independent touching at present* • *Dealing with "decrees" from consulting firms, here Scholz&Friends* ▪ *Increased requests for votes from Scholz&Friends (agency for information campaigns commissioned by the BMG)* ▪ *Discussion with BMG and request for cancellation of applications by companies* ▪ *Consultation with Mr Kautz; normally runs via the vaccination campaign steering group, these are could not be reached due to holidays, as they needed a new addressee, it went to the coordination centre* ▪ *Request from the BMG to the RKI to organise the assumption of tasks* ▪ *Answering required enormous resources* ▪ *Presentation again by VPräs in Jour Fixe, until then Request for further processing*	*All* *Dept. 3*
8	**Documents** • *Interim report* ▪ *Submission of the draft version to the Scientific Advisory Board on Friday, 15.07.22* ▪ *Report goes to department heads for feedback, Deadline until 01.08.*	*FG31 (an der Heiden)*
9	**Other topics** • *Next meeting: Wednesday, 20 July 2022, 11:00 a.m., via Webex*	

End: 12:47 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 20.07.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Walter Haas

Participants:

- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
  - *Susanne Duwe*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Maria an der Heiden*
  - *Ulrike Grote*
  - *Robert Caglar (Minutes)*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *C. Frank*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *ZBS7*
  - *Christian Herzog*
  - *Agata Mikolajewska*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Syndromic surveillance* ○ *Slides here* ○ *Worldwide: Cases: 6,319,557 (-2% compared to the previous week)* ○ *Deaths: 10,970 (- 3% compared to the previous week)* ○ *Data status: WHO, 19 July 2022* ○ *Most deaths unchanged in America (5428; 49.5%)* ○ *Significant decrease in cases and deaths in Europe (21% each) compared to the previous week* ○ *Continued low number of cases in Africa but recent increase of 40% due to many large events, including in Libya and Sudan during public holidays.* ○ *Stable trend in numbers worldwide also due to changed testing strategies, especially in Europe (e.g. in Spain, Denmark and England: only testing of risk groups; Austria: reduction in the number of PCR tests per inhabitant)* ○ *Map with 7-day incidence:* ▪ *Once again a total of 11 countries with >40% increase in case numbers compared to the previous week: Kosovo, Hungary, Bosnia and Herzegovina, Serbia, Czech Republic, Romania, Poland, North Macedonia, Montenegro, Lithuania, Bulgaria* ▪ *4 European countries with incidences between 900 - 1700: Austria (944; rising trend), France and Italy (just under 1,000 each; downward trend) and Cyprus (just under 1,700; stable trend)* *ToDo: Please also address the (difficult) progression curves outside of America in the future* *Note: The PHI team always reports on the relevant events of the previous week, so hospital admissions and ICU occupancy are also reported if there are relevant signals abroad.*	*ZIG1*
	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 29,994,679 (+140,999), of which 142,771 (+136) deaths* ○ *7-day incidence: 740.1/100,000 inhabitants* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,721,257 (77.8%), with complete vaccination 51,380,574 (61.8%)*	*FG32*

- *Course of the 7-day incidence in the federal states:*
  - *Further decline in case numbers in SH. Sharp decline in HH. Overall German incidence in Sideways trend at a high level of just under 800*
- *Geographical distribution of 7-day incidence by county:*
  - *Currently three counties with incidence above 2,000 (previous week: 1)*
- *ARS data*
  - *Number of tests unchanged despite the new cost price of €3.*
  - *Slight increase in the number of positive tests*
- *VOC report*
  - *BA.5 share increases to 86.5%*
  - *Other variants declining or no longer detected*
  - *Stagnation of BA.2.12.1*

Discussion

- *The question of whether the current sideways trend in the figures corresponds to a plateau or a rise was answered with a stable level, albeit at a very high level, and should not be interpreted as an all-clear.*

- *The continuing sharp decline in SH was also addressed, which is attributable to the recovery process that has now taken place in the number of visitors to Kiel Week (three million visitors out of a population of 300,000).*

- *Syndromic surveillance*
- *FluWeb*
  - *The total value in week 28 was 5,500 ARE (previous week 5,800) per 100,000 inhabitants. Corresponds to a Total number of 4.6 million ARE in Germany, regardless of a doctor's visit (27th calendar week: approx. 4.8 million).*
  - *Down 0.2%P on the previous week's figure; trend slightly rising to stable*
  - *Currently (5.5%) significantly higher than in the years 2006- 2019*
- *Virological surveillance, NRZ influenza data*
  - *Most detected*
  - *Generally declining numbers in the Sentinel, as the number of samples sent in due to increased The number of doctors on holiday is declining*
  - *SARS-CoV-2 in 21% of samples submitted*
  - *RSV on the rise again after a long time*
  - *Influenza virus H3N2 declining (3% positive rate)*
- *Figures on the DIVI Intensive Care Register*
  - *As of 20 July 2022, 1,330 COVID-19 patients are being*

	treated in intensive care units ▪ *COVID-ITS occupancy continues to rise* ▪ *1,324 new ITS COVID admissions in the last seven days (previous week: 1,122)* ▪ *In all CCs (with the exception of Hamburg), the proportion of COVID patients in the total number of operational ITS beds is increasing → Particularly in Berlin, Rhineland-Palatinate and the Saarland* ▪ *Deaths with a positive test are increasing. Figures correlate with age groups* ▪ *Cases requiring respiratory support have recently increased again. ECMO treatments continue Declining → Increase in light treatment levels; decline in heavy treatment measures* ▪ *Rising case numbers are leading to increasing restrictions (almost 60% partially or completely) on the regular operation of reporting areas → Caused by Mainly staff shortages*	
2	**Vaccination update** o *Today's discussion: 4th vaccination from 60 instead of 70?* ▪ *Lower than 60 currently unlikely* ▪ *4th vaccination currently still below 40%* o *Vaccination registration obligation for retirement homes* ▪ *17 reports forwarded by the RKI via the BMG to the BL health ministers. Valid in the Basically published as of tomorrow. Send to the AGI through the coordination centre.* ▪ *Press office contacts BMG regarding text proposal for announcement of the 17 reports*	*FG 33*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** ▪ *CWA version 2.25 coming next week* ▪ *BMG is working on a hotline project*	*FG21*
5	**Current risk assessment** o *Currently no need for action; will be discussed again at one of the upcoming meetings*	*Dept. 3*

6	**Expert advisory board** • *(not reported)*	
7	**Communication** **BZgA** • *(not reported)* **Press** • *A background discussion on the CoMoBu study took place today; seven journalists were present and the discussion went well. A press release on the topic will be sent out tomorrow and a factsheet with the initial results will be published online.* **P1** • *(not reported)*	*BZgA n.a.* *Press* *P1*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** **FG17** • *(not reported)* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*

12	**Measures to protect against infection** • *(not reported)*	*FG14*
13	**Surveillance** • *(not reported)*	*FG 32*
14	**Transport and border crossing points** • *(not reported)*	*FG38*
15	**Information from the coordination centre** • *(not reported)* *ToDo: There are still massive problems filling the shifts - please actively ask volunteers who have already been trained and also across departments. In 2 weeks it looks very bad and under the current conditions it is difficult to train new staff!*	*FG38*
16	**Important dates** ○ **Scientific Advisory Board, 20 + 21 July 2022** ▪ *Presentation of COVID-19 interim report, presentation COVID-19 - perspective on autumn and winter*	*All*
17	**Other topics** • *Next meeting: Wednesday, 27 July 2022, 11:00 a.m., via Webex*	

End: 12:16 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 27.07.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Esther-Maria Antao*
- *Dept. 1*
  - *Martin Mielke*
- *Dept.2*
  - *Michael Bosnjak*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Susanne Duwe*
- *FG21*
  - *Wolfgang Scheida*
- *FG26*
  - *Lena Walther*
- *FG31*
  - *Ute Rexroth*
  - *Ulrike Grote*
  - *Christian Wittke (minutes)*
  - *Juliane Seidel*
- *FG32*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG33*
  - *Ole Wichmann*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Ines Lein*
- *MF4*
  - *Janina Esins*
- *ZBS7*
  - *Agata Mikolajewska*
  - *Christian Herzog*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Worldwide, data status: WHO, 26.07.2022, slides here* ○ *Falling case numbers on all continents with the exception of Asia and Oceania* ○ *Stabilisation of case numbers* ○ *Asia reports the most cases (around 36%)* ○ *Small decline in deaths, most reported deaths from America* ○ *CAVE: changed testing strategies in many places, especially in Europe e.g. Spain, Denmark, England only test risk groups or only recommend testing people at risk of severe disease, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant* ○ *CAVE: Case numbers for Africa are not consolidated - late reports are expected; reports in Europe are irregular* ○ *Map with 7-day incidence:* ▪ *Greece. 7T incidence: 1385/100,000 p.e. (22.07.)* ▪ *Switzerland: 7T incidence approx. 530/100,000 p.e. (22 July)* ▪ *BA.5 Dominance in most EU countries in CW23* ▪ *BA.5 wave: falling case numbers expected from approx. week 28* ○ *Virus variants based on data from 100 countries: BA.2 (2.6%), BA.2.12.1 (4.5%), BA.4 (11%), BA.5 (54%)* ▪ *BA.2.75 at a very low level; insufficient data to date to draw conclusions about the severity to be able to meet.* ○ *Hospitalisation and ITS occupancy* ▪ *According to the ECDC, incidences in people aged 65 and over have been rising for several weeks (24 countries report data), this increased transmission within older age groups is now also reflected in higher rates of serious illness; 18 out of a total of 35 countries with data on hospitalisations and intensive care bed occupancy (still comparatively low) report increasing trend compared to previous week* ▪ *Switzerland: mainly very old people (80+) affected. Overall, comparatively few cases with decreasing Trend.* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: 30,598,385 (+121,780), thereof 143,545 (+181) Deaths* ○ *7-day incidence: 652.0/100,000 inhabitants.*	*ZIG1 (Esquevin)* *FG32*

	o *Vaccination monitoring: Vaccinated with 1st dose 64,728,212 (77.8%), with*	

	complete vaccination 51,415,743 (61.8%) ○ Decrease in daily case numbers compared to the previous week. Slight increase in the number of deceased hospitalised persons and hospitalised persons aged 60+. ○ Course of the 7-day incidence in the federal states: ▪ Slight decline in almost all CCs; peak appears to have been reached ○ Geographical distribution of 7-day incidence by district ▪ A district with an incidence of over 2,000 ▪ Number of LK with higher incidences is decreasing ▪ Slight decline in the west ○ Heatmaps ▪ Slight increase in incidence in the group of very old people (80+) ▪ Slight decline in all other AGs ○ COVID-19 cases by age group and date of death ▪ Deaths increase slightly ▪ Late registrations are to be expected ○ Weekly death rates ▪ Slight increase in excess mortality possibly due to hot days ○ Notification of antigen tests ▪ Based on the reports of antigen tests, no effects in connection with changes to the Recognisable test strategy ▪ The proportion of COVID cases with antigen detection has been falling since CW21 and not just since the Changing the test strategy ○ Number of DEMIS reports from test centres ▪ Reports from test centres also show no changes in connection with changes to the Test strategy	(Sievers)
	○ Test number recording slides here ▪ Number of tests performed decreasing compared to the previous week (due to the holiday period) ▪ Positive share at 55% (rising trend) ▪ No significant difference between the BCs, slight decline in all BCs ▪ Decrease in the number of tests per 100,000 population in all age groups ▪ Positive share increase only in AG 80+ ▪ Obligation to register inpatient care facilities in accordance with §20a para. 7 ▪ Just under 10% of residents are not vaccinated, compared to employees and However, guests are best vaccinated ▪ Significant differences between the CCs: 11% of residents in SN have not been vaccinated, while in SH it is only 3%	FG37 (Eckmanns)
	○ VOC report slides here	

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BA.5 share increases by 2% to a total of 88.8%
Other variants no longer detected or in decline
BA.5.1 strongest sublines of BA.5 with 26.9%, followed by BE.1.1 with 23.1%
New line BA.2.75 very weakly represented in Germany (6 cases in total)

Syndromic surveillance slides here
FluWeb
The value (total) in week 29, 2022 was 4,600 ARE (previous week: 5,800) per 100,000 inhabitants.
Corresponds to a total number of 3.8 million ARE in Germany, irrespective of a doctor's visit (CW 28: approx. 4.8 million)

Total ARE: down 4.6 % (previous week: 5.8 %); previous week's figure "increased" by 0.3 percentage points
Trend: stable or falling in recent weeks
Decrease among children (from 9.2% to 8.0%), among adults: 4.1% (previous week: 5.2%)
Total ILI: down (from 2.0 % to 1.7 %); (previous week: 2.0 %);
Decline in children and adults

ARE consultations with COVID diagnosis / 100,000 inhabitants

In week 29, slightly fewer visits to the doctor due to ARE were registered nationwide than in the previous week.
Approx. 1,400 medical consultations due to ARE per 100,000 p.e.
29th week of 2022: approx. 1.1 million visits to the doctor due to ARE in Germany
AI in comparison to the previous week overall: declining, total in week 29 at 1,357 (previous week: 1,630).
Is at a total of 1,400 for the first time in 4 weeks
above the range of previous years at 29th week, but also significantly higher in all AGs
Decline in all AGs compared to the previous week (between 6 and 26 %)
- AI (overall) stable or falling in 12 out of 12 regions; for 0-4-year-olds: 10 out of 12 regions
decreased or stable; school children: 9 out of 12 regions
decreased; 11 out of 16 federal states have holidays

ARE consultations with COVID diagnosis / 100,000 inhabitants

Since calendar week 22/2022, an overall increase in doctor consultations due to COVID-ARE has been observed again,
CW 29/2022 down compared to the previous week

SEED-ARE with COVID-19 consultations in age group up to 29th week of 2022

in week 29/2022, the values in the age groups of 5 to 59-year-olds are down compared to the previous week
decreased, but remained largely stable in the other age groups
Since calendar week 22/2022, values have risen

</td><td>FG36 (Kröger)

FG36 (Tolksdorf)</td></tr>
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	significantly in some cases,	

especially in the age groups 15-79 years, trend now rather stable

- ICOSARI
  - SARI case numbers in CW 29 still rather stable at a low level, but slightly above the previous year's level since CW25
    otherwise usual numbers during the summer/holiday period
  - SARI-ICU slightly above the usual values since week 25, but still at summer level
  - Share of COVID-19 in SARI has currently not increased any further, week 29: 42% (previous week: 44%)
  - Share of COVID-19 in SARI with intensive care 51% (previous week 53%).
- COVID-SARI hospitalisation incidence
  - 4.7 COVID-SARI per 100,000
  - Corresponds to approx. 3,900 new hospital admissions due to COVID-SARI in Germany.
- COVID-SARI development 17th week to 29th week 2022
  - Slower increase in COVID-SARI cases since calendar week 25, especially in the 80+ age group
  - In AG 60-79 further increase in COVID-SARi cases with intensive treatment from week 28
  - Increase in deaths in week 24/25 in AG 80+ has currently not continued

- Virological surveillance, NRZ influenza data
  - Consistently low sample intake last week (around 60 samples in total).
    Of which:
    - SARS-CoV-2 16%
    - PIV 18%
    - HRV 16%
    - H3N2 5%
  - 55% of the samples were positive for viruses
  - No detection of endemic corona viruses
  - No evidence of RSV and HMPV

FG17 (Duwe)

- Figures on the DIVI Intensive Care Register Slides here
- DIVI Intensive Care Register
  - As of 27 July 2022, 1,561 COVID-19 patients are being treated in intensive care units (of the approx. 1,300
    acute-care hospitals).
  - Further increase in COVID-ITS occupancy
  - ITS-COVID new admissions with +1,443 in the last 7 days; continued increase
  - Further increase in the number of deceased ITS patients. Currently around 40 per day,
  - Share of COVID-19 patients in the total number of operational ITS beds
    - Still rising
    - Lowest in MV with 4%
    - The main part of the BL has a share of between 6 - 9%

MF4 (Esins)

	▪ *Top 3 of the BL: Bremen (12%) Saarland (11%) and Bavaria (10%)* ▪ *COVID-19 treatment occupancy by severity* ▪ *Increase in all treatment groups* ▪ *In percentage terms, the daily share of treatment severity of COVID patients is Relatively stable* ▪ *Assessment of the operating situation* ▪ *Workload and staff shortages continue to rise* ▪ *Age groups Development* ▪ *Increase in absolute figures is driven by 60+* ▪ *Share of 60+ has levelled off at 80%* ▪ *Slight increase in the under 40s* ▪ *SPoCK: Prognoses of COVID-19 patients requiring intensive care* *Forecasts predict an increase in ITS occupancy in all CCs.* o *Mental health (every 4 weeks) Slides here "Development of the mental health of the adult general population - Update of the close-meshed Mental Health Surveillance based on RKI survey data"* ▪ *Update on depressive symptoms & other indicators* ▪ *Close Mental Health Surveillance. Data basis: GEDA/COVIMO* ▪ *Indicators considered:* o *Subjective mental health* o *Depressive symptoms* o *Anxiety symptoms* o *Loneliness* o *Social support* ▪ *Data analysis: Graphical time series, predicted margins from linear and logistic regressions, weighted according to Age, gender, education and region, standardised by age, gender and education* ▪ *Results:* o *Perceived social support in Slight increase in pandemic times* o *Depressive symptoms increased several times after decline at the start of the pandemic* o *Increase in the proportion with conspicuous levels of depressive symptoms* o *Loneliness tended to decrease* o *Anxiety symptoms increased* o *Subjective mental health deteriorated* ▪ *Conclusion:* o *While the experience of loneliness tended to decrease, subjective mental health deteriorated. At the same time, there were signs of an increased occurrence of anxiety symptoms (2021-2022)*	*FG26 (Walther)*

	○ *The stratification of the results according to population groups shows some risk groups and resilient groups.* ○ *There has been a noticeable jump in momentum since the beginning of 2022. It remains to be seen whether these developments were temporary.* ○ *The developments are taking place in the context of multiple collective crises.* *Discussion* ▪ *Is there any evidence from psychotropic drug consumption data that correlates with these results?* ○ *Such results are not yet known and are not currently observed in mental health surveillance* ▪ *To what extent are the survey instruments validated and how robust are they against external changes during the course of the pandemic?* *which self-perception is influenced by increasing thematisation?* ○ *Measurement variance of the instruments is a major topic that should be examined more closely and will be taken into account.* ▪ *When and how will this data be published? Please publicise this topic widely with a background discussion* *the press. Suggestion of a presentation in conjunction with BPK. Confirmation of importance.* ○ *Public publication is planned for the autumn* ○ *Pre-print is imminent* *Presentation of BA.5 heavy slides here* • *WHO Overview of the Omikron VOC* ○ *Information to date does not suggest that BA.5 causes more severe courses or is more severe than BA.2 or BA.4* • *BA.5 Severe international - selected studies (pre-prints)* ○ *South Africa: No increased severity of BA.4/BA.5 compared to BA.1/BA.2* ○ *Denmark: Increased risk of hospitalisation with BA.5, vaccine effectiveness against BA.5 comparable to BA.2* ○ *Portugal: BA.5 cases with booster vaccination had a 3.4 higher OR of hospitalisation compared to BA.2 cases. At the same time, no evidence of reduced vaccine effectiveness. Conclusion: COVID-19 booster vaccination offers substenential protection against serious outcomes* • *BA.5 in Germany* ○ *Start since week 17/18, majority since week 23* • *Change in the situation* ○ *Seasonal factors must be taken into account* ○ *Other factors: General seroprevalence, compliance with measures in connection with*	*FG36 (Kröger)*

	Behavioural rule, immunity through vaccination since the time of vaccination • *BA.5 vs. BA.2* o *Approach: Cases with variant detection by sequencing and complete data* o *Current: Comparison and discussion of various models incl. adjustment for reporting week* o *models are under discussion, but they all have one thing in common:* ▪ *BA.5 does not lead to less severe courses than BA.2* o *Results to date:* ▪ *Very high risk of hospitalisation for the elderly and very elderly* ▪ *Lower risk of hospitalisation for "Boosted" vs. basic immunisation* *Discussion* ▪ *Studies on BA.5 vs. BA.2 from Portugal and Denmark: Higher OR BA.5 with hospitalisation rate without return to hospital if necessary.* *higher virulence with BA.5* o *There is a lack of information on the extent to which the seroprevalence factor was included in the calculations. None of the previous models show a lower risk of hospitalisation or serious outcomes for BA.5* ▪ *Note on the change in virulence. Inclusion of factors that are less dependent on a black box, such as the test behaviour. A more reliable parameter for virulence is to test every patient in the hospital. Corresponding data could be consulted. Another aspect of a qualitative parameter: hospitalisation in age groups under 60.* ▪ *Report on vaccination rates among employees, carers and guests: Do the results have consequences or have there already been consequences?* *Feedback?* o *No concrete expectations formulated for the RKI. No feedback so far.* o *There are reports in the press about demands to withdraw compulsory vaccination. The RKI's reporting played no role in this.*	

2	**Vaccination update** • *STIKO update meeting this afternoon. Topics: Monoclonal antibodies as prophylaxis, Novavax extension of authorisation to adolescents, extension of the second booster vaccination to which population group* • *Upcoming summer vaccination campaign coordinated by the BMG* • *Preparation of the second monthly report. Publication next week.* • *Publication in EpiBull next week on the topic: Review on protection after infection* • *Publication of a systematic review on the effectiveness of vaccination against Omicron infections was accepted* *Discussion* ▪ *What is the current status of nasal topical vaccines?* ▪ *No further information so far. This is no longer expected this year.*	*FG 33 (Wichmann)*
3	**Update digital projects** • *Version 2.25 CWA from today 18:00 - Update Adjustment of recommended actions according to green/red tile* • *Mental health also important for social media. Exchange with Mrs Walther* • *There is talk that hospitals will be required to report hospitalisations via the DEMIS interface from mid-September (if the law is passed). This would mean deprioritising the connection of test centres.*	*FG21 (Scheida)* *FG31 (Rexroth)*
4	**Current risk assessment** o *Take a critical look at the wording with regard to the mention of an increase or delete it if necessary, as there is currently a plateau/decline.*	*All*
5	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *(not reported)*	*Praes*

7	**Communication**
	BZgA
	• *(not reported)*
	
	Press
	• *Message for the weekly report*
	    ▪ *Syndromic surveillance above summer level*
	    ▪ *ITS occupancy, hospitalisation incidence*
	P1
		BZgA (Ommen)
		
		Press (Wenchel, Degen)

	• *(not reported)*	*P1 (Leuker)*
8	**RKI Strategy Questions** **General** • *General* ▪ *(not reported)* • *RKI-internal* ▪ *Note: Agreements with BMG are often not formulated in protocol form by BMG. Request for Preparation of short interview notes*	*All*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** • *AG Labor at the BMG, took a temporary break due to the departure of Ms Korr, which is now over. Mrs Schlager from Unit 614 will continue the working group.*	*Dept.1 (Mielke)*
11	**Other topics** • *Next meeting: Wednesday, 03.08.2022, 11:00 a.m., via Webex*	

End: 12:44 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 10.08.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Martin Mielke

Participants:

- *Institute management*
  - *M. Mielke i.V.*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
- *FG12*
- *FG15*
  - *Sindy Böttcher*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG22*
  - *Martin Schlaud*
  - *Cânâ Kußmaul*
- *FG23*
- *FG 24*
- *FG25*
- *FG31*
  - *Ulrike Grote*
  - *Ariane Halm*
- *FG32*
  - *Claudia Sievers*
  - *Timo Greiner*
- *FG33*
  - *Ole Wichmann*
- *FG34*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Julia Hermes*
- *ZBS1*
- *ZBS7*
- *MF2*
- *MF3*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Sonia Boender*
  - *Christina Leuker*
- *P4*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rohde*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Andrea Rückle*
-

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *WHO data status 09.08.22* ○ *Stagnation or decline in case numbers worldwide (with the exception of Asia). Most cases still in Western Pacific and European region. Deaths also falling (with the exception of Asia);* ○ *7TI/100T inhabitants: with a few exceptions (Japan, South Korea, Russia) weakening, still high 7TI/100T observed in New Zealand, Australia, South Korea and Japan.* ○ *Russia: 85/100T, although this is considered low overall, it is a relevant number of infections due to the large population.* *+ 62% compared to the previous week. Information via ECDC that hospitalisations have increased by 27% compared to the previous week. Dominance BA.5 since the end of June.* ○ *Europe: Summer data is not reported very reliably, delays in Greece and Finland, among others.* *ToDo: Prepare for next week: Overview of current measures within the EU.* **National** *Case numbers, deaths, trend, slides here* ○ *Compared to the previous week, a decline in infection figures can be observed everywhere.* ○ *SurvNet transmitted: 31,379,757 (+72,737), thereof 145,241 (+213) Deaths* ○ *7-day incidence: 366.8/100,000 inhabitants.* ○ *Trend in 7-day incidence in the federal states: significant decline observed everywhere;* *Only 2 LCs with a 7TI higher than 1000 remain. The heat map also shows that the peak of the wave has been exceeded.* *Deaths: Late registrations expected. Destatis death figures / excess mortality:* *Current increase in excess mortality CW29/30 probably due to heat days, as it is not accompanied by a significant increase in COVID-related deaths. Special evaluation of Destatis deaths (slides 8 and 9): January 2020-August 2021: 20 death categories were summarised and compared with COVID deaths. Share of the respective deaths in the total number shown.* *Test capacity and testing, slides here*	 *ZIG1* *FG32*

	○ 15% decrease in testing (just over 600T in CW31). Positive rate down from 54% (CW29) to 45% (CW31); slightly fewer laboratories reported. KVs are currently not reimbursing antigen tests as they see problems with billing due to possible fraud. *ARS data, slides here* ○ Testing and proportion of positive tests also declining here. The regional picture is similar everywhere; no outliers observed in certain age groups. ○ Outbreaks: No significant increase observed. Compared to the previous week, 104 outbreaks in medical facilities (150 in the previous week), 290 in retirement/nursing homes (370 in the previous week). Death figures similar picture: plateau *VOC report and molecular surveillance, slides here* ○ No major change. Slight increase BA.5 to 94%. Decrease in BA.2 and BA.4 cases. BA2.75 slight increase from 5 to 17 samples. *Syndromic surveillance, slides here* ○ ARE: Decline in the last few weeks. Around 2.8 million ARE independent of visits to the doctor. Decline observed in all age groups U60. Over 60s plateau. ○ Outpatient sector also declining (in all age groups). Under 1 million visits to the doctor due to ARE. Children up to 14 back to pre-pandemic level. Adults (from 15) much higher consultation incidence, up to 3x higher compared to previous years. ○ ARE with COVID diagnosis: significant decline in younger age groups, somewhat weaker decline from 35, slight increase over 80. ○ Inpatient: SARI overall and SARI in ITS: decline but stable, comparable with pre-pandemic years. Increase in the number of cases from previous weeks: Over 60s mainly affected, but decline here again. Over 80s: over 40% of COVID diagnoses in SARI patients. ○ Comparison of hosp incidences reported data and COVID SARI: sharp decline in week 30 has slowed somewhat. Stable figures, especially in older age groups. *Virological surveillance, NRZ influenza data, slides here (slides 13 and 14)* ○ Only SARS-CoV-2 detected, no other coronaviruses. ○ 30% SARS-COV-2 (significant increase). ○ No influenza viruses detected. ○ Other respiratory viruses: overall decline. PIV and rhino with decreasing proportions. RSV and hMPV not detectable. *Figures on the DIVI Intensive Care Register, slides here* ○ 1250 patients on ITS. Decrease in occupancy.	

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1060 COVID new admissions; more likely to plateau here.
Death figures: Sideways movement in most BL. ST, BB increase. Decrease: NRW, SN, SH, BE and SL. Other BC plateau or sideways movement.
All treatment groups: Occupancy rates are falling.
Overall view of occupied ITS beds (COVID and non-COVID) - comparison January 2021: Total treatment and occupancy figures fell from just under 21T to just under 18T. Drop in free capacity, especially in the high-care area; strongly correlated with operating restrictions due to staff shortages
Forecast: Further sideways movement or slight decline to be expected.

Modelling
(not reported)
Questions:
Staff shortages: Has the compulsory vaccination in individual facilities that has been in force since March 2022 had an impact here? - No, no influence is observed here. The operating situation is generally restricted and this restriction increases after the ACTUAL occupancy peak, i.e. COVID load presumably the
Main influencing factor
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<tr><td>2</td><td>
Vaccination update
Thursday or Friday this week: next KROCO survey (hospital-based online survey): Staff vaccination rate. Status at the end of May 2022: 9% of hospital staff 4th vaccination so far. Of those who have not yet been vaccinated, 95% say they will not be vaccinated.
STIKO

There is a meeting today;
Topics: Novavax vaccination recommendation, extension to 12-17 year olds. Monoclonal AK as PrEp; draft decision to recommend the 4th vaccination for over 60s; extension to other age groups? Draft will be sent to 25 professional associations tomorrow,
Recommendations are expected to be published in EpiDBull next week, accompanied by a press release.
PEIKO working group to be constituted in 2 weeks. (Working group for COVID vaccination recommendations has already existed at STIKO since the beginning of the pandemic, so no real innovation); external experts will be invited (Mr Sander, Ms Priesemann, Ms Falk, Mr Berner). Minister would also like to attend.

Questions: what is the current duration of vaccination protection against serious infections? - Our own data show very constant protection
</td><td>FG 33</td></tr>
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	after 3	
	Vaccinations in relation to Hosp. (85%). WHO has presented a similar review with 96 studies, all studies also show here that 3 doses remain effective in relation to severe infections. Decrease in Omikron in the low percentage range. *Efficacy of variant-adapted vaccines? No data yet; whether transmission is prevented is not known.*	
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** *Not reported*	*FG21*

5	**Data from health reporting** • **CoMoLo study - data on the immune response after infection or vaccination** o *Immunity status after infection: change over time and influence of vaccination on immunological laboratory parameters?* o *Tracking of participants from 4 hotspot studies.* o *Blood samples from all participants from Straubing. In other locations only from suspected seropositives;* o *Laboratory parameters: S- and N-antigen tests; T-cell Activity measurement* o *Post-sample period: Vaccination recommendation already applied; observation of the decline in AK (antibodies) due to vaccination somewhat more difficult* o *Course of AK Konz in participants who were already infected in wave 0, without indication of vaccination or reinfection: 25% increase in AK (assumption: reinfection without clear symptoms)* o *General: Interim surveys: significant decline in AK. More pronounced in men compared to women, and greater decline with increasing age.* o *AK-conc. by number of antigen contacts? - 3 AG contacts: highest AK conc.* o *Which variables are related to AK-conc after vaccination/infection? -Number of AG contacts; once vaccinated higher AK-conc than never vaccinated and once infected. The more vaccinations or AG contacts, the higher the AK-conc.* o *Vaccinations and AK-Konz: Moderna most effective, AZ worst* o *Factors influencing AK-conc: time since last infection/vaccination: the longer ago, the lower AK-conc, higher age lower AK-con, women higher conc. Compared to men.* o *T-cell activity/reaction: similar picture.* *Questions:* *How will the data be communicated in a timely manner? Do they have a*	*FG22*
	Influence on existing recommendations? - Factsheet to be published this month in consultation with BMG. *Important here: Questions will arise as to WHAT this data says with regard to protection against reinfection. The level of AK still says nothing about the severity of the infection or protection against reinfection.* *Results are analysed in accordance with existing Recommendations seen. No adjustments necessary.*	
6	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* o *No need for change*	*Dept. 3*

7	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	*Pres.*
8	**Communication** **BZgA** • *Revisited and updated: Correct behaviour in case of domestic isolation after SARS-CoV-2 infection, as well as behaviour in case of a positive test result. (Leaflet and FAQ under revision)* • *Revision of pathogen profile* • *Haas: Please make sure once again that the term "quarantine" is no longer used in communication!* • *Changes to recommendations for autumn/winter? - Fr Leuker* **Press** • *Not reported* **P1** o *Information for the public: What is important now? Flyer as at 05.07 "Safely through the summer" - still up to date* o *Notes for autumn/winter: Adaptation presented:* o *It is planned to put the flyer online at the end of September.* o *Changes: Do not focus on COVID-19 alone, but on respiratory diseases in general. - Unanimously considered sensible* o *Topics of the flyer:* - *Stay at home if you have symptoms and think about your own environment (risk contacts),* - *Smart ventilation indoors,* - *MNS indoors - should mask type be named? - No, no interference in political discussions, generally continue with "medical MNS";* - *Vaccinations protect against serious illnesses (link to BMG Vaccination Guide);* - *Treat infections and know where to get help.* o *Further accompanying texts with details can be optionally created (e.g. how exactly to ventilate)*	*BZgA* *Press P1*
	• *Topic in autumn (save energy and ventilate at the same time): Smart ventilation is considered a good choice of words* • *Question: Recording tests before meetings with others? Or before meeting risk groups in a private setting? "For COVID" should be added here; tests are not available for influenza. Possibly not a trivial problem in a flyer* • *Refer to UBA when ventilating.*	

9	**RKI Strategy Questions**	
	Internal	
	Info O. Wichmann Vaccination communication steering group. BMG on summer and autumn campaign: own blog with minister planned. BzGA, BkAmt and BPresseamt represented at meeting. 2 options for autumn focus: 1: dramatising or 2: fact-based, objective communication. BMG decision: Option 1: Feedback from BkA as to whether now is the right time for this? And feedback from BzGA that communication is not appropriate. More and more topics are being discussed (LongCOVID) that have nothing to do with vaccination. P1 and press office should be represented at appointments. Strategy question: O. Wichmann clarifies this with Mr Wieler.	*FG33, All*
	RKI communication strategy: No scare scenarios should be conjured up for the population. Flexible adaptation depending on the infection situation and the use of preventive measures should be clearly communicated	
	General • *"Pandemic radar": understanding that, in addition to the existing reporting data, ministers also mean hospitalisation due to COVID, bed occupancy and wastewater surveillance.* • *"Hospital panel" (terms used by the BMG in the context of the IfSG amendment and surveillance); "panel" is not considered suitable wording; hospital panel would be the appropriate term; syndr. Surveillance (and here also ICOSARI) should be expanded; so far neither home remedies nor funds have been received from the BMG.* • *Wastewater surveillance: BMG has made it clear that surveillance is to be expanded in addition to the pilot programme already underway. Expectations are high; whether it is a suitable system for early detection should be evaluated as part of the pilot. Linking of wastewater data with health data is underway (new software solution). Standardisation, harmonisation, evaluability, informative value - this information cannot yet be provided. But changeover to real mode should take place now. Personnel resources required; RKI currently has the task of providing the architecture for monitoring. UBA heavily involved. Where should data be generated, collected and analysed? Not yet clarified. It is important to communicate openly and clearly with the BMG what the pilot project has achieved so far. can deliver.*	*All FG32, 36, 37*
9	**Documents** • *(not reported)*	*All*

10	**Laboratory diagnostics** *DGAM participation in working group on diagnostics at the BMG; clarification: role of laboratory diagnostics, e.g. for indication Paxlovid* **ZBS1** *Not reported*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** *Statements: DGKH on ventilation in schools. The content of the recommendation is basically the same as that of the RKI and the UBA, but the derivation is somewhat specialised.* https://www.krankenhaushygiene.de/pdfdata/2022_07_11_statement-air-purification-COVID-V2.pdf • *Corresponds to discussions about guidelines: against sole ventilation units in rooms - Additive non-exclusive use of room air units. Techniques very different, therefore RKI always cautious. Technology not always validatable. RKI generally does not recommend ventilation units, but has never explicitly spoken out against them.*	*FG14*
13	**Surveillance** • *It is expected from the political side that a stronger statement can be made on the question: "Hospitalisation with or due to SARS-CoV-2?". Question: Are statements on this in the current draft of the IfSG sufficient to allow data to be collected by the RKI?*	*AL3*
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *not reported*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 17 August 2022, 11:00 a.m., via Webex*	

End: 12:57 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 16.08.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade /

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
- *Dept. 2*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG23*
- *FG 24*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG28*
  - *Susanne Bartig*
  - *Claudia Hövener*
- *FG31*
  - *Maria an der Heiden*
  - *Renke Biallas*
- *FG32*
  - *Claudia Sievers*
  - *Claudia Siffczyk*
- *FG33*
  - *Thomas Harder*
- *FG34*
- *FG35*
- *FG36*
  - *Walter Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
  - *Julia Hermes*
- *ZBS1*
- *ZBS7*
  - *Michaela Niebank*
- *MF2*
- *MF3*
- *MF4*
  - *Martina Fischer*
- *P1*
- *P4*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
  - *Carlos Correa-Martinez*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Astrid Rose*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(not reported)* - *Slides here* - *Negative trend in case numbers within Europe and on other continents continues, outliers in Asia; comparison between countries hardly possible as testing strategies have been adapted or reduced in most countries.* - *Highest number of cases in Asia with 53% of cases last week.* - *Death rates are generally decreasing worldwide, except in Asia and Oceania.* - *European countries: delayed reports from Albania, Switzerland, Greece; Finland is reporting regularly again;* - *Comparison of measures in Europe: compulsory masks, compulsory isolation, vaccination; compulsory masks are only compulsory in a few countries in public transport or in the medical sector; the majority of neighbouring countries recommend the 2nd booster for certain risk/age groups; Sweden and Ireland from Sept: 3rd booster; compulsory isolation only in F, I NL;* - *Canada and USA: here, measures are even more difficult to compare due to the different regulations in the provinces/states;* - *Comparison of testing strategies in Europe: a response to the BMG is linked in the minutes.*	*ZIG1*
	National - *Case numbers, deaths, trend, slides here* - *Decline continues or currently levelling off at plateau; 10x lower 7TI compared to a year ago (37/100T in August 2021)* - *Heat map: decline in all age groups* - *Deaths: Peak does not yet seem to have been reached, late registrations are to be expected* - *Destatis data: no special features compared to the previous week.* - *SurvNet transmitted: SurvNet transmitted active cases: 31,666,475 (+67,390), of which 146,030 (+192) deaths* - *7-day incidence: 311.8/100,000 inhabitants.* **Test capacity and testing** - *(not reported)* **ARS data** - *(not reported)* **VOC report** - *(not reported)* **Molecular Surveillance,** *slides here*	*FG32*

	- *Slight increase in BA.5 to 95%, decrease in BA.2 and BA.4* - *BA.5 Subline shares have changed only slightly.* - *Slight increase BA.2.75: 23 in sample; not conspicuous* **Syndromic surveillance**, *slides here* - *ARE at population level/GrippeWeb: slight increase; 3,700 ARE/100T; increase in all age groups, level comparable to pre-pandemic years* - *Outpatient consultations due to ARE: decrease, but increased level compared to pre-pandemic years; in adults 2 x increase. Normalisation again in children. 0.8 million consultations due to ARE. In NRW, holidays are already over: slight increase observed in the 5-14 age group.* - *ARE with COVID-19 in the outpatient sector: overall, the decline from the last few weeks continues, but stabilisation among 5-14 year olds, slight increase 60-79, stable over 80.* - *ICOSARI: Decline clearly visible. Comparable to the pre-pandemic years; slightly higher figures from 80 onwards compared to previous years. ITS treatment also comparable figures to previous years.* - *Share of COVD diagnoses in SARI cases: Decline (27% all age groups), also decline in over 80s (from 40% to 30%); influenza does not currently play a role; SARI with ITS: also declining.* - *Hosp. incidences: Here, too, a clear decline can be seen and is continuing. 2.1 COVID-SARI/100T. 1800 new hospital admissions.* **Virological surveillance, NRZ influenza data,** *slides here, slides 13 and 14* - *No coronaviruses detected except SARS-CoV-2; sideways movement observed,* - *Influenza: Sporadically detected A(H3N2),* - *Other respiratory pathogens: PIC of all 4 types, rhino (about 11% each), hMpV sporadically detected, no RSV, a sideways movement can be observed for all.* **Figures on the DIVI Intensive Care Register,** *slides here* - *1096 COVID patients on the ITS.* - *Plateau of new ITS COVID admissions (911 within the last 7 days),* - *Plateau Number of deaths with positive SARS-CoV-2 test; downward trend,* - *BL: seen in most declines. Trend is generally pointing downwards or plateauing.* - *Treatment occupancy/groups. Sharp decline in light support, somewhat smaller decline in invasively ventilated patients. ECMO treatment hardly in the last wave.* - *Availability of treatment capacities: High Care: Mountain is slowly decreasing, but burden remains high, 62% of those reporting limited or no availability;* - *Age groups: Decline and plateau except for over 80s, here*	*FG32* *FG36* *FG17* *MF4*

	slight increase. A large part of the ITS is dominated by people over 70. ○ *Forecasts: Germany-wide* **Modelling** ○ *(not reported)* **Discussion/Info:** - *FG37: Outbreaks in retirement homes on the decline* - *Are COVID deaths continuing to rise? Excess mortality data from Destatis show further increase. Destatis is still in week 29, we show data from week 32. Graphs match, Destatis with a time lag.* - *Fig. slide 7, Location National: Upper curve: Total mortality why dashed in last 9 weeks ? -Projection. COVID cases from system shown below. Can it be shown more clearly? Weekly report: Indication that there is also a slight downward trend in deaths? - No, due to possible late reports, no all-clear for deaths yet.* - *Total number of cases: how to describe? - Description by "Infection pressure remains high. Risk assessment also still high.*	*All*
2	**Vaccination update** • *A meeting of the STIKO is taking place today; main topics: - Evaluation of the results of the opinion procedure. 2nd booster indication. There is a proposal to lower the age limit to 60+ and to extend indication groups beyond immunodeficient to other risk groups. Change 1st and 2nd booster interval to 6 months as a rule. Enquiry by the BL as to how pre-existing infections should be dealt with (does an infection replace the booster?); to date there is no clear position on this from STIKO.* • *22.08: constituent meeting of the PEIKO (Covid-19 vaccination working group) with the participation of external experts and BMG (Mr Rottmann, Ms Korr)* *Question:* *3. booster vaccination for risk groups who have already had their 4th vaccination relatively early in the year? - Not yet discussed*	*FG 33*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** - *CWA is to be extended until May 2023; no written statement on this has yet been received.* - *Minister has various ideas on how CWA should also be used: Core idea: Use for exemption from the mask requirement in autumn, e.g. in restaurants with fresh vaccination/testing.* - *Effects can also be expected on the CovPass app.* - *Support with irregularities in billing in test centres/doctors/clinics: several meetings were held on this. GA Cologne provides a test data set for analysis*	*FG21*

	Available; goal: detect and describe anomalies in the data set - CWA backend data can be used for external validation - Report in progress (deadline from the BMG: 18 August) - On 20 September, data from all over Germany is to be delivered via KBV; data quality not clear; - Effort on our part is being examined, as the concept is to be incorporated into a new regulation; Questions: - Press enquiry NDR/WDR/SZ with deadline today: - What expertise does the RKI have in this area? Does the RKI have the necessary experience? - Answer: Yes, detecting anomalies in data sets is part of our daily work. What is important here is that we do not find out who is cheating, but provide the technical support. Our task: analysing data for prevention; reporting the data to local health authorities; what happens to the data there is regulated by ordinances. - How many employees will deal with this in the future - Answer: still in discussion with BMG, the structure is currently still under construction, depending on results; To Do: Fr Glasmacher prepares an answer to the NDR/WDR/SZ enquiry and circulates these to the management and P. Schmich.	
5	**Data from health reporting** Lecture S. Bartig and C. Hövener "Social deprivation and COVID-19, social determinants of vaccination behaviour" GEDA data analysis, data will be published in the J. of Health Monitoring this year - In areas of high deprivation, people are not necessarily affected by higher infection rates - But differences in mortality: higher mortality in groups with high deprivation compared to people with medium and low deprivation. - Social determinants influence on COVID vaccination status: survey nationwide, by telephone, July - Dec 2021. 87% of respondents stated that they were vaccinated; rate varies with age. - lowest rate among people in their early 30s, rising rate with increasing age; - Indicators: Level of education, net equ. Income, region of residence, urban vs. rural, migration history - Vaccination rate increases with increasing education and income; differences in vaccination rate between high and low education: 9% higher vaccination rate, high vs. low income 15% higher. Difference west-east: 10% higher	FG28

	Vaccination rate; people in rural areas are less vaccinated than in urban areas	

	of the city. Immigration background: the immunisation rate is 10% lower among immigrants. - *Age-differentiated: social differences are much less pronounced in the over-60s vaccination rate; vaccination rate hardly depends on the level of education in this age group compared to younger generations.* - *Conclusion: Impunity varies depending on various social determinants.* - *Problems among people with a migration background are not necessarily due to deprivation, but can also be caused by language barriers or access to care. More in-depth analyses are important here. COVIMO clues: Language skills and trust are important for impulse utilisation. Data from GEDA Fokus (people with a migration background) should supplement this data.* - *Higher mortality with higher deprivation: in these groups there is a higher prevalence of pre-existing conditions that increase the risk of a severe course.* - *Measures: we need targeted, low-threshold offers for certain groups and, among other things, sensitisation of the medical profession/medical staff. Cross-policy efforts are necessary.* *Questions/comments:* - *Fewer PCR tests were carried out in these groups. Core message for ministers and management. (an own-initiative report on the topic has already been written for the 4th wave; little feedback from the BMG).* - *International publication planned? Journal of Health Monitoring: in D and EN; another report on the topic to the BMG? -Feedback: yes* - *Feedback ZIG:; accentuation of German data possible as part of international cooperation. WHO is planning a report on COVID-19 and social inequalities (2023) with country consultations. ZIG prepares a report to the BMG every two weeks, which includes important specialist publications be mentioned: Pick up the topic here.*	
5	**Current risk assessment** o *No need for change*	*Dept. 3*
6	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	*Pres*

7	**Communication** **BZgA** • *FAQ on the new STIKO recommendations in preparation? What changes? - Press office reports to BzGA* **Press** • *Not reported* **P1** • *(not reported)*	*BZgA* *Press* *P1*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*
10	**Laboratory diagnostics** **FG17** ○ *See virol. Surveillance* **ZBS1** *Not reported*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *Question Mr Mielke: Assessment of underreporting and sickness rates https://www.deutschlandfunk.de/zahl-der-sick-leave-due-to-covid-19-is-increasing-100.html* • *Barmer: increasing numbers of sick notes while we state that the peak has been passed; possibly due to sick notes by telephone? Dicrepancy?* • *Underreporting of infections using the data donation app (Brockmann Group)* *To Do:* - *nCoV situation assigned to Mr Brockmann as a task for next week -Display of underreporting of infection figures via data donation app* - *Mr Mielke, please clarify at the next Lage-AG what is going on here.* *to be discussed*	*FG 32*

14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *There is more to do again, some decrees have been received, the situation report shift will not be filled tomorrow. It is still very difficult to fill some positions permanently and on a long-term basis.*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Weekday, 24 August 2022, 11:00 a.m., via Webex*	

End: 12:24 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 24.08.20222, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Ute Rexroth

Participants:

- *Institute management*
  - *Lars Schaade*
  -
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Barbara Biere*
- *FG21*
  - *Patrick Schmich*
- *FG 24*
  - *Martin Thißen*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Amrei Wolter (minutes)*
  - *Alexandra Hofmann*
- *FG32*
  - *Claudia Sievers*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Matthias an der Heiden*
  - *Claudia Winklmayr*
- *FG36*
  - *Udo Buchholz*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *ZBS7*
  - *Michaela Niebank*
- *MF4*
  - *Janina Esins*
- *P1*
  - *Ines Lein*
- *P4*
  - *Dirk Brockmann*
  - *Jakob Kolb*
  - *Robert Bruckmann*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG1*
  - *Romy Kerber*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Nina Horstkötter*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	(not reported)
	○ *Slides here*
	○ *Worldwide: cases, deaths*
	○ *Number of cases per calendar week and WHO region, 30.12.2019-23.08.2022*
	  ○ *Europe: 246,426,020*
	  ○ *America: 174,492,276*
	  ○ *Western Pacific: 81,367,219*
	  ○ *South-East Asia: 59,877,206*
	  ○ *Eastern Mediterranean: 22,934,3111*
	  ○ *Africa: 9,269,451*
	○ *Reports in Europe irregular. Testing strategies changed in many places in spring 2022, especially in Europe e.g. Spain, Denmark, England only test risk groups or only recommend testing people at risk of a severe course, people who need treatment in hospital and people who work with RG; Austria has reduced the number of PCRs per inhabitant*
	○ *Global case change 7 days*
	  ▪ *-6,61%*
	○ *Number of deaths 7 days*
	  ▪ *-14,18%*
	○ *Slight increase in the number of cases and deaths in Asia due to BA.5 wave*
	○ *SARS-CoV-2-Oceania*
	  ○ *Death rate and number of cases falling again*
	○ *7-day incidence per 100,000 inhabitants in Europe:*
	  ▪ *Heterogeneous situation*
	  ▪ *There are still anomalies in the reports from Greece, Albania and Switzerland. The data only seem to be are reported weekly with a delay and are therefore not available for the creation of the graph.*
	  ▪ *Reporting irregularities have been observed in Belarusian data for some time. Also with the Ukrainian data, for obvious reasons.*
	    ▪ *Lithuania: +54%*
	    ▪ *Poland: + 78%*
	    ▪ *Russia: +141%*
	    ▪ *Malta: +14%*
	  ▪ *SARS-CoV-2 Europe*
	    ▪ *Hospitalisation rate at a low level in Europe, falling trend*
		ZIG1 (Correa-Martinez)

	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 30,598,385 (+121,780), of which 143,545 (+181) deaths* ○ *7-day incidence: 652.0/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,728,212 (77.8%), with complete vaccination 51,415,743 (61.8%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decrease in case numbers, levelling off at a plateau* ▪ *Geographical distribution: improvement in the east* ▪ *Heatmap: Decrease in AG over 15, 0-14 years constant* ▪ *CW30 Decrease in COVID-19 cases by age group and date of death* ▪ *Destatis excess mortality shows no changes compared to the previous week* *Discussion* • *What explains the increase in Saarland?* ○ *BL does not transmit on WE, leads to Bremen and Saarland being more snappy, Saarland has more late registrations, no unusual observation*	*FG32 (Sievers)*
	○ **Figures on the DIVI Intensive Care Register** ○ *As of 24 August 2022, 951 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals)* ○ *Further reduction in COVID-ITS occupancy* ○ *ITS-COVID new admissions with +768 in the last 7 days in the plateau* ○ *Number of deaths in ITS falls* ○ *Share of COVID-19 patients in the total number of operational ITS beds* ▪ *Hamburg as an outlier (over 7%)* ▪ *North-East (SA low 2%)* ▪ *Average BL by around 5%* ▪ *South 3%* ▪ *Main part BL 3-6%* ▪ *Decrease in the absolute number of cases in all treatment groups* ▪ *Since mid-July increase in severe treatment methods, probably depends on This is due to the fact that ventilated patients have a longer lying time* ▪ *Assessment of the operating situation: load falls, operating situation recovers, Restricted reports fall, regular assessments rise* ▪ *Reasons for the operating situation Staff shortage - decline*	*MF4 (Esins)*

	▪ *Decline in all AGs* ▪ *Over-60s account for over 80 per cent of patients in intensive care units* ▪ *SPoCK forecast: decline in all cloverleaves*	
	o **Test capacities** o *Number of tests decreased by 6% compared to the previous week* o *Positive share decreased (38.4%)* o *Capacity at a high level: 2.7 million tests* o *533,000 PCR tests performed, positive rate 38.4%*	*Dept.3 (Hamouda)*
	o **Molecular surveillance** o *No drop for sequencing* o *Dominance by BA.5 with 95%, BA.4 stable* o *Stability of BA.4 and BA.5 for a few weeks now* o *Proportion of older line is stable, changes within subline* o *BA.2.12.1 Shares fall off* o *BA.2: BA.2.7.5 increases slightly, small numbers (assumed in India, in DE at 0.2%)* o *Within BA.5 BA.5.1 and BA.5.2*	*FG36 (Kröger)*
	o **ARS data** o *Test stable in BE and BB and MPV* o *Other BL decline (BY, TH, SH)* o *Hospital testing stable, medical practices halve testing in the last 5 weeks; probably due to holidays* o *Percentage of positives decreases slightly, remains the same in hospitals and doctors' surgeries* o *More tests, more positive, fewer tests less positive* o *No outliers in the age groups, even testing but less overall* o *Positive share of 5-14-year-olds increases, 0-4-year-olds also on the rise* o *Light waste Breakouts retirement home*	*FG37 (Eckmanns)*
	o **Syndromic surveillance** *(Tolksdorf)* o *Total ARE: down 3.0% (previous week: 3.6%); previous week's figure was 3.7%* o *Trend: in the last few weeks (since week 28) until week 31 a downward trend, first increase again in week 32, but did not continue in week 33.* o *at 3.0 % is in the range of previous years as of the 33rd calendar week* o *Increase among children: 5.9 % (previous week: 5.4 %); decrease among adults: (2.6 %; previous week: 3.3 %).* *%)* o *ARE 5 AG: Increase in 0- to 4-year-olds (increase of 42%), decrease in all other AGs* o *Outpatient area relaxes* o *In week 33, fewer visits to the doctor due to ARE were registered nationwide than in the previous week*	*FG36 (Tolksdorf)*

	○ *AI compared to the previous week overall: down in week 33 overall at 775 (previous week: 937) is around 800; declining since week 28* ○ *Overall above the range of previous years at week 33, but also higher in all 15+ age groups (not quite as clearly as in previous weeks); similar to pre-pandemic values for 0-4 year olds* ○ *Decline in all AGs compared to the previous week (between 16 % and 27 %)* ○ *70 % of the BC still in the summer holidays (in NW, MV and SH school has started again in KWW 33 where an increase in schoolchildren is already visible, especially in NW)* ○ *After the number of doctor consultations due to COVID-ARE had risen significantly from week 22/2022, an overall decline in values has been observed since week 29/2022* ○ *SEED (Are) with COVID-19 consultations in AG until the 33rd week of 2022, the values have fallen in all AGs, and the downward trend has continued since week 29/2022* ○ *SARI case numbers fell only slightly overall in week 33 of 2022, SARI cases with intensive care remained stable compared to the previous week, still at the usual summer level* ○ *Share of COVID-19 in SARI is stable compared to the previous week in week 33: 28% (previous week: 30%)* ○ *Share of COVID-19 in SARI with intensive care also stable: 28% (previous week: 27%),* ○ *Share of influenza below 1% since week 25* ○ *SARI case numbers at summer level in almost all age groups* ○ *AG aged 80 and over remains slightly higher than in previous years* ○ *Proportion of COVID-19 diagnoses in AG 35+ is stable compared to the previous week* ○ *Hospitalisation incidence COVID-SARI up to week 33 of 2022: Total: 2.6 COVID-SARI per 100,000 (corresponds to approx. 2,200 new hospital admissions due to COVID-SARI in Germany)* *o* **Virological surveillance, NRZ influenza data** ○ *Few changes, slight decrease in SARS-CoV-2 (16%)* ○ *Sporadic infections HKU1* ○ *Detection of AH3N2* ○ *Other coronaviruses or influenza viruses were not detectable* ○ *Rhinoviruses and parainfluenza viruses detectable in equal proportions, subordinate role of RSV*	*FG17 (Beers)*

2	**Vaccination update** • *PEIKO-AG meeting on Monday* ▪ *Participation of external experts and BMG* ▪ *Discussion of working methods and prioritisation of topics* ▪ *3 Topics* ▪ *Variant vaccine* • *About to be authorised, uncertainties regarding timelines, 60 million pre-ordered* • *BA.1 vaccines expected to arrive in September, BA.5-adapted vaccine expected to arrive in October* • *Valneva vaccine will arrive, supposedly next week. Vaccine is being delivered but not distributed, probably takes another 2 weeks. Not much of this has been purchased. Is an inactivated vaccine, recommendation from PEIKO follows, only for basic immunisation and for 18-50 year olds* • *Physicians' wish: Refinement of algorithms for constellations (vaccinated/genetic): will be put on the agenda in 4-6 weeks, PEIKO currently working on a review with WHO and Canada on the effectiveness of the various constellations* • *Subordinate: Authorisation for infants (under 4 years) and booster vaccination* *Discussion* • *In IfSG amendment: Planned: 3 months after last vaccination you are considered vaccinated?* o *It's not about being considered vaccinated, but there is an exception to the mask requirement for certain spaces in public for the 3 months* o *Longer vaccination intervals are recommended (STIKO every 6 months), and relief is provided for the period after vaccination. Whether it will be adopted remains to be seen* • *Algorithm: who is considered sufficiently immunised?* o *STIKO: Focus on preventing severe cases* o *Transmission and new vaccine: hope that adapted vaccines will be better at preventing transmission* o *Conventional works well against serious infections/diseases* • *Variant-adapted vaccine that prevents transmission; will new selection pressure be created?* o *Transmission blocking is not expected. Higher AK levels are expected from nasal vaccines, which are still in the development pipeline* • *Are the vaccines bivalent or monovalent?*	*FG 33 (Wichmann)*

	○ *Initially bivalent vaccines (BA.1, BA.4, BA.5 vaccines), other manufacturers have monovalent vaccines in the pipeline, moving target, submission to EMA is unclear, discussion is ongoing at European level. Level*	
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *Plausibility check* ▪ *Not "fraud" but "anomalies"* ▪ *Meeting with Cologne, data synchronisation* • *CWA* ▪ *Will continue to operate until May 2023* ▪ *Negotiations with industry partners* ▪ *CWA and mask is being implemented* ▪ *Funds from the BMG severely cut* ▪ *Forecast therefore difficult to give* *Discussion* ○ *Personnel resources will continue to be drawn from the probably a new tender will be written from May 2023*	*FG21 (Schmich)*
5	**Data from health reporting** ○ **PHIRI lecture** ○ *Population Health Information Research Infrastructure for COVID-19- first results* ○ *Goals:* ▪ *Improving the availability of health information in the EU Member States Member States and at EU level using the example of COVID-19:* ▪ *Provision of data and research results in a web portal according to the FAIR principles: findable, accessible, interoperable, re-usable* ▪ *Provision of a structured exchange between the countries on proven COVID-19 procedures and expertise.* ▪ *Promoting interoperability and combating inequalities in Health information.* ○ *4 small studies:* ▪ *Direct and indirect consequences of COVID-19 infection in vulnerable population groups with reference to inequalities* ▪ *Delayed treatment of breast cancer patients* ▪ *Effects on the health of mothers and newborns* ▪ *Changes in the mental health of the population* ○ **Research into** *the effects of COVID-19*	*FG24 (Thißen)*

	Pandemic on the health of the European population o **Pilot activities** *for the benefits and added value of the research infrastructure by pooling data from different European countries and feeding the results into the federated research infrastructure* o *Has the COVID-19 pandemic changed existing patterns of healthcare utilisation outside of COVID-19?* o *Wales: Rate of heart attacks per 100,000 inhabitants fell sharply in 2020 compared to 2018/2019 towards lockdown (with rising infection figures) → Less utilisation, fewer diagnoses* o *Then jumped to a level above 2018/2019 → Delayed diagnoses* o *In a country comparison with several outcomes can be seen in the change in incidence:* o *The same sharp decline in heart attacks during the lockdown in 2020 (March/April) → at a pre-pandemic level at the end of 2021; at strokes, we are below this 2019 level* o *The trends for hip and knee replacements are clearer → March/April 2020 sharp drop in incidences and not yet back up again pre-pandemic level* o *Delayed treatment of breast cancer patients linked to the pandemic?* o *Absolute figures: 2017-2020 → Declining figures in all countries at the beginning of 2020 (striking in Italy); Overall, however, an upward trend was subsequently recorded in Belgium, Spain and Wales* o *Sharp increase in time intervals from diagnosis to surgical treatment after the 2020 lockdown* o *Premature birth rate during the pandemic:* o *In several countries, there was a significant and continuous decline in premature birth rates during the pandemic: Italy, Portugal and the United Kingdom.* o *Miscarriage rate* o *In most countries, stillbirth rates did not increase in 2020 or in the period March to September 2020. In some countries, however, there was a significant increase, which was considerable in Austria, the Czech Republic and Slovenia.* o *Change in mental health during the pandemic or lockdowns (utilisation area):* o *Example here refers to Finland: Total visits versus initial contact with mental health care facilities*	

	○ *In the summer months, the typical summer slump with a drop in numbers → 7% increase in total visits from 2019-2021* ○ *In contrast, first contacts fell sharply by 6%* ○ *Diagnoses of depression:* ○ *For both genders, a large spike downwards in 2020 and overall, the number of diagnosed depression in 2020-2021 is clearly below the level of 2017-2019 as pre-pandemic times.* *Discussion* ○ *German data available, must be analysed* ○ *Declines can have different explanations* ○ *Delayed diagnosis, interpretation of the data situation is difficult as aggregated data*	
6	**Current risk assessment** • *(not reported)*	*FG31 (Rexroth)*
7	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *(not reported)*	
8	**Communication** **BZgA** • *(not reported)* **Press** • *Revision of FAQ COVID-19* **P1** • *(not reported)*	*BZgA (Horstkötter)* *Press (epee)* *P1 (Lein)*

9	**RKI Strategy Questions** **General** • *Report on vaccinations for residents/employees/guests in facilities* ▪ *Data from 12,000 retirement homes, publication on 22/08/2022* ▪ *4. vaccination of residents and guests more frequently than of employees* ▪ *Development April 2022 - May 2022: no major changes, only 4th vaccination* ▪ *Vaccination rate by employee by BL: in Saxony 17% no vaccination, differentiation by LK: Leipzig with 5% in the average* ▪ *Highest excess mortality in Saxony* ▪ *Request for support, as containment scouts will be discontinued from 01.01.23, application will be made* **RKI-internal** • *(not reported)*	*FG37 (Eckmanns)*
10	**Documents** • *(not reported)*	*All*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *Info: Integration assistance is to be covered by KRINKO, an ad hoc working group will be set up, FG14 and FG37 will provide support here. Expectation: end of August/beginning of September meeting, end of September report covering integration assistance. BMG wants to have information on this.* • *Adhoc AG is initially independent of KRINKO, but is to be taken over by KRINKO in the long term*	*FG37 (Eckmanns)*
13	**Surveillance** • *Analysis of COVID-19 and influenza mortality in Germany using a flexible spline model* ▪ *Research question: How does the COVID-19 pandemic (up to the end of the fourth wave) affect overall mortality in Germany?* ▪ *Modelling step 1: Progression of overall mortality* ▪ *Explanatory variables: reported influenza infection cases, reported COVID-19 deaths "died of")* ▪ *Modelling step 2: Background mortality progression* ▪ *Influence of influenza cases and COVID-19 deaths is set to 0* *Modelling step 3: Difference between modelled mortality and background mortality* o *Estimated number of COVID-19 associated deaths exceeds reported deaths*	*FG34, FG36 (Winklmayr, Buchholz, an der Heiden)*

	o Splitting according to waves
	o COVID-19 associated mortality direct and indirect
	o In wave 4, the estimated number exceeds the reported cases by 81% (45)
	
	Discussion
	• *Irritation at underreporting of deaths, 123% in old age, vaccination in nursing homes was assumed to be effective, the figures would represent a massive underestimate*
	  o Vaccination effect shown in third wave
	  o In the fourth wave, an indirect connection with COVID is assumed. It does not have to be COVID-19 deaths
	  o High proportion of deaths is implausible, possibilities could be that these are outpatient deaths or due to the reporting system
	  o Reduced background mortality in second wave
	  o Background mortality is higher in fourth wave
	  o Cause of death statistics in fourth wave can only be read soon
	  o Underreporting in the reporting system seems implausible
	ToDo
	Dept. 3, FG32, FG36, Dept.2 renewed dialogue
	
	• *Corona data donation*
	  ▪ *Data from fitness trackers*
	  ▪ *Study cohort between 18-60 years (non-representative group)*
	  ▪ *Test results/symptoms/Long-Covid as topics*
	  ▪ *30,000 users reported 230,000 test results, of which 13,000 positive*
	  ▪ *Test results and symptoms are compared*
	  ▪ *It is difficult to determine the actual incidence*
	  ▪ *Last wave of infections rising faster than official statistics*
	  ▪ *Increased 15-fold*
	  ▪ *Similar data for American colleagues*
	  ▪ *Different test types: Number of infections confirmed with PCR decreases, mainly antigen test*
	  ▪ *Estimated incidence divided by official incidence and antigen/PCR ratio shows clear correlation*
	Discussion
	• *Fewer serious illnesses and deaths in the Omikron wave, more antigen tests with few symptoms*
	• *Beginning of the pandemic: every infection must be recorded. No surveillance system can do this. Map trends through visits to the doctor. Change; not everyone goes to the doctor, but it's not necessary either*
	• *Trends can be read from reporting data*
	• *Do we solve the problem of under-reporting by making antigen tests subject to mandatory reporting?*
		P4 (Kolb)

	• *Under current situation would have been a slot, for better communication information in advance would have been better* • *Compare reporting incidence with young data group?* ○ *Has been carried out, looks more extreme* ***ToDo*** *Presentation of the underreporting in a FAQ (FG32, FG36, press). Draft by FG32 and FG36*	
14	**Transport and border crossing points** • *not reported*	*FG31*
15	**Information from the coordination centre** • *Request for support from several OUs*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 31 August 2022 11:00 a.m., via Webex*	

End: 13:04

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Thursday, 01.09.20222, 09:00 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*

FG14
  - *Melanie Brunke*

- *FG17*
  - *Barbara Biere*
- *FG31*
  - *Ute Rexroth*
  - *Ulrike Grote*
  - *Janina Stauke*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Matthias an der Heiden*
- *FG36*
  - *Udo Buchholz*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Mirco Steffens*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** o *Slides here* o *Worldwide: cases, deaths* o *Number of cases per calendar week and WHO region, 30.12.2019-31.08.2022* ▪ *Europe: 246,426,020* ▪ *America: 174,492,276* ▪ *Western Pacific: 81,367,219* ▪ *South-East Asia: 59,877,206* ▪ *Eastern Mediterranean: 22,934,311* ▪ *Africa: 9,269,451* o *Overall global decline in the incidence of infection across all continents. Slightly rising trends only on small island states or overseas territories. BA.5 Subline with prevalence of 87% remains globally dominant.* ▪ *Asia: Falling case numbers at - 18% with stable Death figures. Rising case numbers in the Palestinian territories. High incidences > 1,000/ 100,000 p.e. in Korea and Japan with a downward trend.* ▪ *Europe: Falling number of cases and deaths (-15% and -33%)* ▪ *Oceania: Falling number of cases and deaths (-26.3%) and -19.9%). Australia and New Zealand with incidence over 300 with a downward trend.* ▪ *Africa: Falling number of cases and deaths (-27.9 %) and -63.9%)* ▪ *America: Falling number of cases and deaths (-17.5%) and -13.5%)* o *Global case change 7 days* ▪ *-17,5%* o *Number of deaths 7 days* ▪ *-15,7%* o *7-day incidence per 100,000 inhabitants in Europe* ▪ *Further anomalies in the reports from Greece and Switzerland* ▪ *Data from Belarus and Ukraine with Delays/irregularities* ▪ *Declining trend since CW33 now also for Population aged 65+* ▪ *Declining trend in all countries with the exception of from* ▪ *Russia (+20.4%, rising death toll, BA.5 dominant since the end of June)* ▪ *Portugal (+14.2%, slightly rising death figures)* o *Specific measures (masks, minimum distance) for schools after summer holidays*	*ZIG1 (Kerber)*

	▪ *Most countries take their lead from neighbouring countries*	

	▪ *Feedback from European countries: No further specific measures planned.* *Adjustments depending on the location are possible.* ○ *Note: The USA is ending the possibility of ordering free Covid-19 tests at home* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 32,184,553 (+39,396), of which 147,494 (+90) deaths* ○ *7-day incidence: 237.3/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,762,361 (77.9%), with complete vaccination 51,555,930 (62.0%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Slight decrease in case numbers, levelling off at a plateau* ▪ *Geographical distribution: Highest incidence in LK Straubing du LK Dachau. In both LK public festivals have found* ▪ *Heatmap: Declines in almost all AGs, especially among the very old; slight increases among 5-9 and 10-14 year olds.* *year olds* ▪ *KW32 Decrease in COVID-19 cases by age group and date of death* ▪ *Destatis excess mortality shows no changes compared to the previous week*	*FG32 (Diercke)*

	○ **Figures on the DIVI Intensive Care Register** *(slides here)*
	▪ *As at 31 August 2022, 797 COVID-19 patients in intensive care units (of the approx. 1,300 acute care hospitals)*
	▪ *Continued steady reduction in COVID-ITS occupancy*
	▪ *ITS COVID new admissions down with +695 in the last 7 days*
	▪ *Number of deaths in ITS falls*
	▪ *Proportion of COVID-19 patients in the total number of operational ITS beds*
	  ▪ *Schleswig-Holstein and Saxony-Anhalt with slight increase*
	  ▪ *Otherwise decline across the board in all BL*
	  ▪ *Decrease in all treatment groups*
	  ▪ *Assessment of the operating situation: University maximum supplier of larger, increasing*
	  Percentage with restriction, whereas basic/regular providers are recognisable with decreasing restriction, but more partially restricted.
	  ▪ *Reasons for the operating situation Staff shortage - decline at a high level*
	  ▪ *Decline in all AGs with the exception of 30-39-year-olds (increase) and 0-17 year-olds (plateau)*
		MF4 (Fischer)

	▪ *Over-60s account for over 80% of intensive care patients* ▪ *SPoCK forecast: decline in all cloverleaves* ○ **Molecular Surveillance** *(slides here)* ▪ *No drop for sequencing* ▪ *Dominance by BA.5 with 96.9%, BA.4 down slightly to 2.5* ▪ *Stability of BA.4 and BA.5 for a few weeks now* ▪ *Dominant among Omikron sublines BA.5.1 (25.3%), BA.5.2 (22%) and BA.5.2.1 (17.2%)* ▪ *Note: Currently close observation of BA.4/BA.5 cases with R346X mutation, as especially in BA.5 lines increase.* *Discussion* • *Proportion of sequenced samples is constant - but below 5 % - does this contradict the regulation?* ▪ *Not currently considered a problem* • *Martin Mielke brings this back to the laboratory working group (BMG) with* ○ **Syndromic surveillance** *(slides here)* ▪ *ARE total: slightly up 3.3 % (previous week: 3.0 %)* ▪ *Trend: in the last few weeks (since 28th week) until 31st week a downward trend, since then the values fluctuate* ▪ *at 3.3 % is in the range of previous years as of week 34* ▪ *Slight increase among children: 6.5 % (previous week: 6.1 %); relatively stable among adults: (2.8 %; previous week: 2.6 %)* ▪ *ARE 5 AGs: significant increase in 5- to 14-year-olds in all other AGs decreased or only slightly increased* ▪ *Outpatient area relaxes* ▪ *In week 34, slightly fewer visits to the doctor due to ARE were registered nationwide than in the previous week* ▪ *AI compared to the previous week overall: further slight decline in week 334 overall at 782 (previous week: 857) is around 800; declining since week 28* ▪ *Overall above the range of previous years at week 34, similar to the pre-pandemic level for 0-14 year olds Values, only among adults still twice as high in some cases; slowly approaching previous years* ▪ *Decrease compared to the previous week among 15+ year olds (between 11% and 25%); increase among children: 0-4Y: 6%; for schoolchildren (5-14Y) more clearly: increased by 21%* ▪ *50-60 % of the BL still in the summer holidays in*	*FG36 (Kröger)* *FG36 (Tolksdorf)*

	week 34 ▪ *after the number of doctor consultations due to*	

	COVID-ARE had risen significantly from week 22/2022, an overall decline in values has been observed since week 29/2022 ▪ *SEED (Are) with COVID-19 consultations in AG until the 34th week of 2022, the values have fallen in all AGs since CW 29/2022 the downward trend continues* ▪ *SARI case numbers fell only slightly overall in CW 34, 2022, SARI cases with intensive care remained stable compared to the previous week, still at the usual summer level* ▪ *Share of COVID-19 in SARI fell slightly compared to the previous week in week 34: 24% (previous week: 32%)* ▪ *Share of COVID-19 in SARI with intensive care also decreased: 18% (previous week: 26%),* ▪ *Share of influenza below 1% since week 25* ▪ *SARI case numbers at summer level in almost all age groups; slight increase in AG under 15 years* ▪ *AG aged 80 and over remains slightly higher than in previous years* ▪ *Proportion of COVID-19 diagnoses in AG 35+ has fallen slightly compared to the previous week* ▪ *Hospitalisation incidence COVID-SARI up to week 34, 2022: Total: 2.3 COVID-SARI per 100,000 (corresponds to approx. 1,900 new hospital admissions due to COVID-SARI in Germany)* o **Virological surveillance, NRZ influenza data** ▪ *No changes compared to the previous week for SARS-CoV-2 (16%)* ▪ *Increase in AH3N2 detections to 7%* ▪ *Other coronaviruses or influenza viruses were not detectable* ▪ *Increase in RSV to 5%, PIV and HRV at the same level (18%), no detection of HMPV*	*FG17 (Beers)*
2	**Vaccination update** • *(not reported)*	*FG 33 (Wichmann)*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *(not reported)*	*FG21 (Schmich)*

5	**Data from health reporting** ◦ *(not reported)*	*Dept. 2*
6	**Current risk assessment** • *(not reported)*	*FG31 (Rexroth)*
7	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	*Praes*
8	**Communication** **BZgA** • *Current information sheets are adapted to the latest STIKO recommendations* • *BZgA Corona vaccination check is expected to be available on infektionsschutz.de in the course of September* **Press** • *(not reported)* **P1** • *Flyer for autumn/winter is in progress. Mrs Leuker is in contact with all those involved.* *Discussion* • *Are campaigns for treatment with corona drugs such as Paxlovid being considered in Germany?* ▪ *Documents are currently being revised. Last week, there were publications that summarised the benefits of treatment on vaccinated people. In addition, further training for GPs is planned in collaboration with the GP association.* • *What is the interaction with other medications and how are the side effects to be assessed?* ▪ *Specifying the risk factors is complex. The results of the publications tend to point to a recommendation in favour of the older population aged 65 and over. Liverpool Interaction Checker offers good guidance on side effects/interactions.* • *The Minister has attributed a better effect to new vaccines and at the same time announced a major new information campaign. Is the campaign in collaboration with the BZgA?* ▪ *The RKI is involved here. An appointment will take place on Friday with the BMG.*	*BZgA (Steffens)* *Press (epee)* *P1 (Lein)*

9	**RKI Strategy Questions** **General** • *Federal government statement on the IfSG evaluation report* ▪ *The RKI is mentioned several times in a 40-page statement by the federal government. Some bodies could be responsible for* *The RKI may be disadvantageous to the RKI and should be commented on and comments made.* ▪ *Data basis in Germany is presented as worse than it is.* ▪ *In the communication section, it could be interpreted that the RKI did not make a relevant contribution.* *has.* ▪ *The focus should be on false statements with specific formulation suggestions* ▪ *Own position unfavourable, as areas of attack are created. Danger is greater than the benefit.* ▪ *Remarks and comments on this statement can be submitted to the BMG until Friday 2 September DS.* *be sent. Mr Schaade would like to receive it by 16:00.* *Heads of department should look through it beforehand.* *FG32 and FG36 in particular are involved.* ▪ *A task is created for the coordination centre.* **RKI-internal** • *(not reported)*	*FG31 (Rexroth)* *All*

10	**Documents** • *FAQ on deaths (shares in/with deceased) Draft here* ▪ *Proposal for existing FAQ: "How are COVID- 19 deaths collected at the RKI" with the following addition supplement: In 2020 and 2021, information on the cause of death was submitted to the RKI in 95% of COVID-19 deaths and of these, around 90% died of COVID, around 10% died with COVID-19. Since the Omikron variant has dominated in Germany (since calendar week 02/2022), information on the cause of death has been submitted in 94% of COVID-19 deaths and around 80% of these deaths died of COVID-19, around 20% died with COVID-19.* *Discussion* ▪ *In Hamburg, it is stated that 49% of all COVID-19 deaths also died from COVID-19.* ▪ *Exact determination of this figure unclear.* ▪ *How do we explain this update?* ▪ *In the current discussion in connection with Omikron. To illustrate the low difference with the Omikron variant.* ▪ *Uncertainty of a precise determination "on and/or with COVID-19" should be more clearly presented in the text and be relativised.* ▪ *Note that FAQs should be kept rather general. Specific results with reference to e.g. Weekly report.* ▪ *Editorial changes will be prepared for next week's weekly report, in the next JF on Friday and referred to in the FAQs.*	*FG34 (an der Heiden)*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG37 (Eckmanns)*
13	**Surveillance** • *Proposal to shorten recording entities (intensive care register) and adapt DIVI Regulation, slides here* ▪ *Essentially, the aim is to streamline the intensive care register and to pause/cancel.* ▪ *Proposed candidates for pausing in the registration: ICU reserve, pregnant women and newly discharged patients with COVID-19, Current COVID-19 patients by virus variants, SARS-CoV2 vaccination status of COVID-19 initial admissions and availability of renal replacement therapy* ▪ *Proposal Differentiate occupancy rate of SARS-CoV-2 patients by: A. Primary pulmonary*	*MF4 (Fischer)*

	and/or systemic involvement of COVID infection, B. COVID-19 infection as a secondary diagnosis with influence on the underlying disease and C. SARS-CoV-2 infection with no influence on the underlying disease ▪ According to Mrs Diercke, implementation of the proposal does not lead to any problems. ▪ The need to record the same information in different systems should be avoided. ▪ The lower proposal is not included in our feedback, for the upper points a pause is recommended. is sought. If a statement is desired, we will favour recording it in DEMIS. • Information from IT4: In future, no more figures from the reporting system will be imported Mon-Fri after 6.00 pm or at weekends ▪ Due to the overtime and the need to reduce it, no more reading in during this period ▪ dpa already reports every Monday that they no longer report anything on Mondays because there is no data ▪ Report is still being prepared ▪ Language regulation in response to enquiries: We cannot staff this Sunday. Reading in at the weekend will be cancelled because it cannot be staffed. • Decree on the pandemic report ▪ Current status: Trend report to be used. Additional indicators are to be included - Ministerial decision still pending ▪ Visualisation of the pandemic radar on the trend page from 17 September ▪ From 23 September, the pandemic radar will be included in the weekly report ▪ Two new indicators: Wastewater surveillance and bed occupancy. New data collection systems for the 17.09. may not yet be available. ▪ Wastewater surveillance should be displayed with colour trends (traffic light) by location ▪ Coordination as contact person at the RKI is handled by FG32	FG31 (Rexroth) FG32 (Diercke)
14	**Transport and border crossing points** • not reported	FG31
15	**Information from the coordination centre** • (not reported)	FG31
16	**Important dates** • none	All
17	**Other topics** • Next meeting: Wednesday, 07.09.2022 11:00 a.m., via Webex	

End: 11:00 am

Situation working group meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 07.09.2022, 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*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
  - *Rebekka Mumm*
- *FG31*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG32*
  - *Jakob Schumacher*
  - *Miriam Beneragama*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Muna Abu Sin*
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	• *Slides here*
	• *Worldwide:*
	  o *Decrease in the number of cases and deaths (data status: WHO, 06/09/2022)*
	  o *Increase in deaths on the American continent (13%)*
	  o *7-T-I high in Russia, a few Eastern European countries, Australia, South Korea and Japan*
	• *Map of Europe with 7-day incidence:*
	  o *~~Slight easing~~ compared to the previous week Further easing in most European countries, in DK and Sweden also visible by lighter category on map,*
	  o *Problems with reports from Greece and Switzerland*
	• *Russia and Ukraine*
	  o *Increase in the number of cases in both countries compared to the previous week*
	  o *Russia: Rise eases, summit seems to be on the horizon*
	  o *Ukraine: 7-T-I shows a 41% increase compared to the previous week, ~~but~~ data status ~~somewhat unclear (week 35?)~~06.09.2022 (The DS from the report in the WHO AEM meeting was unclear, probably week 35, there trend +26%)*
	  o *Available information on hospital (KKH) occupancy shows a 20% increase, 40% of PCR and 14% of antigen tests performed are positive*
	• *ECDC Guidance: Projection of the pandemic until 2032 (29/08/2022)*
	  o *Calculation of long-term scenarios based on several influences, pathogen characteristics, immunology, virology, social factors, medical interventions*
	  o *Continuum with variations of possible scenarios*
	  o *At best: risk reduced, all EU/EEA countries can cope well with the situation, until new pandemic at worst*
	  o *~~Subsequent~~ EMA and ECDC recommendations, including regarding the use of adapted vaccines: Should be administered according to priority groups (with increased risk of severe progression), immunocompromised, elderly, residents and workers in institutions, pregnant women, etc.*
	
	National
	• *Case numbers, deaths, trend, slides here*
	• *Parameters continue to decline in general*
	• *SurvNet transmitted: SurvNet transmitted: 32,344,032 (+46,495), of which 147,981 (+120) deaths*
	• *7-day incidence: 217.2/100,000 inhabitants.*
	• *DIVI Intensive Care Register 741 (-25)*
	• *Vaccination monitoring: Vaccinated with 1st dose 64,768,042 (77.9%), with*
		ZIG1
		
		AL3

complete vaccination 63,439,225 (76.3%), booster vaccinations 51.586.068 (62,0%)

- *Trend in 7-day incidence in the federal states: decline is slowing but steady, by approx. 10-12%*
- *Geographical 7-T-I distribution*
  - *1 circle with >500 (currently no further information available), 70% under 250*
  - *Currently possibly districts with high incidences due to beer festivals taking place*
- *Age groups*
  - *Decrease in all AGs, including school children 5-15*
  - *Rise after the end of the holidays seems to be over*
  - *Incidence also declining significantly among the very elderly (75+)*
- *Deaths*
  - *Decline in figures*
  - *Slightly increased values in the last 2 weeks but overall decreasing trend*
  - *Weekly death rates still slightly higher but no significant excess mortality*
- *ITS occupancy and Spock (fortnightly)*
  - *(not reported)*

FG36

- *Syndromic & virological ARE surveillance, slides here*
  - *FluWeb*
    - *values have risen slightly compared to last week, but remain within the range of previous seasons after the end of the Holiday season and therefore not unusual*
    - *Increase in schoolchildren in particular, which is also not unexpected before/with autumn*
  - *ARE consultations*
    - *Overall figures stable in comparison*
    - *ARE consultations with COVID-19 diagnosis: in most AG COVID-19 specific visits declining, accordingly the decline in the general wave*
  - *ICOSARI*
    - *Overall, however, the incidence of SARI in intensive care medicine has also fallen sharply, with a slightly higher summer level, but also common in previous seasons*
    - *Proportion of COVID to SARI cases decreased (-19%), for intensive care patients -17%*
    - *Nothing significant yet to be recognised for influenza*
  - *SARI cases by AG*
    - *At summer level in all AGs*
    - *Slight increase in <15-year-olds*
    - *Above previous years' figures for 80-year-olds*
    - *Proportion of COVID-19 diagnoses among >80-year-olds has fallen slightly*
  - *Comparison of reported data with hospitalisation incidence*
    - *Reporting data is above COVID-19 SARI cases*
    - *Significant decline in COVID-19 cases among AG 80+*
  - *AGI virological surveillance*
    - *Significant decline in SARI detections to 7%*
    - *Nevertheless, SARS-CoV-2 strongest circulation this year*

FG17

	in the Sentinel ▪ No single detection of endemic coronaviruses in week 35, generally manageable number of these ▪ Influenza viruses: Slight decrease in H3N2 1st detection of H1N1 for a long time in week 35 With influenza, it is rather unusual to have circulation throughout the year ▪ Rhinoviruses most frequently detected viruses (23%), then parainfluenza (~13%) then SARS-CoV-2 ▪ No special features overall • Test capacity, testing, ARS, slides here o Test figures ▪ Slight decline in absolute figures (-3%) ▪ Positive share down from 34% to 32 ▪ Test capacity at 2.7 million per week, constant ▪ Almost half a million PCR tests in CW35 ▪ A total of >140 million PCR tests recorded since the beginning o SARS in ARS ▪ Generally slight decline in the BCs, stable in some places ▪ Slight decline in positive share with certain regional differences ▪ According to facilities -Significant declines in medical practices for a few weeks -Slower decrease in KKH -Positive shares declining in all three areas -Overall downward trend in testing has no influence on turnaround time (between acceptance and testing) ▪ Age distribution -Younger AG (children & adolescents) Tests at a low level Level but stable performance -Slight decline in other AGs - Positive shares declining in parallel in all AGs ▪ Outbreaks in facilities: Decrease in active outbreaks compared to the previous week, also decrease the number of deaths reported in both types of institution • Molecular Surveillance, VOC, slides here o Overall picture is unchanged o Consistently high share of BA.5 at 96.4%, minimal decrease, minimal increase in BA.2 (0.9%) o Detected main sublines: BA.5.1 (26%) and BA.5.2 (25%), followed by BA.5.2.1 (14%) o Mutation S:R346X: see slide on BA.4 and BA.5 Sublines that have this mutation • Discussion o Beer festivals and LK incidences ▪ Should this be addressed before Oktoberfest? ▪ No, everyone should know that wearing a mask makes sense, RKI recommends wearing masks indoors	AL3 FG37 FG36

	▪ *Drinking beer is not possible with a mask, everyone actively decides to expose themselves to it (or not)* ▪ *The overriding goal is to prevent serious illnesses in the population* ▪ *In the absence of a new, more dangerous variant, it is better not to create too much excitement* • *Deaths: where do they occur, in nursing homes or in the KKH? Do patients from nursing homes no longer come to the KKH?* o *>80-year-olds generally significantly higher risk, may die with delay but mostly in hospital* o *Increase in deaths appears comparatively high* o *A significant change would be registered, as long as a parallel decline is seen (in tests and outbreaks), such a decline is unlikely*	
	Presentation "Change in symptoms with the different SARS-CoV-2 variants, *slides here*	
	• *Analysis of the information on symptoms in the reporting data for different variants of SARS-CoV-2* • *Method* o *Comparison of 3 data sources with each other* ▪ *IfSG notification data Germany* ▪ *CIS from UK (random sample of people from address lists and previous surveys, self-sampling)* ▪ *REACT-1 from the UK (random sample NHS patient register, not the same people sampled more than once but also self-sampling)* o *Analysis of the progression of the proportion of reported symptoms of symptomatic cases* • *Results of the most important symptoms from reporting data* o *General symptoms relatively stable* o *Sore throat increase with Omikron* o *Increase in coughs and colds since the start of the pandemic* o *Fever high during Alpha, also higher with Omikron* o *Significant increase in diarrhoea and dyspnoea* o *Decrease in pneumonia* o *Significant reduction in loss of taste and odour with Omikron* • *Comparison with UK data* o *Loss of odour and taste has decreased significantly with Omikron, slightly different in different AGs* o *Sore throat: continuous increase also in UK with Omikron, certain variations according to AG* o *Cough increase over the course of the pandemic* o *Fever varies: in DE decrease, in REACT-1 increase, in CIS rather constant* • *Summary* o *Mostly agreement in all three survey systems, mutual validation across different methods* o *Changed symptoms between variants and*	*FG36*

	Varies depending on the AG o *Omikron: significant decrease in loss of taste and odour, but increase in cold symptoms* • *Discussion* o *Is a publication planned? A short communication is planned* o *Is an increase in dyspnoea plausible with a decrease in pneumonia? Yes, these can be dissociated (e.g. vascular-induced dyspnoea)* o *Question BZgA: Will the results presented on the changes in symptoms over the course of the disease also be reflected in RKI documents, e.g. through an updated pathogen profile?* o *profile is currently frozen (lack of resources), the The results of this analysis are to be presented to the specialised public quickly*	
2	**Vaccination update** • *(not reported)*	*FG 33*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *(not reported)*	*FG21*
5	▪ *Higher risk of long-term health consequences compared to flu cases or test-negative controls* • *Next steps* o *Follow-up project as part of 9PP measure 6 has been applied for and approved, ongoing cooperation* o *In-depth update, now focussing on adults (WHO case definition for children is still in progress): Frequency, duration, impact of Long COVID-19, people particularly affected* • *Discussion* • *Results and activities should be made visible* • *Variant-specific differences* o *Infestation of the population was prevented until Omikron, most people were infected with Omikron* o *Results refer to variants before Omikron* o *When comparing symptoms, Omikron appears to be completely different in several aspects* o *Disclaimer is included and discussed in the publication, as well as in the FAQs* o *So far, there are few studies that are conclusive on Omikron and Long COVID- 19* o *Symptoms seem to change, even with Omikron there is Long COVID-19, in view of the masses of infections remains*	*FG 25 (Rebekka Mumm)*

	this is a risk and PH problem • *Vaccination also brings in a different dynamic, here too the evidence/study situation is too thin, much is still unclear* • *Evidence syntheses are very important, despite prevailing resource problems*	
6	**Current risk assessment** • *Can the RKI decide to adjust these, e.g. downgrade the risk level?* • *This would have to be coordinated with the BMG* • *A slowdown in the decline is visible, a renewed increase in 2-3 weeks is not excluded, is currently not adjusted*	*All*
7	**Expert advisory board** • *(not reported)*	*Pres*
8	**Communication** **BZgA** • *Preparation of content for vaccination recommendation for adapted vaccines* • *Question: (how) should the possibility of antiviral treatment be communicated?* o *RKI has published recommendations on this, these are revised regularly, no additional, intensive communication required* o *Medical administration of an anti-infective should not be recommended or advertised across the board, but the existence of the medication should be known, clarification of the indication lies with the medical profession* o *Information material for treating physicians is available, also includes different assessments, should be available to everyone* o *Could be communicated again via the medical associations if necessary, ZBS7 takes this on board* **Press** • *Note A to Z page on COVID-19 is currently under revision, thanks to the people who support the* • *IT4 hires weekend services, on Mondays the case number table is currently empty (zeros in the table), should something change here?* o *No, remains as before* o *Reason: Most health authorities no longer transmit data at weekends, previously there was an IT4 service on Sundays to insert these few data, this will no longer be the case* • *Are daily situation reports in German and English still necessary? Could they be abolished? No* **P1**	*BZgA* *Press*

	• *Flyer is in progress* **Enquiries/tasks from the BMG** • *How can assignments and contributions to communication between the various departments at the institute be handled better?* • *Example from FG36: Contribution on COVID-19 received from FG33 and prepared by an agency (the BMG's task for the agency is unclear to the RKI) for commentary* • *This includes certain problematic aspects, but no epidemiological aspects, it is more about the type of communication and message control (not a technical issue)* • *Should these types of communication tasks initially go to RKI communication experts? How can this be improved in the coordination process?* • *Marieke Degen discusses with the press and Christina Leuker in P1 how things could be organised differently* **Weekly report** • *Tenor Relaxation of the situation is realised therein* • *However, the risk classification is included in the report and could possibly be perceived as a discrepancy in the assessment* • *Incidence still at 230, infection pressure persists* • *Paragraph is deleted, explanation follows on request that emphasis was not desired, but risk assessment remains in place*	*P1* *FG36/ Press/P1/ VPräs*

9	**RKI Strategy Questions**
	
	General
	
	• *(not reported)*
	
	RKI-internal
	
	• *Definition of reinfection*
	  o *Definition of reinfection was agreed some time ago by FG36 with FG32*
	  o *Enquiry in the EpiLag this week shows that an outdated definition is currently online, this should be removed and replaced by a technically better definition*
	  o *Should have been sent to the BMG again at the time, unclear how far this got at the time*
	  o *FG32 and FG36 agree on the definition, does this have to be sent to the BMG before publication? (sorry, I have not heard the answer)*
	
	• *Request from AGI on Tuesday to Dept. 2*
	  o *Dept. 2. is to be organised in a group on Friday for the be represented in the discussion of indicators and the necessary information, as well as the technical implementation*
		All
		
		FG36
		
		FG31

	o *Ute Rexroth sends an email to AL2*	
10	**Documents** • *(not reported)*	*All*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG14*
13	**Surveillance** **Pandemic radar status** • *Coordinated by FG32 since Monday, slides here* • *Minister has announced and advertised a pandemic radar in the 7-point plan* • *Identified necessary steps:* o *Order does not yet exist* o *Processing OUs at the RKI* o *Selection of indicators: Indicator proposal prepared, minister has not yet decided* o *Publication as OpenData* o *Visualisation is seen as the most problematic step* ▪ *Probably use of the RKI trend page* ▪ *Customisation of indicators and layout* ▪ *Risk that it does not correspond exactly to the wishes/promises* o *Scientific processing in the weekly report* o *Journalistic editing* • *2 indicators still need to be clarified* o *Viral load in wastewater, data flow still under discussion, coordination between UBA and BMUV, clarification of data protection/data transfer* o *Bed occupancy, new law allows survey on comfort client, exact key figures not yet clear, denominator cannot be determined* • *Discussion* o *BMG has rejected open tender and asked the RKI to develop this* o *The only timely alternative is to expand the current trend report on the pandemic radar, initially no objection from the BMG (also in view of the time constraints)* o *Tuning FG32 and AL3 what is still possible in the short time available* o *In the case of non-specific requirements, RKI develops what it deems sensible.* *holds, 80% of the pandemic radar is already included in the RKI trend report*	*FG32*
14	**Transport and border crossing points** • *Due to the entry regulation, an exchange is imminent*	*FG31*
15	**Information from the coordination centre**	

	Coordination centre • *Still very difficult to fill the shifts at the KS, not enough permanent staff to look after several KSs* • *Support from AL and FG is important* • *Possibly secondment from other departments?* • *As long as the tasks and requests come in such a high density, this will have a direct impact on the specialist OUs without a CS, possibly increasing again in the autumn* • *This is an institutional task, many are overloaded, there is understanding in principle, but reprioritisation may be necessary* • *VPräs this goes again to*	*FG31/ VPräs/FG36*
	BMG orders • *Discussion VPräs & BMG last week (Rottmann and Teichert)* • *Discussion of the way in which orders are currently placed with the RKI* • *Certain understanding available at the BMG* • *Won't change immediately, but concern has arrived*	*VPresident*
	Media leak • *2 Internal processes between the BMG and RKI were leaked to the press (e.g. verbatim quote in the Süddeutsche Zeitung)* • *VPräs has told the BMG that this does not have to come exclusively from the RKI* • *Please note that it is not acceptable to disclose this type of communication to the press* • *RKI-MA are bound to secrecy and leaks are not a trivial matter, but a breach of official duty*	*VPresident*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 14.09.2022, 11:00 a.m., via Webex*	

End: 13:13

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Thursday, 14.09.20222, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Marc Thanheisers*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Claudia Siffczyk*
- *FG32*
  - *Claudia Sievers*
  - *Jakob Schumacher*
- *FG36*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *MFI*
  - *Hannes wishes*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Johanna Hanefeld*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Worldwide: cases, deaths* ○ *Number of cases per calendar week and WHO region, 30.12.2019-11.09.2022* ▪ *Europe: 249,961,956* ▪ *America: 176,935,547* ▪ *Western Pacific: 87,075,073* ▪ *South-East Asia: 60,142,887* ▪ *Eastern Mediterranean: 23,032,108* ▪ *Africa: 9,310,805* ○ *Overall global decline in the incidence of infection across all across continents.* ▪ *Oceania: Falling number of cases (-42.99%) but rising number of deaths (14.73%) as a result of the current BA.5 wave in Australia and New Zealand.* ○ *Global case change 7 days* ▪ *-22,96%* ○ *Number of deaths 7 days* ▪ *-26,12%* ○ *7-day incidence per 100,000 inhabitants in Europe* ▪ *Case numbers continue to fall. The irregular reporting behaviour of the countries only allows for a limited assessment of the situation.* ▪ *Increases in the number of cases in Poland (+32%), Slovenia (+28%) and the Czech Republic (+20%). Restrictions in these countries countries have been cancelled or very restricted since March.* ▪ *Increase in hospitalisations in August with plateau formation in the Czech Republic and Slovenia, Fatalities are at a low level.* ○ *Data from Ukraine* ▪ *Data situation is difficult. WHO predicts further increase in the number of cases in October. Another An increase in the number of cases could place a heavy burden on the healthcare system and push it to its capacity limits. O2 supply would not be guaranteed as production is located in occupied areas.* ▪ *In February, over 40,000 tests/day were carried out; the current figure is 2308/day.* ○ *Specific measures (masks, minimum distance) for schools after summer holidays in Europe* ▪ *No measures planned in most countries.* ▪ *Adjustments depending on the location are possible.* ▪ *Addendum: Estonia, Serbia Italy no measures*	*ZIG1 (Correa-Martinez)*

	planned. ▪ *Estonia states that it has a readiness plan and*	

Serbia is continuously evaluating the epidemiological situation with regard to this aspect.

National

Case numbers, deaths, trend, slides here

- *SurvNet transmitted: SurvNet transmitted: 32,558,479 (+51,299), of which 148,498 (+109) deaths*
- *7-day incidence: 236.2/100,000 inhabitants.*
- *Vaccination monitoring: vaccinated with 1st dose 77.9%, with complete vaccination 62.1%*
    - *Slight increase in the number of cases compared to the previous week*
- *Course of the 7-day incidence in the federal states:*
    - *Slight increase in the number of cases in some federal states (SL, MV, BY)*
    - *Geographical distribution: No major change compared to the previous week; slight increase recognisable; 1st LK (LK Kelheim) with 7-day incidence > 1000*
- *Heatmap: Slight increases in AGs 35-65J*
    - *CW36 Decrease in COVID-19 cases by age group and date of death: decreasing, possible plateau expected*
- *Destatis excess mortality continues to fall*

FG32 (Sievers)

	Figures on the DIVI Intensive Care Register *(slides here)* o *As of 14 September 2022, 747 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals)* ▪ *Visible sideways movement and plateau formation of the COVID-ITS occupancy* o *ITS COVID new admissions up slightly at +622 in the last 7 days* o *Number of deaths in ITS: Sideways movement* o *Proportion of COVID-19 patients in the total number of operational ITS beds* ▪ *Slight rise or plateau formation across all cloverleaves* ▪ *Steady increase in ST and SL* o *Occupancy according to severity* ▪ *Increase in light forms of treatment (high flow)* o *Assessment of the operating situation:* ▪ *University maximum care providers in comparison to basic and standard care larger percentage with Restriction whereas basic/regular providers are recognisable with decreasing restriction; heterogeneous picture* ▪ *Reasons for the operating situation Lack of personnel Decline at a high level* o *According to AG:* ▪ *Absolute figures: Increase in the AG from 60Y and in the younger AG up to 29Y* ▪ *Shares: largest percentage share from age 60* o *SPoCK forecast: sideways movement in all cloverleaves*	*MF4 (Fischer)*

	Syndromic surveillance *(slides here)* ○ *ARE total: Situation according to season* ▪ *Trend: Rising since week 34, at 5.0 % in line with previous years as of week 36* ▪ *Significant increase among children: 11.3% (previous week: 7.4%); also slight increase among adults: (3.9 %; previous week: 3.6 %)* ▪ *ARE AG: Increase in 4 age groups; in the 60-plus age group year-olds stable* ○ *Doctor consultations: incidence stable; close to previous years* ▪ *AI compared to the previous week overall: further slight decline in week 36 overall at 855 (previous week: 874); stable since week 31* ▪ *In comparison to the previous week: clearest increase among 5-14 year olds (+10 %), in the other AGs between -13 % and +2 %);* ○ *SEED (Are) with COVID-19 consultations in week 36, the number of doctor consultations due to COVID-ARE increased among 0 to 4-year-olds, 60-79-year-olds stable* ▪ *In the other age groups, the values have fallen compared to the previous week* ○ *SARI case numbers rose slightly overall in week 36 of 2022, still at the usual level* ▪ *SARI cases with intensive care stable compared to the previous week; currently slightly lower than in the previous week previous years* ▪ *Share of COVID-19 in SARI remained stable compared to the previous week in week 36: 23% (previous week: 22%)* ▪ *Share of COVID-19 in SARI with intensive care increased: 31% (previous week: 21%),* ▪ *Share of influenza in SARI at 0%, after exceeding 1% again in the previous week for the first time since week 25* ○ *SARI case numbers increased in almost all age groups, especially AG > 15 yrs* ▪ *AG aged 80 and over at the previous year's level, slightly above the pre-pandemic level* ▪ *Proportion of COVID-19 diagnoses in AG 80+ has risen again* ▪ *Intensive care: SARI cases 36th week: all AG inconspicuous* ○ *COVID-SARI hospitalisation incidence compared to reported data: Increase in AG 0-4 and 80+* **Virological surveillance, NRZ influenza data** ▪ *Increase in detections of SARS-CoV-2* ▪ *No evidence of other coronaviruses* ▪ *Sporadic detection of influenza* ▪ *Circulation of rhino- and parainfluenza as expected* ▪ *Sporadic detections of H1N1*	*FG36 (Tolksdorf)*

	Molecular Surveillance *(slides here)*	

	▪ *Samples with an unrecognised status may no longer be sent in. Approx. 4000 sequences; Number of entries is stable* ▪ *Dominated by BA.5 with 96.4% (slightly declining) BA.4 slight increase* ▪ *Dominant among Omikron sublines BA.5.1 (20.9%), BA.5.2 (26.2%) and BA.5.2.1 (13.9%); BA.5.2 increasingly* ▪ *BA.2 (1%) increasing overall, slow development* ▪ *BA.4/BA.5 cases with R346X mutation significant increase compared to previous week* *Discussion* ▪ *Are changes necessary for the weekly report? Suggestion for possible wording "Plateau formation with Possibility of an increase in the number of cases. Increase in case numbers for respiratory diseases to be expected in autumn"* ▪ *Initially no statement on VOC* ▪ *Text section on "Deaths with and due to COVID-19" is expected to be published this week. cannot be finalised as it still requires internal and coordination with BMG before publication.* ▪ *BMG would like to determine the time and place of publication.* *ToDo: FG32 (Sievers) is asked to complete the text section by 15 September 2022 DS with the aim of discussing it with the BMG at the Jour Fixe on 16 September 2022 and sending it to the BMG.*	*FG32 (Sievers)*
2	**Vaccination update** • *(not reported)*	*FG 33 (Wichmann)*
3	**International** • *(not reported)*	*ZIG*
4	**Update digital projects** • *(not reported)*	*FG21 (Schmich)*

5	**Data from health reporting** *Presentation of the results of a rapid review on the development of mental health in children and adolescents during the pandemic (here)* o *Rapid Review (until 19 November 2021)* o *39 Publications (publications and grey literature)* ▪ *Cat1: Trend, cross-sectional and longitudinal studies/primary data (representative/ convenience sample): 28 studies* ▪ *Cat2: Routine data and care-related primary data/secondary data: 11 studies* o *Results:* ▪ *50-80% information on COVID-19-related stress (stress, isolation) in children and adolescents* ▪ *Prevalence increase of 30% of psychopathological symptoms (no mental disorders);* ▪ *heterogeneous picture (increase in anxiety disorders)* ▪ *Decline in quality of life and life satisfaction* ▪ *A study on experiences of violence (increase/report by mothers)* ▪ *Declines in outpatient and inpatient utilisation during the pandemic waves with subsequent catch-up effects* o *Number of studies very high at the beginning of the pandemic (adapted ongoing projects, ad-hoc), decrease in number over time* o *No studies on long-term effects* o *Fewer publications on children and adolescents compared to adults* *Discussion:* • *No primary data on anorexia nervosa; insurance data show 10% increase in hospital admissions due to eating disorders* • *To what extent do these results influence the consideration of measures in schools? How is infection control generally assessed in relation to health protection?* *School closures should be avoided and measures (ventilation, etc.) should be promoted; these do not represent a significant restriction for school operations.* *S3 guidelines for schools are currently being developed with the involvement of FG36.* *This should be used as a basis for developing a position on this topic.* *ToDo: Update S3 guideline by FG36; discussion on protective measures in schools as an agenda item for the next situation working group*	*FG26 (Slag)*

6	**Current risk assessment** *Please adapt the risk assessment for pregnant women from the AGI/ re-evaluate. Pregnant teachers are banned from working after announcing their pregnancy, which leads to a tense staffing situation at schools* • *Discussion:* ▪ *Occupational health and safety is the responsibility of the Ministry of Labour and there are corresponding Committees. Enquiries can be made here. The RKI makes no statement on topics relevant to occupational health and safety.* ▪ *There is a STIKO recommendation on COVID-19 vaccinations during pregnancy and the fact sheet mentions an increased risk of Risk of severe courses in pregnant women (point 15).* *ToDo: Create task by LZ. ABT3 (Hamouda/Siffczyk)) takes over the processing.* *Discussion in the AGI on the extent to which the isolation obligation is still up to date (introduced by BY).* • *An initiative to amend and adapt the regulation should also come from the federal states if this is desired at federal state level.*	*FG31 (Siffczyk)* *All* *ABT3 (Hamouda)* *Management*
7	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Latest publication "12th statement of the Expert Council on the use of antiviral drugs against COVID-19"* • *Meets every 4 weeks, next meeting on 27 September 2022*	*Praes*
8	**Communication** **BZgA** • *(not reported)* **Press** • *Confusion about a Twitter message regarding a possible change to the FFP2 mask requirement in the FAQs has been clarified and an enquiry from "Die Welt" has been answered accordingly.* **P1** • *(not reported)*	*BZgA (Ommen)* *Press (epee)* *P1 (Lein)*

9	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*FG31 (Rexroth)*
10	**Documents** *Discussion in the AGI on §34 IfSG:* *SH does not want to approve the draft, as the re-authorisation criteria in schools (medical clearance or test by a test centre) are classified as cumbersome and impractical.* *Discussion:* • *It is unclear who introduced this proposal/aspect into the draft law and there was no consultation with the RKI.* • *No need for action by the RKI and no proactive action required.* • *Measures should be transferred to routine as far as possible. The proposal to harmonise re-admission with the criteria for adults (after 5 days) is seen as sensible.* • *When requesting comments from the RKI, the solution should be proposed over time (after 5 days) without further measures (testing, etc.).*	*ABT3 (Hamouda)* *All management*
11	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** • *(not reported)*	*FG37 (Eckmanns)*
13	**Surveillance** *Status pandemic radar (here)* • *The list of indicators was defined (emergency admission surveillance and bed occupancy were added as additional indicators)* • *Visualisation is now taking place at the BMG (the BMG's press office has been called in)* • *The responsible FGs were identified* • *Publication is planned for 01.10.2022* • *Data on wastewater surveillance, emergency admission surveillance and bed occupancy will probably be available with a delay, as the indicators/data are still being worked on. This also raises the question of the usefulness of the data (limited statement)* • *COVID-ARE/ICOSARI: Helios still has to agree to the publication of the data* • *Discussions between BMG and MFI regarding visualisation to ensure compatibility between RKI and BMG products*	*MFI (wishes)* *FG32 (J. Schumacher)*

	Discussion: • *It is still unclear what is meant by visualisation on the part of the BMG and what the expectations of the RKI are in this regard.* • *Please use the coordination by J. Schumacher (FG32) as central coordinator and avoid parallel/additional communication.* • *Clean files are important. All agreements (especially verbal) must be written down and filed. Internal agreements before communicating with the BMG.* • *Do not mix short-term and long-term processes (link with Tableau at the RKI).* • *01.10.2022 is a Saturday, the publication is on 30.09 or 30.09.2022. 04.10. planned? Please clarify.* • *Syndromic surveillance does not report test data. Approximately 40 emergency departments are covered and the data is not suitable for situation assessment. There are neither financial nor human resources for this system. Could it be that there i s a misunderstanding about the data and the system at the BMG?* • *Indicators were defined as part of a discussion with the BMG. The Excel list with detailed information on the different systems (advantages and disadvantages) / indicators is available to the BMG.* • *Syndromic surveillance was not initially included in this list. This list was supplemented several times with the detailed description of the systems, as systems/indicators, as indicators were subsequently added by the BMG.* • *The indicators are to be presented in the CWA (also new). The presentation is not a technical problem, but financial resources must be made available.* • *The RKI will still have to interpret the data. This is challenging in the case of data that allows only limited or no conclusions to be drawn. This could become problematic and fall back on the RKI.* • *According to an email from S. Beermann (BMG) to O. Hamouda (LZ in the CC), adjustments to the trend page are not necessary. The decree of 29.08.2022 is still valid. Here, the RKI is named as responsible for the presentation of the data and the indicators are not up to date. The information from the BMG appears to be contradictory and communication (pathways) is difficult to understand.* *ToDo:* *Announce an urgent need for dialogue in the initial round for the indicators (RKI/BMG) in order to incorporate the subsequent wishes and changes (FF ABT3 Hamouda)* *Bring this topic to Jour Fixe with BMG on 16/09/2022.*	*All*
14	**Transport and border crossing points**	*FG31*

	• *not reported*	
15	**Information from the coordination centre** • *(not reported)*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 21.09.2022 11:00 a.m., via Webex*	

End: 13:00

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 28.09.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Barbara Biere*
- *FG27*
  - *Kristin Manz*
- *FG31*
  - *Claudia Siffczyk*
  - *Christian Wittke (minutes)*
- *FG32*
  - *Claudia Sievers*
  - *Michaela Diercke*
  - *Jakob Schumacher*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Alexandra Hofmann*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Janina Esins*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Nadin Garbe*
  - *Ronja Wenchel*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Sofie Gillesberg-Raiser*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	○ *Slides here*
	○ *Globally stable situation*
	○ *Worldwide: cases, deaths*
	○ *Number of cases per calendar week and WHO region, 30.12.2019-27.09.2022*
	  ▪ *Europe: 252,806,947*
	  ▪ *America: 178,010,882*
	  ▪ *Western Pacific: 89,238,528*
	  ▪ *South-East Asia: 60,265,813*
	  ▪ *Eastern Mediterranean: 23,075,453*
	  ▪ *Africa: 9,325,784*
	○ *Overall global decline in the incidence of infection across all across continents.*
	○ *Global case change 7 days*
	  ▪ *-20%*
	○ *Number of deaths 7 days*
	  ▪ *-23%*
	○ *7-day incidence per 100,000 inhabitants in Europe*
	  ▪ *Start of the autumn wave in some countries*
	  ▪ *France: no data reported in the last few days. Incidence in week 35 at 166 (week 34: 182).*
	  ▪ *Increases in the number of cases in Austria (+43%), Italy (+26%) and France (+22%).*
	○ *Data from Austria*
	  ▪ *7-T Incidence: 584*
	  ▪ *Many tests*
	  ▪ *Decreasing hospitalisations*
	○ *Data from France*
	  ▪ *7-T Incidence: 369*
	  ▪ *Increased test rate*
	  ▪ *Plateau formation during hospitalisations*
	○ *COVID-19 variants, data status 19/09/2022*
	  ▪ *Number of sequences continues to decrease -> Caution when making statements about trends*
	  ▪ *Last 30 days:*
	    ▪ *99% Omikron*
	    ▪ *Great genetic diversity:*
	    ▪ *230 descendent*
	    ▪ *>30 recombinants*
	  ▪ *KW35:*
	    ▪ *BA.5.X: 77%*
	    ▪ *BA.4.X:7.5%*
	    ▪ *BA.3.X, BA.2.X and BA.1.X:<1%*
	    ▪ *BA.2.75:1.26%*
	  ▪ *Europe:*
	    ▪ *Occasional evidence of delta (wastewater*
		ZIG1 (Gillesberg-Raiser)

Surveillance)

- *BA.2 + L452X is de-escalated from variants of interest*
- *recombinant XAK is de-escalated from variants under monitoring*
- *VOC still BA.2, BA.4 and BA.5*

National

Case numbers, deaths, trend, slides here — *FG32 (Sievers)*

- *SurvNet transmitted: SurvNet transmitted: 33,137,143 (+95,811), of which 149,714 (+138) deaths*
- *7-day incidence: 379.6/100,000 inhabitants.*
- *Vaccination monitoring: Vaccinated with 1st dose 77.9%, with complete vaccination 62.2%*
  - *Slight increase in the number of cases compared to the previous week*
- *Course of the 7-day incidence of the federal states/LK*
  - *Increase in case numbers in all CCs in the last 2 weeks*
  - *SL: many festivals*
  - *BY: Oktoberfest*
  - *Geographical distribution of 7-T incidence by LK shows red colouring around Munich*
  - *Increase throughout Germany*
- *Heatmap: High incidence in AG 30-59-year-olds, increase in all age groups AG*
- *Destatis excess mortality not recognisable*

	Figures on the DIVI Intensive Care Register *(slides here)* o *As of 28 September 2022, 847 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals)* ▪ *Visible increase in COVID-ITS occupancy* o *ITS-COVID new admissions with +777 in the last 7 days in the Growth* o *Number of deaths on ITS: Decrease* o *Proportion of COVID-19 patients in the total number of operational ITS beds* ▪ *Hetereogenic increase* ▪ *Majority of the BL < 5%* ▪ *NW: moderate increase, Bremen: 7%* ▪ *NO: shares at just under 4-5%* ▪ *Centre: 3-4%* ▪ *South: increase, SL (7%), BY (5%)* o *Occupancy according to severity* ▪ *Increase in all groups* ▪ *% share of ECMO patients decreased* o *Assessment of the operating situation:* ▪ *University maximum care providers in comparison to basic and standard care larger percentage with Restriction whereas basic/regular providers are recognisable with decreasing restriction; heterogeneous*	*MF4 (Esins)*

Picture

- Reasons for the operating situation Staff shortage, Lack of space
- According to AG:
  - Increase mainly in the older generation
  - 81% of ITS patients aged 60+
- SPoCK forecast: increase in Bavaria, sideways movement in all other clovers
- Forecast for Germany as a whole: sideways movement - slight increase

FG36 (Buda)

Syndromic surveillance *(slides here)*

- ARE total: up 9.2 % (previous week: 6.3 %; previous week's figure: 5.0 %)
  - Trend: rising since week 34 (so far not the usual expected autumn plateau)
  - at 9.2 %, is above the range of previous years as of the 38th calendar week
  - The value (total) in week 37 was 9,200 ARE (previous week: 6,300) per 100,000 inhabitants.
  - Corresponds to a total number of 7.7 million ARE in Germany, regardless of a visit to the doctor (week 37: approx. 5.2 million)
  - Increase in all AGs, especially children and young adults
- Doctor consultations: increased overall
  - Compared to week 37 of 2022: Overall increase
  - approx. 1,400 medical consultations due to ARE per 100,000 p.e.
  - 38th week of 2022: approx. 1.2 million visits to the doctor due to ARE in Germany
  - in week 38: 1,401; week 37 in total with 1,170 (previous week's value is approx. 1,071)
  - Increase to be expected at the beginning of autumn and end of the summer holidays, but already very significant, increased ARE rate due to the increase in SARS-CoV-2 infections?
  - Overall, above the range of previous years as of week 38,
  - In comparison to the previous week: Significant increase among 5-14 year olds (+34%),
  - No more summer holidays
  - Transmission process only slightly slowed down
- SEED (Are) with COVID-19 consultations until week 38
  - In week 38, the number of doctor's consultations due to COVID-ARE among 15 to 34-year-olds and 60 to 79-year-olds was In the other age groups, the figures have remained stable or fallen slightly
- SARI case numbers remained stable overall in week 37 of 2022, at the usual level
  - SARI cases with intensive care stable compared to the previous week; currently slightly lower than in the previous week

previous years

- Share of COVID-19 in SARI increased slightly compared to the previous week in week 38: 28% (previous week: 23%)
- Share of COVID-19 in SARI with intensive treatment **has stabilised in recent weeks**: 33% (previous week: 27 %),
- Share of influenza in SARI below 1%, no influenza case among SARI with intensive treatment

o SARI case numbers: Increase in SARI case numbers in WG 5-14 in week 38 not yet continued
  - AG

o COVID-SARI hospitalisation incidence:
  - Overall stabilisation for several weeks, in week 37/2022: 3.1 per 100T
  - AG 80+ in week 38/2022: 24 per 100T

Virological surveillance, NRZ influenza data

- Increase in detections of SARS-CoV-2 to 15%
- No evidence of other coronaviruses
- Influenza viruses: H1N1 establishes itself
- Other respiratory viruses: HRV at 30%, PIV declining at 9%, RSV+HMPV not relevant

FG17 (Beers)

Molecular surveillance

- Approx. 4000 sequences; number of submissions is stable
- Proportion of the sample at 1.4%
- Dominated by BA.5 with 96% (slightly declining) BA.4 plateau at 3%
- Dominant among Omikron sublines BA.5.1 (20%), BA.5.2 (26%) and BA.5.2.1 (14%)
- BA.2 (1%) increasing overall, slow development
- Mutation R346Xwith stable image
- Delta no longer available, 100% Omikron

Discussion

- Are changes necessary for the weekly report
- Note: Electronic reporting of hospitalisations has been mandatory for hospitals since 17 September. Until now Over 1,000 hospitals connected to DEMIS. It is suspected that this will result in many more hospitalisation reports being sent to the GÄ than was previously the case. Hospitalisation incidences should therefore be treated with caution.

2	**Important points for the weekly report**
	
	• *Clear signs that the incidence is increasing. Most cases of infection in the middle age group. The number of severe respiratory diseases at a consistently low level. Overall: many infections, few serious illnesses.*
	  o *Acute respiratory diseases will increase seasonally (especially in children). Unchecked transmission of respiratory pathogens (especially rhinoviruses) in the population is possible. Proposal to address the general situation of acute respiratory infections in autumn - not just focus exclusively on SARS CoV-2*
	  o *Demonstration that many cases of infection are not synonymous with many severe cases*
	  o *Use increase in acute respiratory diseases as a trigger for infection pressure regarding COVID*
	• *What is the status of the phrase "died of/with Covid"?*
	  o *Wording in this regard will be sent to the BMG today. Implementation from next week with changeover of the pandemic radar.*
	• *Pandemic radar: Mr Wieler needs clear information for the BPK*
	  o *Jakob Schumacher provides pandemic radar screenshot here*
	  o *Data on wastewater surveillance is still pending*
	  o *Mr Wieler should have the same information as the BMG. RKI should only comment on the topic in the BPK on request.*
	  o *It should be mentioned in the pandemic radar that the next update will not take place until Tuesday*
		All

3	**Vaccination update** • *STIKO has met several times. Statement on updating the vaccination recommendations for Valneva and Omikron-adapted mRNA vaccines. Finalisation of the 22nd STIKO update expected next week.* • *Publication of the next monthly report on the COVID-19 vaccination situation on Thursday: analyses on the effectiveness of vaccinations, etc.*	*FG 33 (Wichmann)*
4	**International** • *(not reported)*	*ZIG*

5	**Update digital projects** • *(not reported)*	*FG21 (Schmich)*

6	**Data from health reporting**
	
	• Changes in physical activity since the beginning of the COVID-19 pandemic - results of a nationwide study (slides here)
	o *Background: Significant restriction of opportunities to be physically active during the first three COVID-19 Shafts*
	o *View from the perspective of the summer and autumn months of 2021*
	o *Nationwide cross-sectional telephone survey (n=2,985; 52%) Women); GEDA 2021*
	o *Change in sporting activity: Unchanged 38%, Generally does no sport 26%, Reduced 24%, Increased 12%*
	o *Change in active routes: Unchanged 55%, Increased 17%, Reduced 15%, Generally no active routes 13%*
	o *Multivariate analysis:*
	  o *Women increased their exercise more often*
	  o *18-29-year-olds changed the amount of sport they do more often than older people*
	  o *There were no differences between the education groups*
	o *Conclusion:*
	  o *1.5 years after the start of the pandemic, a significant proportion of the population has* **not** *returned to their usual level of sporting activity*
	  o *Simply withdrawing measures is not enough. Parts of the population need more support to resume sports activities*
	
	Discussion
	o *What is the conclusion?*
	  o *The conclusion relates only to sporting activity. Also in view of the fact that a relevant number of the population do not play sport or have reduced their participation.*
	o *What is the long-term trend? What was it like in pre-pandemic times and where do the results fit into the trend observation?*
	  o *The long-term trend is in the opposite direction and sporting activity tends to increase over a longer period of time*
	o *Have the results been published yet?*
	  o *Not yet. Publication in December in a journal article.*
	o *What is the age range of the respondents? Were very old people also included?*
	  o *Yes, the age effect is particularly noticeable in the 1st lockdown. In*
		Dept. 2 FG27 (Manz)

	the others no longer.	
7	**Current risk assessment** • *(not reported)*	*All*
8	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *(not reported)*	*Praes*
9	**Communication** **BZgA** • *The results of the infection control study are published today. Accompanying press release.* • *A new tool has been developed: Vaccination check. The aim of the tool is to enable users to check the extent to which their immunisation is still valid and which current STIKO recommendations apply to them. Expected launch at the end of September on the website infektionsschutz.de*	*BZgA (Ommen)*
	Press • *BPK on Friday at 10 am. Topics: Pandemic radar and new regulations of the Infection Protection Act*	*Press (Wenchel)*

	P1
	• *Request for clear messages for the BPK. Acknowledgement to date: Categorisation of the current situation in the context of the overall ARE situation. In addition, reference to behavioural tips for the winter?*
	  ▪ *Different proposals for the formulation of stay-at-home orders. Standardised regulation.*
	  ▪ *Use the BPK as an opportunity to provide concrete tips*
	• *Concrete demands from some countries to the RKI to waive the isolation requirement. Enquiries in this regard from the press and the BP are to be expected. Request for language regulation*
	  ▪ *Speaking notes are prepared with current categorisation.*
		P1 (Epee)

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RKI Strategy Questions

General

- *(not reported)*

RKI-internal

- *How can we formulate the stay-at-home message with as little complexity as possible without it being the same in all recommendations? A pragmatic solution is needed and it should also be in line with what other recommenders formulate. Mr Haas presents formulation suggestions and then circulates them to the group, asking for feedback at short notice.*
  - *Overall, the mood of many special regulations is slowly and surely changing due to lack of feasibility. Simple, pragmatic and proportionate rules are needed in line with keeping infectious diseases to a minimum. Give minimal recommendations when disease is not clear.*
  - *If COVID-19 disease is detected, self-isolation is still advisable*
  - *Addressing the general ARE situation*
  - *We currently say on the flyer "until the symptoms have completely subsided"*

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FG36 (Haas)

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Documents

Recommendations and guidelines for infection prevention for SARS-CoV-2 in schools - presentation timeline

- *RKI activities relatively early with regard to children/adolescents*
- *AWMF S3 guideline group; RKI involved in all steps*
- *RKI activity 30 September 2021: Supplement and current classification of RKI recommendations and preventive measures in schools during the COVID-19 pandemic (reference to valid S3 guidelines and changed requirements)*
- *AWMF S3 guideline group: Updating process since June 2022 Abridged version, publication planned for September*
- *BMG (Division 614): 15.09.2022: Corona autumn strategy - draft of a protection concept for children and young people (request to RKI for individual formulation points, no information or involvement beforehand, should be available in advance of the KMK)*

Discussion

- *What has led to air filters only being used in exceptional cases?*
  - *One of the most controversial points so far. Many aspects (correct alignment, volume, etc.) to consider. Therefore, airing the rooms is communicated.*

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FG36 (Haas)

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12	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
13	**Measures to protect against infection** • *(not reported)*	*FG37*
14	**Surveillance** • *(not reported)*	*FG32*
15	**Transport and border crossing points** • *(not reported)*	*FG31*
16	**Information from the coordination centre** • *It is currently difficult to fill the position of shift supervisor and there are many gaps in the shift schedule* ▪ *Shift management for tomorrow afternoon not yet occupied* ▪ *Personnel bottlenecks* ▪ *Effort to reduce KS* ▪ *If necessary, assign new appel and persons again*	*FG31 (Siffczyk)*
17	**Important dates** • *COVID-19 and monkeypox Lage-AG only every two weeks in future* ▪ *Should be staggered so that both Lage-AGs do not take place in the same week. Coordination is passed on to the Affenpocken KS. Next Affenpocken Lage-AG probably not until 17.10.*	*All*
18	**Other topics** • *Next meeting: Wednesday, 12 October 2022 11:00 a.m., via Webex*	

End: 13:02

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 12 October 2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
  - *Christina Poethko-Müller*
- *FG 26*
  - *Sophie Eicher*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG33*
  - *Jonathan Fischer-Fels*
- *FG34*
  - *Andrea Sailer (protocol)*
  - *Alexandra Hofmann*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Marieke Degen*
  - *Nadin Garbe*
  - *Ronja Wenchel*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** • *Slides (here)* • *Worldwide: cases, deaths* o *Number of cases per calendar week and WHO region, 30.12.2019-11.10.2022* ▪ *Still stable worldwide (-0.2%)* ▪ *Africa: significant decline in the number of cases and deaths, rising case numbers in individual countries at a very low level* *Level* ▪ *America: very stable, highest incidence in Chile* ▪ *Asia: comparatively stable number of cases and deaths, highest incidence in Singapore. Rising incidence in China* *Case numbers with very low incidence, again greater restrictions for population.* ▪ *Europe: slight rise in case numbers* ▪ *Oceania: falling number of cases and slightly rising number of deaths* ▪ *Variants: Number of uploaded sequences reduced, still > 90% Omikron* o *7-day incidence per 100,000 inhabitants in Europe* ▪ *Increases in the number of cases (compared to the previous week), for example in Italy, Luxembourg, France and Hungary* ▪ *Highest 7-T incidence in Austria: 1,096 (+17%)* ▪ *Increasing number of hospitalisations* ▪ *Stable number of deaths* ▪ *According to ECDC, increasing transmission in population > 65 years again* ▪ *Differentiation of hospital admissions with or due to COVID not possible in many countries* o *Austria:* ▪ *Rising case numbers in all cantons* ▪ *Frequent testing, test positivity only at 11%* ▪ *All AGs are affected: for 5-14 year olds increase after summer holidays, now decrease again; from 15 years of age* *Rising or stable case numbers; increase for 65+ year olds* ▪ *Rising hospitalisation figures and slight increase in intensive care bed occupancy; do not expect an increase in* *Intensive care beds; unplanned staff absences.* ▪ *Measures:* ▪ *FFP2 masks compulsory in hospitals, retirement homes and healthcare facilities. Re-introduction of the* *Mask requirement possible in other settings.* ▪ *Tests for the general population: 5 free PCR + 5 antigen tests per person per month* ▪ *Increased wastewater monitoring in future*	*ZIG1 (Kerber)*

	National	

- **Case numbers, deaths, trend,** *slides (here)*
  - *SurvNet transmitted: SurvNet transmitted: 34,257,916 (+136,748), of which 150,919 (+199) deaths*
  - *7-day incidence: 799.9/100,000 inhabitants.*
  - *Vaccination monitoring: Vaccinated with 1st dose 64,793,523 (77.8%), with complete vaccination 63,476,472 (76.3%)*
    - *Almost doubling of the overall incidence*
    - *Sharp rise in hospitalised patients in particular, may also be due to switch to electronic reporting for hospitalised patients.*
  - *Course of the 7-day incidence in the federal states:*
    - *Increase in total incidence from 500 to 800*
    - *Highest incidence in Saarland followed by Bavaria (Oktoberfest)*
  - *Geographical distribution of 7-day incidence by LK*
    - *276 LK with incidence >500-1,000 and 105 LK with incidence > 1,000*
  - *Heatmap*
    - *Growth in all age groups, especially in high AG >80 years*
    - *Compared to previous waves, the incidence of infection appears to be higher in AG.*
  - *COVID-19 cases by age group and date of death*
    - *Minor increase*
  - *Weekly death rates*
    - *Slight increase, but we cannot yet speak of excess mortality.*

FG32 (Sievers)

- **Figures on the DIVI Intensive Care Register** *(slides here)*
  - *As of 12 October 2022, 1,673 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals)*
    - *ITS-COVID new admissions with +1,651 in the last 7 days*
    - *Strong increase, doubling in the last 2 weeks*
    - *Number of patients who died in ITS: slight increase*
  - *Share of COVID-19 patients in the total number of operational ITS beds*
    - *Increase seen in all BL, stable in Hamburg*
    - *Saarland also heavily affected by ITS occupancy*
  - *Treatment occupancy according to severity*
    - *No differentiation with and because of COVID, but differentiation: without respiratory support, with Non-invasive and with invasive ventilation*
    - *Sharp increase in proportion of unknown treatments (no respiratory support required), also group with invasive ventilation increased significantly and increase in patients with non-invasive ventilation*
  - *Invasive ventilation capacities*
    - *Proportion of non-COVID patients with invasive ventilation is significantly higher than that of COVID patients.*

MF4 (Fischer)

	▪ *Total number of invasive ventilated patients has decreased, also due to staff shortages.* o *Age groups Development* ▪ *Occupancy increased in all AGs, but especially among 60+ year olds* ▪ *Percentage: > 60% are over 70 years old* o *SPoCK forecast:* ▪ *Strong increase forecast for Germany as a whole; in all 5 cloverleaves throughout Germany* • **Syndromic surveillance** *(slides here)* o *ARE total:* ▪ *Start of the 2022/23 season: red dot on the left-hand side of the diagram* ▪ *Usual course of the year: in the summer basin, at the end of the school holiday period in autumn the numbers rise steeply,* *then autumn plateau* ▪ *Corresponds to a total number of 7.6 million ARE in Germany, regardless of a doctor's visit (39th calendar week:* *approx. 7.6 million)* ▪ *ARE rates in adults are rising, but have fallen significantly in children.* o *ARE doctor consultation:* ▪ *Approx. 1,900 medical consultations due to ARE per 100,000 p.e.* *> 40th week of 2022: approx. 1.6 million visits to the doctor due to ARE* ▪ *Higher than in previous seasons, but no increase since last week* ▪ *After AG the same picture: no further increase in children, schoolchildren and young adults, increase in* *Adults aged 35 and over* o *SEED^{ARE} with COVID-19 consultations until week 40* ▪ *Stable in children, increase continues in adults.* o *ICOSARI-KH-Surveillance - SARI incidence* ▪ *Similar level as in previous years* ▪ *Late registrations are to be expected, not a very unusual occurrence.* ▪ *Even with intensive medical treatment Level as in previous years* o *ICOSARI-KH-Surveillance - Share of COVID-19 in SARI cases* ▪ *Slight increase, especially in those treated in intensive care (42% of all patients treated in intensive care)* *patients).* ▪ *By age group: 42-48% COVID-19 among 35+ year olds* ▪ *In 0-4-year-olds 15% RSV (less than last year), 4% COVID, 3% influenza* ▪ *Number of 80+ year olds higher than in previous seasons* o *Hospitalisation incidence* ▪ *Sharp increase in hospitalisation incidence in the reporting system, also increase in ICOSARI, but not entirely* *so strong.* ▪ *Possible reasons: Change to electronic reporting, no differentiation between hospitalisations with and without to COVID.*	*FG36 (Buda)*

	▪ *Increase also in the intensive care register* ○ *COVID-SARI development 30th week to 40th week 2022* ▪ *Increase in hospitalised patients, including those in intensive care, slight increase also in deceased patients*	
	• **Virological surveillance** ○ *Coronaviruses: slight increase in SARS-CoV-2* ○ *Influenza viruses: significant increase in A(H3N2)* ○ *Other respiratory viruses: strongest activity in rhinoviruses; parainfluenza viruses mainly in young children; hardly any human metapneumoviruses and RSV*	*Fisherman* *FG17 (Dürrwald)*
	• **Test capacity and testing** ○ *(not reported)*	
	• **ARS data** *(slides here)* ○ *Increase in positive tests in all federal states, including Bavaria and Saarland.* ○ *Increase in the number of tests carried out in some federal states (Bavaria, NRW)* ○ *Significant increase in the number of tests and the proportion of positives in doctors' surgeries and other testing centres, decline in the number of tests in hospitals with a slight increase in the proportion of positives. More testing is taking place again, especially in doctors' surgeries* ○ *Number of tests by AG: significant increase in the 35+ age groups.* ○ *Number of positive tests according to AG: stable in children, otherwise increase* ○ *Positive shares according to AG: increase, except for children* ○ *Outbreaks in medical treatment centres: another increase in active outbreaks, still no major change in deaths compared to the previous week*	*FG37 (Abu Sin)*
	• **VOC report** *(slides here)* ○ *Decline in the proportion and number of genome sequencings in recent weeks (no technical reasons)* ○ *No major changes, consistency at BA.5* ○ *No changes to Omikron's main lines* ○ *If you superimpose the growth graphs (growth after x days) of BA.2 and BA.5, you can see that the growth of BA.2 was much steeper before the plateau formation. The increase is less steep for BA.5. The end of the BA.5 line is still below the line of BA.2. It can therefore be assumed that BA.5 will still have a few more infections; presumably BA.5 has not yet reached the plateau like BA.2.* ○ *Breakdown of the Omikron sublines: BF.7 share has increased further. BA.2 has increased again due to BA.2.75 sublines.* ○ *BQ.1 and BQ.1.1: slightly increasing numbers, but on a very small scale.* ○ *Question about the increase in BF.7: Are there any special characteristics? No statements on pathogenicity or transmission possible,*	*FG36 (Kröger)*

	No evidence of clinical relevance.	
	• Discussion: o Half of the patients in the intensive care register are not ventilated, so perhaps hospitalisation with and not because of COVID. Slope angle may be part of the usual seasonal pattern. ▪ Respiratory support has been relatively stable since June. The number of invasive ventilators is rising sharply, but is still relatively low.	Buda
	o What is known about patients who are currently hospitalised and belong to the generation of 50 or 60+ year olds with regard to a 4th vaccination?	Fisherman
	▪ Qualitative report from AGI: multiple vaccinations also affected, staff shortages in hospitals with and because of COVID, as well as transfers from retirement homes, which leads to considerable strain, at least in Saarland.	Mielke
	o Reference to summary in the monthly report on vaccination from 29 September: Risk can be reduced by booster vaccination.	Rexroth
	o Increase in infections in the very elderly: Questions about whether 4 vaccinations protect are to be expected. Infection pressure is high in the population. ToDo: FG33 will submit information later, FF Fischer-Fels	Diercke
	o On Tuesday in morning meeting minister asked about 5th vaccination, these questions will come. New vaccination campaign will be presented by the minister on Friday. o Preparation for this topic is necessary.	Mielke
	o FAQs on the 5th vaccination were published today. Doctors should decide for themselves based on 5 criteria.	Hamouda
	o Discussion with Saarland Minister of Health: Is data per BL and population available in the intensive care register? The Saarland Minister of Health would like to see data on the number of occupied intensive care beds per BL and population in the Saarland. 100,000 inhabitants compared to other federal states. Is this higher in Saarland than in other BCs? The answer should be given within the next hour if possible. ▪ Not possible in such a short time. ▪ Data on occupancy possible down to hospital level ▪ The catchment areas of the hospitals do not always correspond to the borders of the federal states. ▪ Introduction of further new indicators does not make sense. ▪ It is not trivial to define the catchment area, especially in a small BL.	Osamah
	▪ Answer to the BMG: not available and cannot be provided in half an hour.	Fischer Rexroth
		Haas

2	**Important points for the weekly report**
	• *How is the increase communicated?*
	  ○ *Key messages for weekly report: Situation is a consequence of the unchecked spread of respiratory diseases for several weeks. No fundamentally new situation, fundamentally new measures required.*
	  ○ *Previous recommendations should be implemented.*
	  ○ *Look beyond COVID and also keep an eye on influenza and other pathogens. Vaccination against influenza should be mentioned.*
	  ○ *At the moment, older people are also taking part in the outbreak.*
		Haas

3	**Vaccination update** • *(not reported)*	*FG 33*
4	**International** • *(not reported)*	*ZIG*

5	**Update digital projects**
	• *Update on the pandemic apps: CWA and CovPass (slides here)*
	  ○ *Several apps with partially overlapping functions, CWA to continue until the end of May 2023, CovPass until mid-2023.*
	  ○ *No further development of core functionalities, instead ad-hoc requirements for additional functions*
	  ○ *Test strategy & self-tests*
	    ▪ *The connection of new laboratories and test centres was stopped months ago.*
	    ▪ *TAN hotline to be phased out; instead, non-verified warnings in the event of positive test results from non-verified users.*
	    registered rapid tests and laboratory PCR tests, including self-tests.
	  ○ *Restriction of abuse necessary*
	    ▪ *Rate limiting: What kind of waiting period should be observed? Suggestion 3 months*
	    ▪ *Minimum operating time of the CWA installation: Warning only possible after n days/weeks? Suggestion 7 days*
	    ▪ *Further hurdles needed to restrict abuse?*
	  ○ *Information for CWA users*
	    ▪ *Pandemic radar: Dashboard replication or link to RKI dashboard?*
	    ▪ *Translation of pandemic radar as "Pandemic Key Indicators"?*
	    ▪ *BZgA vaccination check: desire to link BZgA and BMG, but RKI concerns.*
	    ▪ *Linking in CWA or in FAQ or no linking?*
	  ○ *Test scenarios*
	    ▪ *State-specific mask requirements and exemptions from mask requirements: implemented, but not yet activated*
	    ▪ *Functional mailbox for BL-AP yet to be named*
		FG21 (Benzler)

	▪ Complete vaccination protection: implemented as self-declaration, not yet for external testing ▪ Application scenarios unclear ▪ Problems: Discrepancy between IfSG and STIKO recommendations (especially for children 6-11 years) ▪ Dealing with IfSG requirements for WHO vaccines Emergency list o Test scenarios Entry rules ▪ Active, but currently no rules, future rules can be added. ▪ Entry rules for virus variant areas have not been implemented, but are under discussion, very complex and especially o Pending problem solutions: ▪ Recovery certificates for infections that were detected more than 180 days ago cannot be issued at the moment. be issued. ▪ Discrepancy between IfSG and STIKO recommendations ▪ Unclear guidelines for DCC issuers on the coding of booster vaccinations ▪ Background: Responsibility of numerous BMG departments without coordination o "Pandemic Key Indicators" is not a good translation; the term has a different meaning internationally. ▪ Minister invented the word "pandemic radar", should not be changed. o Informing contacts about self-tests is certainly useful as preparation for future pandemics, but no longer for broad community transmission. The timing is too late, the app would not go green at all at this point in time. ▪ More sensitive detection was already proposed a ¾ year ago. Minister is very interested in product, However, financial resources are limited. Specialist supervisors have their own ideas. ▪ Integration of self-testing necessary to continue using CWA as a tool to combat the pandemic can. People therefore change their behaviour (read more in the science blog) o The discussion is important, but not possible in this time frame. ToDo: Invitation to an extra meeting to discuss the open points o Specified key data for the restriction of misuse makes sense.	Haas Smear Mielke
6	**Data from health reporting** • Results from the Mental Health Surveillance (here) o Literature review on the development of mental health in the adult population during the COVID-19 pandemic Pandemic o Background: Analysis of GEDA data (survey and	FG26 (Eicher)

	evaluation of data) and literature review in early 2021. A comprehensive report was submitted to the BMG, including on children and adolescents. ▪ The focus was on assessing the reliability of the included studies: how meaningful is the information provided in Germany on mental health. ▪ Category I: Primary data on mental health ▪ Category II: Routine data and care-related primary data ▪ -> Continuous literature review o Observation periods of all studies ▪ Lots of research, especially at the beginning of the pandemic o Content spectrum of the studies ▪ Indicators include various outcomes ▪ Mainly results on care and mortality (46%), also on current symptoms a mental disorder (29%), positive mental health (13%) and psychological distress (12%) o Synthesis "Current symptoms of a mental disorder" - comparisons with pre-pandemic comparative values ▪ It is striking that results are reported above all for early pandemic periods. o Comparison of GEDA evaluation with literature review ▪ No increase in 1st wave, stable or declining in plateau phase 2020, increase from acute to acute phase Symptoms in autumn 2020, then ambiguous, increase in other studies only until mid-2021. o There will soon be an update on more recent measurement dates in the crisis team. o Conclusion ▪ Mental health data does not comprehensively cover the course of the pandemic. ▪ Meaningful studies or publications on developments in the population are rare. ▪ The timeliness of published results is low. o Project funding until the middle of next year, monthly Reports to BMG, project to be finalised with publication in 2023. o Further funding from mid-2023 unclear • First results of the follow-up surveys in the corona monitoring studies (Long COVID in CoMoBu-II) o Postponed to the Lage-AG meeting on 26 October	FG25 (Poethko-Mueller)
7	**Current risk assessment** • Discussion of the proposed amendments to the risk assessment o No need for adjustment o The load on the healthcare system may need to be adjusted in the future.	Dept. 3

8	**Expert advisory board** *(Mondays before, Wednesdays after)* • *(not reported)*	
9	**Communication** **BZgA** • *Joint flu campaign with RKI to start soon* • *Press release on 20 October* **Press** • *(not reported)* **P1** • *(not reported)*	*BZgA (Ommen)* *Press* *P1*
10	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*

11	**Documents**
	• *Status of documents for healthcare facilities and care and nursing homes*
	  ○ *In the course of the IfSG amendments, documents should be adapted in good time. Still being held back.*
	  ○ *The legal standard is that FFP-2 masks should also be worn by carers. There are still differences in interpretation and room for manoeuvre.*
	  ○ *The BMG has promised guidance for federal states on how to deal with compulsory masks. Still waiting for approval, displeasure in the federal states.*
	  ○ *The document on discharge management was also called into question. There is no evidence that vaccination changes excretions. No evidence for changes.*
	  ○ *Further documents are being revised, §28b IfSG is difficult to incorporate.*
	  ○ *assessment is still correct from a technical point of view.*
	  ○ *The technical recommendations will be retained as long as there are no instructions to the contrary from the BMG.*
	  ○ *Documents are being left as they are at the moment, and there is still no language regulation in the BMG.*
		Abu Sin
		
		Brunke
		Arvand
		
		Mielke
		Hamouda
		
		Abu Sin

12	**Laboratory diagnostics** • *(not reported)*	*FG17/ZBS1*
13	**Clinical management/discharge management** • *Final consultation: test reasons/test criteria: Customisation*	*ZBS7/ FG36 (Mielke)*

	of test occasions and flowchart for doctors (here) ○ *2 documents: Flowchart of test criteria and explanatory text* ○ *Has been checked in AG Diagnostics, adjustments to position make sense* ○ *Note: Point 5 under test criteria has been shortened* ○ *"Suspected case reportable" should be blue and not red.* ○ *Failure instead of disturbance of the sense of smell and taste* ○ *Indication for antiviral therapy supplemented for outpatient management* ○ *Measures in case of symptoms: home isolation for 5 days.* ▪ *It is about undetected COVID infections, in the weekly report formulation 3-5 days* *ToDo: Mr Haas sends Mr Mielke the exact wording so that it is consistent.* ○ *Subsequently via Mrs Niebank to the webmaster for updating*	*Haas*
14	**Measures to protect against infection** • *not reported*	*FG14*
15	**Surveillance** • *not reported*	*FG 32*
16	**Transport and border crossing points** • *not reported*	*FG38*
17	**Information from the coordination centre** • *not reported*	*FG38*
18	**Important dates** • *none*	*All*
19	**Other topics** • *Next meeting: Weekday, 26 October 2022, 11:00 a.m., via Webex*	

End: 12:59 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 26 October 2022, 11:00 a.m.*
Venue:	*Webex Conference*

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
- *FG12*
  - *Annette Mankertz*
  - *Sebastian Voigt*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
  - *Justus Benzler*
- *FG23*
- *FG 24*
  - *Thomas Ziese*
  - *Anke Christine Saß*
- *FG25*
  - *Christina Poethko-Müller*
  - *Christa Scheidt-Nave*
- *FG31*
  - *Ute Rexroth*
  - *Antonia Hilbig*
  - *Claudia Siffczyk*
- *FG32*
  - *Claudia Sievers*
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- *FG33*
  - *Jonathan Fischer-Fels*
- *FG34*
- *FG35*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
- *ZBS1*
- *ZBS7*
  - *Michaela Niebank*
- *MF3*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *P4*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(not reported)* o *Slides here* o *Worldwide: cases, deaths* o *Data status: WHO, 25 October 2022* o *Overview of the percentage changes in the last 7 days: Globally, the number of cases and deaths is falling* o *Americas (+3.5%, due to increases in island states, and increase in Chile); Asia: increase in deaths* o *Situation in Europe: highest 7TI in Austria, followed by D and F, case numbers falling overall (various testing strategies play a role here)* o *ECDC information/assessment: only a few countries are still reporting increases; in countries where increases are being recorded, these are slowing down. Situation over 65: Case numbers are rising; increased transmission and deaths in long-term care facilities.* o *BQ.1 (subline of BA.5): classified as a variant of interest by the ECDC on 20 October. Highest proportion in F compared to other countries at 19%; USA; 11%; immune evasion as cause for increase (2 additional mutations in the spike protein); increased disease severity has not yet been observed; ECDC modelling: BQ.1 is expected to dominate in Europe in mid-Nov/early Dec;*	*ZIG1*
	National o *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: 35,383,015 (+94,787), thereof 152,997 (+242) Deaths* o *7-day incidence: 528/100,000 inhabitants.* o *7-day hospital incidence: 10.6/100,000 inhabitants.* o *The number of active cases is decreasing, the number of hospitalised people per day is also falling. No decrease in deaths so far.* o *Decline 7TI observed in all BL, peak was reached 2 weeks ago.* o *Heatmap age groups: Different trend in Germany than in other European countries: decline observed in all age groups compared to week 40.* o *There has not yet been a noticeable decline in the number of deaths;* o *Destatis: nothing conspicuous*	*FG32*
	Figures on the DIVI Intensive Care Register , slides here o *As of 26.10.22: 1729 COVID patients on IST* o *Increase or sideways movement of COVID-ITS occupancy*	*MF4*

	○ *ITS-COVID new admissions with +1,503 in the last 7 days. Decline here too.* ○ *Death figures: still on a plateau.* ○ *Treatment occupancy: Many patients with or with support compared to previous waves (only winter 2020/21 was higher). Number of ECMO treatments has increased slightly, also increase in light support and high flow.* ○ *A relatively large proportion of unknown treatments. Secondary findings? Cannot be differentiated.* ○ *Assessment of the operating situation: 64% partially or severely restricted. Main reasons: Staff absences due to illness* ○ *Age distribution: Occupancy is dominated (as before) by 70-79 and over-80-year-olds;* ○ *Sideways movement forecast in SPoCK.* *Test capacity and testing* ○ *(not reported)* *ARS data* ○ *(not reported)* *VOC and Molecular Surveillance, slides here* ○ *Slight decline in the proportion of genome sequencing: below 1%;* ○ *Shares for individual variants: Picture remains stable: BA.5 dominates with over 96%, BA.2 slight increase. BA.4 declining.* ○ *BF.7 (subline of BA.5): highest proportion of all BA.5 sublines (16%); all other sublines quite stable.* ○ *Pangolin Update has divided some lines into sub-lines.* ○ *BQ1.1 and BQ1: significant increase observed.* ○ *BF.7, BA.275.2 and BQ1.1: same spike mutation* *Syndromic and virological ARE surveillance, slides here* ○ *ARE rate declines significantly.* ○ *GrippeWeb: 6,700 ARE (previous week: 7,300) per 100,000 inhabitants; corresponds to a total number of 5.6 million ARE in Germany, independent of a doctor's visit (41st calendar week: approx. 6.1 million)* ○ *ARE rate: Compared to the previous week: increase in infants and young adults, decrease in all other age groups* ○ *AGI- ARE consultations: Compared to week 41 of 2022: Significantly lower overall; approx. 1,800 doctor consultations due to ARE per 100,000 p.e. (42nd week of 2022: approx. 1.5 million visits to the doctor due to ARE)* ○ *ICOSARI: SARI cases declining overall. Also in intensive care. area.*	*FG32* *FG36*

	○ *COVID share of SARI: remained stable*	

	○ *Proportion of COVID in SARI with intensive care: also stable (influenza: slight increase but at a low level).* ○ *0-4-year-olds: RSV diagnoses have risen sharply in recent weeks (20%); SARS-CoV-2: 5%, influenza increasingly detected (although still few cases, 4%); influenza in 5-14-year-olds: 10%* ○ *Virological surveillance: Slight decline in SARS-COV2 overall. SARS-CoV-2: 34-60-year-olds and over-60s most affected; very little activity with endemic coronaviruses. Significant increase in influenza (H3N2); positive rate 16% - strongest virus in the sentinel in week 42; schoolchildren most affected, but spread to other age groups can be observed. So far no detection in over 60s; rhinoviruses and parainfluenza viruses are declining, RSV increase to 10% (in line with syndr. surveillance)* *Questions/additional information :* - *0-4-year-olds COVID-SARI: looks like the proportion is higher, but a certain proportion of children also have an RSV diagnosis. RSV wave announces itself much earlier than in previous years.* - *As influenza activity increases, the threshold values are also expected to be exceeded in the near future; RSV and influenza could also have a negative impact on bed capacities in hospitals.* - *Which subline could prevail? - It is not possible to make a prediction at the moment; BQ seems to be more of a problem internationally, and BF.7 is currently more of a problem here.* - *Recent publication in Nature Microbiology "Coinfection by influenza A virus and respiratory syncytial virus produces hybrid virus particles" : Coinfections of InflA and RSV, hydride virus particles infect cells that would not normally be infected by influenza. in vitro experiments, possibly also relevant for coinfections in vivo? - so far no statement can be made about this* *Message for the weekly report: Some easing can be seen (holidays in some BL); no prediction can be made as to whether this will continue. Seasonal ARE activity normally picks up again in winter. Trough or end of the wave? Not yet clear. Info from ARE reports: Influenza and RSV are increasing significantly; the overall ARE situation is no longer determined by COVID alone and protective measures and prevention must also be observed for other pathogens.*	*FG17* *All*
2	**Important points for the weekly report** • *Paragraph on the immunisation status of new admissions to the ICU: the only section on immunisation still included in the weekly report.* • *Last week, the data was removed, which was widely discussed in social networks. Section again with*	*All*

	record? • *Options: Inclusion in weekly report, on DIVI page or in monthly vaccination report* • *BMG would like to retain the data and report it in VO* • *DIVI: Vaccination status of new admissions; has nothing to do with occupancy/exposure. High risk of misinterpretation if data is published on the DIVI website.* *Decision and To Do* - *Situation centre: Consultation with FG33 Include data in the vaccination report* - *Note next week in the weekly report, where info and data can be found* - *When VO is revised again: Aim to remove the notification (support from DIVI team desired).*	
3	**Vaccination update** • *Slides here* • *Current authorisation: 4 approved Omikron vaccines, only approved as boosters and only from the age of 12.* • *Paediatric vaccines: 6 months-5 years, Biontech (3-dose vaccination) and Moderna (2-dose vaccination) in different concentrations.* • *Adapted vaccines recommended for all boosters aged 12 and over, No differentiation between BA.1 and BA.4/5* • *No change in the indication groups; no STiKO recommendation for 4 vaccinations for the U60 group.* • *Vaccination rates stagnate, except for 2nd booster vaccination for over 60s* • *26.09 over 60T already vaccinated with adapted vaccines before STIKO recommendation (06.10 recommendation);* • *Monthly report: Vaccination breakthroughs and disease burden: Unvaccinated over-60s (approx. 10% in this age group) - significantly higher hospitalisation rates, ITS occupancy and more likely to die* **Question:** - *The majority of unvaccinated people were already infected (several times?).* *In other words, can it possibly be assumed that vaccination success is even underestimated? - This distinction is not made in the monthly report; it is not made for influenza either. It is difficult to obtain this data at all, and there are hardly any immunised people left. Cannot be solved in the context of surveillance, only with a study. Influenza: boostered and vaccinated people are equally infected; similar picture here; we know from outbreaks in old people's homes (exposure the same for everyone) that the effect of vaccination tends to be overestimated. Difficult topic, should not be formulated in the vaccination report.* - *There were no clinical studies on reinfection prior to authorisation the Omikron booster.*	*FG 33*

4	**International** • *(not reported)*	*ZIG*
5	**Digital projects update** **ePLF/dPLF (electronic/digital Passenger Locator Form) and DEA - current developments** ○ *Summer 2022: Evaluation of whether DEA can/should be incorporated into European CoNA system. Input from RKI and Bundesdruckerei - BMG decision: transfer DEA to European system (ePLF)* ○ *Many unanswered questions, including who will operate this system from the German side and who will transfer DEA? Migration is to take place this year. It should be clarified by 31 December who will accompany and implement the process. The BMG would like the RKI to take on this task, but so far there is no written statement on exactly what role the RKI should take on.* ○ *Include topic in JF Friday;* • *DEA: Technical infrastructure provided by Bundesdruckerei; RKI has monitored the process.* ○ *The process cannot be supported with current resources.* ○ *Change request drawn up with Bundesdruckerei for the end of January* • *There was an own-initiative report on ePLF in Feb. 2022, which should be updated.* • *Differentiation: DEA = entry control; ePLF: CoNA after exposure in aircraft (and other means of transport), and also for pathogens other than SARS-CoV-2; not really with DEA comparable, as the objective is completely different;*	*FG21*

6	**Lecture, CoMoBu II study and Post/LongCOVID "Prevalence and determinants of Post-COVID-19 condition in Germany - Results of the second wave of the study "Corona Monitoring Bundesweit" (RKI-SOEP-2-study)** *Slides here* - *PostCOVID and LongCOVID: difficult to define; WHO criteria for case definitions give some room for judgement which is reflected in the study results and their comparability.* - *CoMoBu II: embedded in SOEP; questionnaire on LongCOVID was added; 19 symptoms asked in the last 6 months; and whether complaints still persist, as well as effects on school/employment?* *Cases and controls:* - *People who knew about the infection and with a positive PCR test* - *People who were unaware of the infection but whose infection was confirmed by an AK test* - *People without infection (this group is missing in many studies) - Baseline* *Results:* - *Prevalence for all 3 groups (slide 6): 14-65 year olds Significant differences between participants with known infection and no infection.* *Those who were unaware of infection but were infected are closer to those who were aware of infection. The narrower the definition of LongCOVID, the smaller the differences between the groups.* - *Increased risk of longCOVID: Gender (female), age, number of concomitant diseases;* - *Self-related health: how do you currently rate your own health, and in comparison to before the pandemic? Infected, without LongCOVID: 6x deterioration;* *https://www.rki.de/long-covid* **Questions/additional information:** - *Sensitivity of the case definition and knowing whether you were infected has a major influence on the prevalence of LongCOVID. The narrower the definition, the lower the difference between the groups; how meaningful are the results? - Still significant. 40% attributable risk to infection.* - *Non-subjective outcomes are included in order to eliminate the bias of self-perception.* - *Background monitoring: Control groups are getting thinner and thinner, what is the overall situation in the population with LongCOVID symptoms?* - *Can results be communicated? - Mr Scheida will contact you.*	*Mrs Pethke-Müller*
7	**Current risk assessment** ○ *Minor adjustments could be made, but not time-critical; no changes at present*	*Dept. 3*

8	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	*Pres*
9	**Communication** **BZgA** • *Nothing to report* **Press** • *Nothing to report* **P1** • *Flyer on vaccination breakthroughs revised for booster vaccination and sent to social media task force after coordination* **Other:** - *Press conference on 2 November (time not known) BMSFJ and BMG on the conclusion of the Corona daycare centre study, background paper is currently being commented on. Messages are being prepared, explanatory video has been produced, DJI lead; input from RKI side; documents will be forwarded to the press office for comment;*	*BZgA n.a.* *Press* *P1* *FG36*
10	**RKI Strategy Questions** **General** • *Concerns of the BC: Reporting frequency between the years: no weekly report and no updates of the data between the years desired. Ministries are closed for energy-saving reasons, only emergency operation is running* • *Reduction generally to weekly reporting desired.* • *Dashboard: also only updated weekly from the new year? - probably difficult with new pandemic radar* • *Compared to other pathogens, fundamental strategic questions must be clarified internally - transition to seasonal events.* • *Weekly provision of data, advantages: Misinterpretation of the data would be eliminated and enquiries about fluctuations.* • *The BC's request did not refer to DIVI. Technically and professionally unstoppable, as daily reporting obligation, figures were also stable at the turn of the year; DIVI: immediate care issues, no surveillance data; other DIVI objective: monitoring of resources.* **To Do:** • *BMG own-initiative report: no weekly report and no updating of data over public holidays; restrict report to surveillance systems.* **RKI-internal**	*All* *FG31*

	• *(not reported)*	
11	**Documents** • *(not reported)*	*All*
12	**Laboratory diagnostics** **FG17 and ZBS1** **No additions**	
13	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
14	**Measures to protect against infection** • *Last week KRINKO statement on § 28b, strengthening particularly vulnerable groups (masks and test concepts in facilities). No reactions from the press so far.*	*FG14*
15	**Surveillance** • *Wastewater surveillance decree. Project description, with deadline today; general conditions only clarified today. Apply for extension by Friday; M. Diercke in charge with Mr Möhl;*	*FG 32*
16	**Transport and border crossing points** • *DEA, point 5*	*FG38*
17	**Information from the coordination centre** • *Reporting, see above*	*FG38*
18	**Important dates** • *none*	*All*
19	**Other topics** • *Next meeting: Wednesday, 09.11.2022, 11:00 a.m., via Webex*	

End: 13:12

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 09.11.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Alexandra Hofmann*
- *FG33*
  - *Ole Wichmann*
  - Jonathan Fischer-Fels
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *ZBS7*
  - *Annegret Schneider*
- *MF4*
  - *Martina Fischer*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Worldwide: cases, deaths* ○ *Data status: WHO, 08 November 2022* ○ *List of top 10 countries by new cases:* ▪ *Increase in the number of cases in Indonesia and Malaysia* ▪ *Subsequent reporting of deaths from India, hence the 69% increase in deaths in Asia* ▪ *Otherwise falling case and death figures worldwide ECDC (week 43): Falling case and death figures here too, Hospitalisations and intensive care occupancy: stable Netherlands declares autumn wave over New government in Italy lifts compulsory vaccination in healthcare professions to alleviate staff shortages to counteract COVID reporting only once a week in Italy*	*Carlos Correa-Martinez*
	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 35,932,654 (+47,820), of which 155,012 (+227) deaths* ○ *7-day incidence: 294.1/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,808,642 (77.9%), with complete vaccination 63,495,111 (76.3%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decline in all BL* ▪ *15 LK >500, all in the north/north-west* ▪ *Significant decline in all AGs for 4 weeks, late summer/autumn wave probably over* ▪ *None Increased mortality*	*Ute Rexroth*
	○ *ARS data* ▪ *Slides here* ▪ *Positive share approx. 25% in all BCs and declining* ▪ *in Berlin a very low PA in overall testing, due to low representativeness of the hospitals involved* ▪ *Tests per 100,000 inhabitants: constant for 5-14 year olds, otherwise declining* ▪ *Decrease in the number of outbreaks* ○ *Test capacity and testing* ○ *not reported*	*Muna Abu Sin*
	○ *VOC report* ▪ *Slides here* ▪ *Only Omikron variants still predominant* ▪ *BA.5 dominant, share BA.4 declining, share BA.2 rising (currently at 3%)*	*Stefan Kröger*

	▪ Due to pangolin nomenclature there are many sublines, e.g. BF.7 is a subline of BA.5 ▪ BQ1/BQ1.1 are sometimes labelled together ▪ Other designations originate from the pre-Pangolin nomenclature period ▪ PEI was commissioned to test the sensitivity of rapid tests for new variants (e.g. BQ1 and BQ1.1). to check ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance ▪ Slides here ▪ 5.0 million ARE (previous week: 5.2 million) ▪ Decrease in all AGs, except for 15-34Y: increase there ▪ Doctor consultations on the decline ▪ Inpatient: SARI incidence higher than before the pandemic ▪ COVID-19 share at SARI: 19% (previous week: 30%) ▪ COVID-19 proportion of SARI cases with intensive care: 36% (previous week: 40%) ▪ Sharp increase in RSV/influenza in SARI in 0-4 year olds ▪ Significant decline in the proportion of COVID-19 in AG 60+ ▪ Hospitalisation incidence: 3.1 COVID-SARI/ 100,000 ○ Virological surveillance, NRZ influenza data ▪ Please file the slides in the folder ▪ ß-Corona viruses: Mainly Sars-CoV-2 ▪ Highest rate among over 60s ▪ Sharp increase in influenza viruses ▪ CW43: Start of flu epidemic: 20% ▪ 5-15Y most affected by flu epidemic ▪ RSV: 14% for 0-4Y ○ Figures on the DIVI Intensive Care Register ▪ Slides here ▪ 1216 COVID-19 cases as of 09.11.22 in intensive care units ▪ Decrease in ITS occupancy and new admissions ▪ Share of COVID-19 cases in total number of ITS beds in operation declining in all CCs except Bremen, Mecklenburg-Western Pomerania and Berlin ▪ Decrease in cases with respiratory support ▪ Slight easing of the operating situation and decline in operating restrictions ▪ Decline in all age groups, especially in the over 80s ▪ SPoCK: Continued decline in ITS occupancy due to COVID-19 cases over the next 20 days expected ▪ Note: BMG has verbally announced that the forecast will no longer be funded from January 2023 and therefore no forecast is expected to be made from then on ○ Modelling	Kristin Tolksdorf Ralf Dürrwald Martina Fischer

	○ *(not reported)* *Info for the weekly report: Decline in the number of cases in all age groups. Decline may be related to the autumn holidays. Syndromic surveillance shows a heavy burden of respiratory viruses, so that an increase in the number of COVID-19 cases could also be expected in the near future. The suggestion was made to expand the focus of pure COVID-19 reporting in future to include all respiratory viruses, which are currently playing a major role.*	
2	**Vaccination update** • *Slides here* • *Vaccination rates currently constant, an increase in the 2nd booster vaccination in the 60+ working group* • *Vaccination breakthroughs: protection against serious illnesses lasts for 1 year* • *COVID-19 vaccination to be integrated into the regulatory system* • *Vaccination ordinance for influenza vaccination was stopped for data protection reasons* **STIKO** • *Slides here* • *STIKO recommendation for paediatric vaccination: still no general vaccination recommendation, but only for certain pre-existing conditions. Diabetes and asthma have been removed from the list of relevant pre-existing conditions.* • *New optional recommendation for children with contact to people without the possibility of personal immunisation* • *Next STIKO meeting on 10 November 2022* *Note from the crisis team: paragraph on vaccination was included in the* *Monthly report included*	*Jonathan Fischer- Fels* *Ole Wichmann*
3	**International** • *not reported*	*ZIG*
4	**Update digital projects** ▪ *Preparation for switching off the hotline, self-reporting to the health authority in future*	*Wolfgang Scheida*
5	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *xxx*	*Dept. 3*
6	**Expert advisory board** *(preparation on Mondays, follow-up on Wednesdays)* • *(not reported)*	

7	**Communication** **BZgA** • *Information sheet on Long-COVID has been revised and posted on the website www.longcovid-info.de* **Press** • *COVID teaser is replaced by ARE teaser together with ARE weekly report* **P1** • *not reported*	*BZgA Andrea Rückle* *Ronja Welchen* *P1*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • ***ToDo1:*** *Documents on COVID-19 in schools should be moved to the archive and reference made to the updated S3 guideline instead (Ronja Wenchel/ Barbara Hauer)*	*All*

10	**Laboratory diagnostics**
	
	FG17 not reported
	
	• *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

11	**Clinical management/discharge management** • *Are RKI recommendations on isolation in care homes and hospitals too strict? AG-Diagnostik still considers them to be appropriate from a professional point of view. No need for updating from a professional point of view.* -	*ZBS7*

12	**Measures to protect against infection** • *not reported*	*FG14*
13	**Surveillance** • *There are problems with the mobile dashboard* • *As ministries remain closed between the years to save energy, no reports are requested during this period* • *Old data (from 2020) should no longer be included in the reports. 'dragged along': this is to be discussed with FG32*	*FG 32*
14	**Transport and border crossing points** • *DEA abolition planned. It is envisaged that RKI will implement integration into a Europe-wide system, but data protection problems are expected because the system is located on an Amazon server*	*FG38*
15	**Information from the coordination centre** • *Coordination of decree processing should take place between 8 am and 7 pm. A reduction in personnel is planned for these tasks, even if a large number of decrees with very short processing times continue to be received*	*FG38*
16	**Important dates** • *HSC date on 11.11.22*	*All*
17	**Other topics** • *Next meeting: Wednesday, 23 November 2022, 11:00 a.m., via Webex*	

End: 12:10 pm

Situation working group meeting on COVID-19
Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 23.11.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG11*
- *FG12*
- *FG14*
  - *Melanie Brunke*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG23*
- *FG24*
- *FG25*
  - *Christina Poethko-Mueller*
- *FG31*
  - *Ute Rexroth*
  - *Antonia Hilbig*
  - *Nadine Püschel (protocol)*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
  - *Thomas Harder*
  - *Jonathan Fischer-Fels*
  - *Vanessa Piechotta*
- *FG34*
- *FG35*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *ZBS1*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF2*
- *MF3*
- *MF4*
  - *Janina Esins*
- *P1*
  - *Ines Lein*
- *P4*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
- *ZIG2*
- *ZIG4*
- *BZgA*
  - *Linda Seefeld*
- *BMG*

TOP	Contribution/ Topic	contributed by

1	**Current situation**
	
	International
	• *Slides (here)*
	• *Worldwide: cases, deaths*
	• *Number of cases per calendar week and WHO region, 30.12.2019-22.11.2022*
	  o *Global downward trend in the number of cases (-8%) and deaths (-18%)*
	  o *But in the last 7 days many countries without case numbers (especially Africa, also Mexico, Australia, New Zealand, Portugal)*
	  o *Asia: High incidences mainly in Japan (392/100,000 population/7 thousand) and South Korea (710/100,000 population/7 thousand), but peak reached, overall decreasing trend*
	• *7-day incidence per 100,000 inhabitants in Europe*
	  o *Incidence in the >65 age group: continuing to fall.*
	  o *Hospitalisations and intensive care occupancy: stable or decreasing*
	  o *Utilisation of the 2nd booster dose relatively low*
	  o *EWRS query on isolation shows mixed picture (recommended in some countries e.g. NL, DK, FI, but different duration, mandatory in other countries: IT, BE, HU, different durations here too*
	• *BQ.1/BQ.1.1 and sublines in Europe, ECDC, data as of CW43/44*
	  o *France: 42.7%, (n=787)*
	  o *Denmark: 25.2%, (n=1,543)*
	  o *Netherlands: 23.3%, (n= 179)*
	  o *ICU occupancy stable in all 3 countries*
		ZIG1 (Esquevin)

	National
	• **Case numbers, deaths, trend,** *slides (here)*
	• *SurvNet transmitted: 36,280,371 (+33,290), of which 156,951 (+139) deaths*
	• *7-day incidence: 177.9/100,000 inhabitants.*
	• *Vaccination monitoring: Vaccinated with 1st dose 64,817,080 (77.9%), with complete vaccination 63,503,577 (76.3%)*
	  o *Slight decline in the number of cases*
	  o *Slight decrease in the number of deaths*
	• *Course of the 7-day incidence in the federal states:*
	  o *Decrease in 7-day incidence in the total population*
	  o *Stable incidence among hospitalised patients*
		FG32 (Sievers)

	• **Figures on the DIVI Intensive Care Register,** *slides (here)*
	• *As of 23 November 2022, 927 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals)*
	  o *ITS-COVID new admissions with +720 in the last 7 days*
	  o *Increase or sideways movement of COVID-ITS occupancy*
	  o *Deceased share decreases*
	  o *Downward trend recognisable in all age groups*
	  o *Children's ITS:*
		MF4 (Esins)

	▪ *Number of patients with RSV has risen sharply (neonatal and paediatric patients) occupancy)* ▪ *Number of patients with influenza on paediatric wards also increases* • *Discussion of how the increase in RSV compares with the figures for previous years:* ○ *Data collection only started at the beginning of 2022, no data sources available* ○ *https://dgpi.de/rsv-survey-update/ Start October 2021, no large comparative values* ○ *SPoCK forecast:* ▪ *Downward trend predicted* ▪ **SPoCK forecasts will be discontinued at the end of the year (no further funding receive)** • **Syndromic surveillance** *(slides here)* ○ *ARE total:* ▪ *Value (total) in week 46 was 8,300 ARE (previous week: 6,700) per 100,000 inhabitants* ▪ *Compared to the previous week: increase particularly among schoolchildren (5-14 year-olds) and people aged 35 and over* ○ *Are consultations:* ▪ *Significantly lower overall compared to week 45 of 2022* ▪ *approx. 1,600 medical consultations due to ARE per 100,000 p.e.* ▪ *Compared to the previous week: increase in children up to 14 years; decrease in adults aged 15 and over* ○ *SEED^{ARE} with COVID-19 consultations until week 46* ▪ *Around 130 doctor visits ARE with COVID diagnosis /100,000 p.e.* ▪ *values remained stable compared to the previous week for children aged 0 to 14 and in the other age groups sunk* ○ *ICOSARI-KH-Surveillance - SARI incidence* ▪ *SARI case numbers increased slightly overall in week 46 of 2022* ▪ *remains at a significantly higher level compared to pre-pandemic seasons* ▪ *SARI with intensive care still slightly higher in the past week, are approaching the pre-pandemic levels. Seasons on* ▪ *Further increase in SARI case numbers in AG 0-4 and 5-14 years, already very high case numbers here;* ▪ *Increasing proportion of RSV in AG 0-4, but also detected in other age groups; increasing proportion of influenza before especially in the AG 5-14 and 15-34, but also 35- 59 years* ▪ *Further decline in SARI cases in AG 80+, significant decline in the proportion of COVID-19 cases in AG 60+ in the last few weeks (in week 43: still over 40%)* ○ *ICOSARI-KH-Surveillance - Share of COVID-19 in SARI cases* ▪ *Share of COVID-19 in SARI has fallen further compared to the previous week: 10% (previous week: 15%)* ▪ *Share of COVID-19 in SARI with intensive care*	*FG36 (Tolksdorf)*

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fell: 26% (previous week: 39%),

- *Still relatively high proportion of intensive care treatments compared to the proportion of SARI; no secondary diagnoses of influenza or RSV*
- *Share of influenza in SARI 8% (previous week 6%), three influenza cases (3%) under SARI with intensive treatment*

- **Virulogical surveillance**
  - *247 submissions (week 46), 69 medical practices/13 BL*
  - *Highest number of entries*
  - *Corona figures declining at a slight level*
  - *Sharp rise in influenza virus, exceeds 2019/2020*
  - *Influenza virus dominates in the 5-14 age group*
  - *Increase RSV*
- **Test capacity and testing**
  - *(not reported)*
- **ARS data**
  - *(not reported)*
- **VOC report** *(slides here)*
  - *Stable development*
  - *Share of BA.5 incl. all sublines down slightly*
  - *Share of BA.2. and sublines increased slightly*
  - *BQ1.1 quadrupling over the last few weeks, but relatively low share below 10%*
  - *No increase in intensive care treatments in countries with a 30% share of BQ.1.1*

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FG17 (Dürrwald)

FG36 (Kröger)

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Important points for the weekly report

- *Changes to the VOC section in the weekly report (slide 5 here)*
  - *Reason Streamlining, outsourcing certain sections to the RKI website, pandemic radar, dampening the interpretation of current events in the weekly report*
  - *Clear approval, will be communicated to the BMG in the next Jour-Fix, implemented in the weekly report from next week if approved*
- *Discussion*
  - *Pandemic radar: is very clear for scientists, very easy to interpret at a glance, but rethink the presentation of the tiles, more structured according to disease burden, severity, dynamics, variants*
  - *Suggestions for improvement can be sent to the team*
  - *The weekly report must clearly describe the increase and cause of respiratory diseases caused by other pathogens, especially in children and adolescents*
  - *Draw more attention to ARE weekly report -> Tweet*
  - *ARE weekly report is linked under the teaser on the RKI website*
  - *ARE weekly report has not yet been tweeted, general Consent*

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FG36 (Kröger, Haas), FG31, Press, FG21 (Scheida)

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	○ *Graphic for ICOSARI-KH-Surveillance - SARI cases (J09 - J22) up to 46th week 2022 good, but not suitable for tweeting* ○ *FG21 looks at ARE weekly report, designs proposal for tweet, thread, consultation with FGs*	
3	**Vaccination update** • **Vaccination monitoring** ○ *It is unclear whether digital vaccination monitoring will continue in 2023; coronavirus vaccination ordinance will not be extended* **STIKO** • *23rd update of the COVID-19 vaccination recommendation* ○ *STIKO issues a COVID-19 vaccination recommendation for children aged 6 months to 4 years with a history of the disease and updates its recommendation for children in contact with vulnerable people.* ○ *24th update planned before Christmas (including Novavax as booster recommendation)* • *Presentation study: Acute and postacute sequelae associated with SARS-CoV-2 reinfection and COVID-19 primary series and booster vaccination and immune imprinting, (slides here)* ○ *Study: What additional risks arise after reinfection with SARS-CoV-2 (https://www.nature.com/articles/s41591-022-02051-3)* ○ *Discussion:* ▪ *Both studies go beyond statements that could be derived from data* ▪ *Definition of reinfection, is it really reinfection or infection after vaccination?* ▪ *It is a reinfection interval of 6 months* ▪ *Speculative level*	*FG 33 (Fischer-Fels)* *(Harder)*
4	**International** • *(not reported)*	*ZIG*
5	**Update digital projects** • *(not reported)*	*FG21*
6	**Current risk assessment** • **Adjustment of the risk assessment of the total population due to COVID-19 from high to moderate?** • *Discussion:* ○ *Consider the lead time* ○ *It is unclear whether the situation will change again after the festive season* ○ *Current risk assessment does not fully reflect the current situation*	*FG36 (Haas)/All*

	○ *Submit proposal to BMG and discuss in next situation working group* ○ *toDo: Revise risk assessment (draft)*	
7	**Data from health reporting** • **Evidence synthesis on the effect of SARS-CoV-2 vaccination on Long COVID in comparison of people with and without basic immunisation,** *slides here*	*(FG25) Christina poethko-mueller*
8	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *Mr Wieler was unable to attend* • *The expert advisory board also discussed the current risk of illness from COVID-19; it is also recognised here that other respiratory diseases dominate* • *Topic: Immunity, how long does immunity last, biomarker missing* • *Further topics: Long COVID, tests, how can the disease incidence still be recorded in the future, discussion on PCR test and antigen tests, results still open* • *Presentation meeting on 11/12 and 12/12 in Schwerin* • *Future of the expert advisory board also still unclear*	*Management*
9	**Communication** **BZgA** • *(not reported)* **Press** • *(not reported)* **P1** • *ARE Wintertips flyer has been translated into other languages, available on website since last week* **Social Media:** • *RKI now on Mastodon* • *"tweeting" there since 22.11.22* • *Weekly report 24.11.22 is placed there*	*BZgA (Linda Seefeld)* *Press* *P1* *FG21 (Scheida)*
8	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
9	**Documents** • *(not reported)*	*All*
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** • *none*	*FG14*
13	**Surveillance** • *Commitment from BMG for funding of wastewater surveillance (2-digit million contribution per year), still has to be distributed to locations,* • *Citizen-oriented pandemic radar to be finalised; comprehensible texts to be created for this purpose; data to be made available as open data*	*FG 32*
14	**Transport and border crossing points** • *none*	*FG31*
15	**Information from the coordination centre** • *Reporting between the 2022 public holidays* o *Initiative report to the BMG that reporting will be reduced between Christmas and New Year; data is not meaningful* o *RKI also wants to stop reporting between public holidays, conserve resources* o *Feedback from the BMG postponed to 16.12.22, depending on the epidemiological situation at the time, decision still pending* o *Communicated to the countries in AGI and Epi-Lag, they then decide for themselves*	*FG31*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 07.12.2022, 11:00 a.m., via Webex*	

End: 12:57 pm

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 07.12.2022 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Alexandra Hofmann*
  - *Amrei Wolter (minutes)*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Jonathan Fischer-Fels*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *ZBS7*
  - *Michaela Niebank*
- *MF4*
  - *Janina Esins*
  - *Kerstin Bischoff*
- *P1*
  - *Ines Lein*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Marieke Degen*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Oliver Ommen*
- *ZfKD*
  - *Klaus Kraywinkel*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(not reported)* ○ *Slides here* ○ *Worldwide: cases, deaths* ○ *Data status: WHO, 06/12/2022* ○ *International situation stable (Asia stabilising)* ○ *This week many countries without case numbers reported for the last 7 days (white) -> especially in Africa, but also Mexico, Australia, New Zealand or Portugal.* ○ *Asia: High incidences mainly in Japan (392/100,000population/7T; -6%) and South Korea (710/100,000population/7T; -2%), but overall decreasing trend* ○ *Decrease in the number of deaths* ○ *Incidence in AG >65 years still falling* ○ *7-day incidence per 100,000 inhabitants in Europe* ○ *France: Case numbers increased (27% compared to previous week, all AG affected) Incidence 400/100,000 for week 27 from over 10 years. Slight increase in hospitalisation.* ○ *BQ.1 dominant sub-variant in 7 EU countries* ○ *BA.5 93% of sequences in week 45, BQ1.1 increases in France (34%)* ○ *Switzerland reporting delay, but has similar incidence to neighbouring countries* ○ *Other reports:* ○ *China: Case numbers in China are rising, cannot be traced in WHO case numbers. WHO has also included Hong Kong etc. in China. Increase in case numbers in mainland China. Balanced out with decreasing trend in other areas. Protests in China: as of today, measures have been relaxed/adapted to actual events (no mass testing, lockdowns for larger areas). Increase in the number of cases is explained by the fact that the vaccination rate in older AG is poor, China has focussed vaccine distribution more on the working population. There is also a lack of evidence for the effectiveness of the vaccines for the current variant and an increase in contacts in the population.* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 36,649,979 (+45,331), of which 158,559 (+137) deaths* ○ *7-day incidence: 207.7/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 64,825,505*	*ZIG1 (Esquevin)* *FG32 (Diercke)*

	(77.9%), with	

complete vaccination 52,033,112 (62.5%)

- Course of the 7-day incidence in the federal states:
  - Plateau, northern BL highest incidences (Lower Saxony), southern BL rather low 7-day incidences
  - 10% increase in weekly COVID-19 incidence, in children rather decrease, from AG 15 increase again, highest 7-day incidence
    Incidence in very old people (90+)
  - COVID-19 cases by date of death: maximum in week 42, decline in the number of deaths in subsequent weeks
  - Weekly death rates at the level of previous years (not only COVID-19 as an effect, but also influenza)

- VOC report — FG36 (Kröger)
  - The overall picture is consistent
  - Proportion of COVID-19 cases in the sample has decreased
  - Share of BA.5 has decreased (90%) due to increase in BA.2 sublines
  - In 47th week detection of a delta sequence, still under review
  - Total share of recombinants at 1.6% (mainly Omikron)
  - From BA.5, BF7 currently dominates, followed by BQ.1.1(is on the rise)
  - BA.2 Subline share increases
  - Note on mutation R346: The proportion of sublines with this mutation is 57.1% in week 47/2022
  - Mutation of Concern (MOC): over 60% of the sequences R346T,
  - BQ1.1 still strongest growth, share will continue to increase, probably dominating
    variant, BQ.1.1 is dominant in the USA
  - Higher vaccination breakthroughs with BQ1.1, but pathogenicity of BQ1.1 comparably lower than of other BA.5
    Lines

Discussion:

- Question of the form of integration of the VOC into the pandemic radar (not yet addressed in the Jour Fixe)
- Request to Mr Kröger to present graphics in this regard
- The 10 indicators have already been agreed with the Minister, so consideration is being given to integrating the VOC into the "Other indicators" section of COVID trends and informing the BMG of the addition in advance. Pandemic radar should not be too complex.
- Mrs Diercke is currently in talks with the BMG regarding the further development of the pandemic radar and is making a minor enquiry in this regard

- Syndromic surveillance
- FluWeb until the 48th week of 2022 — FG36 (Buda)
  - Total ARE: increased**:** 11.4 % (previous week: 10.2 %)
  - ARE rate 11.4 % almost twice as high as the median

from the pre-pandemic years (6.6 %)

- Corresponds to a total number of 9.5 million ARE in Germany, regardless of a doctor's visit
- since 45th week of the year increase again
- ARE total: higher than ever for GW (highest value to date: 11.1 in the 5th week of 2013)
- Compared to the previous week: Increase in school children (5-14 years); decrease in 0- to 4-year-olds
- Children (0 to 14) much higher than during the flu epidemic 17/18, adults about the same order of magnitude
  (although the young adults are also somewhat higher).
- Total ILI: also up: 3.6 % (previous week: 3.4 %)

o ARE consultations/100,000 inhabitants. Until the 48th week of 2022

- In week 48, more visits to the doctor for ARE were registered nationwide than in the previous week (increase of 7 %), with the previous week's figure increasing even further (from 2,003 to 2,213)
- In 48th week of 2022: approx. 2.0 visits to the doctor due to ARE in Germany
- AI compared to the previous week overall: increased
- in week 48: 2,368 (previous week: 2,213)
- Overall above the value range of previous years for week 48, in some cases higher than the values in the flu epidemic
- (slight) decrease for 0-4 year olds (by 9 %); increase of 11 % for schoolchildren; increase of 9 % for schoolchildren.
  Adults between 7 and 12 %
- -values for all AGs higher than in the respective 48th week
- In addition to increased transmission activity, more sensitive consultation behaviour can also be (Visiting the doctor's surgery even with mild ARE-symptoms) contribute to higher values

o Influenza SEED Working Group ARE

- ARE with COVID-19 consultations until 48th week of 2022
- Around 150 visits to the doctor ARE with COVID diagnosis/100,000 inhabitants, not further decreased since 42/2022

o SEED[ARE] - ARE with COVID-19 consultations in age groups up to week 48, 2022

- after the number of doctor consultations due to COVID-ARE fell overall since week 42/2022, there was no further decline in week 48
- In week 48/2022, the figures for 35- to 79-year-olds fell again for the first time compared to the previous week.
  increased, but continued to fall in the other age groups
- (the latest wave of illness has been reflected in particular among adults (AG aged 15 and over))

o ICOSARI-KH-Surveillance - Share of COVID-19 in SARI cases until week 48, 2022

	▪ *Share of COVID-19 in SARI barely decreases: 9% (previous week: 12%), but rising proportion of influenza*	

	- *Proportion of COVID-19 SARIs with intensive care treatment remains stable: 15% (previous week: 14%),* - *→ urthermore, the proportion of intensive care treatments for SARI with COVID-19 is still slightly higher than for SARI with influenza* - *Share of influenza in SARI 18% (previous week 13%), 10 influenza cases (10%) under SARI with Intensive treatment;* o *ICOSARI-KH-Surveillance - SARI cases (J09 - J22) until week 48, 2022* - *Further increase in SARI case numbers in AG 0-4, and 5- 14 years, already very high here and in AG 15-34 Case numbers;* - *Proportion of RSV in AG 0-4 stabilises, further evidence in other age groups;* - *Doubling of the share of influenza in SARI in AG 0-4* - *Influenza share in AG 15-69 years also rising significantly* - *In AG 80+: No further decline in SARI cases in AG 80+ and no further decline in the proportion COVID-19* - *Intensive care: SARI cases (J09 - J22) up to the 48th week. CW 2022 for children aged 0 to 4 years 71% RSV* o *COVID-SARI hospitalisation incidence in 2022* - *No further decline in week 48/2022: 2.9 per 100T (increase from 3.0 to 4.2 in the previous week),* - *No further decline in AG 80+* o *Virological surveillance, NRZ influenza data* - *Highest influenza submissions in the last two weeks* - *In 48.KW 326 submissions from 74 medical practices and 15 federal states* - *81% positive rate (264/326)* - *Highest proportion of positives in the 5-15 age group (also the strongest flu epidemic here)* - *Coronaviruses: SARS-CoV-2 detection around 4%, OC43 increased to 4%, other endemic coronaviruses less proven* - *Influenza viruses: massive increase A(H3N2), last time this level was reached in the 17/18 flu epidemic (but in February, not December)* - *Other respiratory viruses: slight decline in RSV in week 48, RSV positivity rate was higher last year* - *Possible reasons for the higher occupancy rate in the paediatric intensive care unit:* - *There are two groups of RSV, A and B, which differ in the antigen structure of the G protein differentiate. Last year, RSV A circulated at 72% and this year RSV B at 83%. Various studies comparing the strength with each other, higher virulence cannot yet be clearly stated. Possibly.*	*FG17 (Dürrwald)*

	also association with the flu epidemic ▪ *Children between the ages of 5 and 15 are most affected* o *Figures on the DIVI Intensive Care Register* ▪ *As of 7 December 2022, 995 COVID-19 patients in intensive care units (of the approximately 1,300 acute-care hospitals).* ▪ *Increase or sideways movement of COVID-ITS occupancy* ▪ *ITS-COVID new admissions with +884 in the last 7 days* ▪ *Consistent trend in the number of deceased positive SARS-CoV-2 patients on ITS* ▪ *Share of COVID-19 patients in the total number of operational ITS beds: northern federal states at 5%, remaining federal states at 2.6 to 5.6%* ▪ *Sideways movement in the distribution of COVID-19 treatment occupancy by severity* ▪ *Assessment of the operating situation: workload in the intensive care unit increases, staff is reduced to Paediatric intensive care relocated* ▪ *Absolute age distribution: upward trend from the age of 60. 82% are 60 years or older* ▪ *Age distribution in per cent: increase in 0-17-year-olds* o *Children's ITS: decrease in free beds, increase in occupied beds. Reasons: rising proportion of RSV cases requiring intensive care, significant increase in influenza cases* o *Necessary treatments RSV: 80% require respiratory support* o *SPoCK: increase in all cloverleaves, the next 10 days are the most reliable. Forecasts take into account predicted incidences. Interaction between the cloverleaves was modelled.* o *Note: Forecasts are cancelled at the end of the year.* ***Discussion:*** • *Differences in north/south distribution cannot be attributed geographically to differences in the sublines. Visualisations of the sublines in Germany are not available* • *Width of waves decreases, localised pointed waves increase* • *Question of whether a prognosis can be made from syndromic surveillance.* • *Data from GrippeWeb is already a look into the future (about 1-2 weeks)* • *International consensus:* o *Extrapolation Development from other modelling is characterised by a very high degree of inaccuracy and is only an extrapolation of the current status quo. The starting point is the current situation with current assumptions, which is*	*MF4 (Esins)*

	at the same time a limitation of the modelling. Inaccurate modelling of dynamic events with different pathogens. However, the RKI is currently modelling very well; an RSV wave was pointed out at an early stage (before the hospitals were overloaded) • Pandemic radar should not be made too complex, especially if the BMG also has to adapt it to theirs • Not just extrapolation, but bringing in incidences to predict turning points in the trends • Modelling of RSV and influenza is expected as well as the desire to access surveillance data • Extended report from FG36 (Haas and Buda) to BMG on ARE and RSV. Request from Mr Schaade to add slides 8 and 10, do not include slide 15 on RSV-A and RSV-B **Discussion:** • Expansion of the intensive care register query to include "intensive care manifestation"; request for inclusion of the figures in the weekly report. o Wait for the figures, then decide **ToDo:** Inclusion of slides 8 and 10 in the extended report to the BMG (FG36, Haas&Buda)	
2	**Important points for the weekly report** • Tenor: Slight increase (10% increase), locally limited • "locally limited" • Do not point out any uncertainty in the reporting data (due to increase in ARE and testing). Wait for now.	
3	**Vaccination update** • 24th update of the STIKO recommendation (15.12.22) ▪ No vaccination recommendation for healthy children under 5 years of age ▪ Basic immunisation only for children with previous illnesses (0.5 to 5 years) ▪ Preferably BioNTech (3 doses 0-3-8 weeks apart) ▪ Alternatively Spikevax (2 doses 4 weeks apart, not available in Germany) ▪ After infection 1 dose less ▪ Still only 1 vaccine dose for healthy children aged 5 to 11 years ▪ Up to 4 vaccine doses (2x GI + 2 boosters) for children 5-11 with pre-existing conditions ▪ New: "May" recommendation for children with contact to people who do not have sufficient immune protection themselves can build up ▪ "The STIKO relativises its previous recommendation and advises	FG 33 (Fischer-Fels)

	to this, after individual consideration and under	

	Consideration of the parents' wish to decide whether a vaccination should be carried out"
	▪ *Novavax booster from the age of 18 as an alternative for contraindications to mRNA*
	  ▪ *(off-label also for adolescents 12-17)*
	  ▪ *Novavax Booster is inferior to Omikron-adapted mRNA (Immunogenicity data)*
	▪ *Adapted Omikron vaccines for children (5-11 years) preferentially recommended*
	▪ *Topics for 2023*
	  ▪ *Transfer of COVID vaccinations to the regulatory system*
	  ▪ *VidPrevtyn Beta*
	  ▪ *Booster for pregnant women to protect the newborn's nest*
	  ▪ *Evusheld (ineffective against BQ1.1)*
	• *Vaccination breakthroughs: largest group aged 60 and over*
	• *Special evaluation: "unvaccinated" largest proportion of hospitalised/intensive care patients*
	• *Vaccination ordinance to be extended from 31.12 to 07.4*
	• *The departmental vote in the BMG is due to start today*
	  ▪ *DIM should continue (reporting obligation (§4) should continue)*
	• *Vaccination funding to be reorganised*
	  ▪ *Vaccination centres can continue to be operated by the federal states*
	  ▪ *Mobile vaccination teams can continue to be operated by the KVs*
	• *Transfer of COVID vaccination to the regular system planned for 7 April 2023*
	
	Discussion:
	• *Protection against hospitalisation: effectiveness must be reduced*
	• *Comparison group (unvaccinated) is basically immune after a past infection, difficult to compare: does a triple vaccination protect in the same way as a triple Covid-19 infection? Would the vaccination effectiveness here be 0? Concerns the visualisation*
	• *Virological sentinel data in the European project to calculate COVID-19 vaccination effectiveness: ECDC has published a new report on vaccination effectiveness: protection is reduced here as immune naive people are no longer compared against vaccinated people. Complex to calculate and communicate this for COVID-19*	

4	**International** *(not reported)*	

5	**Digital projects** • *Exchange (CWA, Dept.3, ZBS) in the 2nd week of January regarding options that could be given by the CWA* o *Establishment of a new "general health app"* ▪ *Elements of surveys* ▪ *elements to inform the participants (recommendations for action, warnings), further epidemiological issues* • *DEA: CR currently in progress to maintain operations until March. Parallel switch to EU dplf, here IT5 and FG33 in the lead.*	*FG21 (Schmich)*
6	**Data from health reporting** *NCD issues in relation to the pandemic* *"Impairment of oncological diagnostics and care: Summary of the available evidence on the topic, outlook for future projects"* • *With some cancer diagnoses and in certain phases of the disease, there is an increased risk of severe COVID-19 progression* • *Hospital mortality in patients with COVID-19 and a secondary diagnosis of cancer approx. 50% higher than in patients of the same age without a cancer diagnosis* • *Significant decline in cancer diagnoses in the first wave of the pandemic (2020)* • *Inpatient case numbers will only partially catch up over the course of 2020/21* • *Striking decline in diagnosis and OPSs of colorectal cancer in particular* • *No evidence so far of the bow wave feared by some experts in the meantime* • *Compare quarters with previous quarter* • *First results from cancer registries: Case numbers not published until 2020 from 4 BL:* • *Total cancer: -0.4% to -6.1%* • *Colorectal cancer -4.3% to -17.4%* • *Possible reasons for declines:* ▪ *Reduced supply/reduced utilisation* ▪ *Delayed clarification of symptomatic patients* ▪ *Shifting therapies to the outpatient sector to avoid overloading hospitals* ▪ *Reduction in the risk of infection for those affected; unlikely for cancer operations* • *"Excess mortality" among people suffering from cancer due to SARS-CoV-2 infection* • *Impairment of reporting activities in cancer registries* • *Open questions:* ▪ *To what extent have the chances of treatment and survival for female cancer patients improved during the first/later phase of the pandemic worsened? (due to delay in diagnosis/therapy/SARS)* • *Activities of the ZfKD*	*Dept. 2 Klaus Kraywinkel (ZfKD)*

	▪ *Next year, data from 2020 and 2021 will be written, with this data systematically compared with problem situation. Focus: Analysing the nationwide cancer registry data. Further data will be consulted. (e.g. Bfarm)* ▪ *BIPS (financed from 9-PP)* ***Discussion:*** • *How normal is the reference year 2019?* • *Cancer usually does not show such strong changes, so 1 year is plausible for a comparison* • *Decline in cancer incidence is offset by demographic change.* • *Trends from the previous year are included to a greater extent.*	
7	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* ○ *A change in the risk assessment (downgrading) is not seen in the current situation. Desire to finalise the text of the risk assessment and publish it at a suitable time (no longer this week or next week)* ***ToDo:*** *Please incorporate and retain comments on the change to the risk assessment (proposal by FG36) until Friday, 09 December.*	*Dept. 3 (Haas)*
8	**Expert advisory board** ***(preparation on Mondays, follow-up on Wednesdays)*** • *(not reported)*	*Wieler*
9	**Communication** **BZgA** • *BZgA creates a fact sheet on RSV with BVÖGD and the RKI* **Press** • *BMG will only provide feedback on reporting between the days on 16.12.22* **P1** • *(not reported)*	*BZgA (Ommen)* *Press (epee)* *P1 (Lein)*
10	**RKI Strategy Questions** **General** • *Report from the UK "Technical report on COVID-19 in UK"* • *RKI status of reports/evaluation?* • *Discussion on 21.12.22 about evaluation of the COVID-19 pandemic and reporting.*	*All* *Dept. 3*

	Discussion: • *Are there systematic reviews underway that do not concern Long-Covid?* • *Christa Scheidt-Nave takes it to AG Long-Covid* ***ToDo:*** *View report from the UK (all). On 21 December 2022, there will be no update from Dept. 2 for item 6, but a discussion on the evaluation of the COVID-19 pandemic and reporting by the RKI* **RKI-internal** • *Topic: De-isolation care* • *Feedback that the 14-day isolation in care is perceived as excessive and is no longer implemented. Large discrepancy between the general population and the care sector* • *Pragmatic adaptation of the RKI?* • *In this regard, the Federal Ministry of Health has convened a working group on the protection of vulnerable groups, which is based at the Federal Ministry of Health. This topic could be discussed here* • *Reduction would not be based on scientific data* • *Possibility of free testing via antigen test and reduction to 10 days* • *Conflict of protection goals* ***ToDo:*** *Processing of the topic by ZBS7 (Mrs Niebank) with Dept.1, FG14, and FG37: Modification with antigen test*	*Dept. 3*
11	**Documents** • *(not reported)*	*All*
12	**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*
13	**Clinical management/discharge management**	*ZBS7*

	• *(not reported)* -	
14	**Measures to protect against infection** • *not reported*	*FG14*
15	**Surveillance** • *not reported*	*FG 32*
16	**Transport and border crossing points** • *not reported*	*FG38*
17	**Information from the coordination centre** • *not reported*	*FG31*
18	**Important dates** • *none*	*All*
19	**Other topics** • *Next meeting: Wednesday, 21.12.2022 11 a.m., via Webex*	

End: 13:15

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 21.12.2022, 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*
  - *Julika Loss*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG31*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Alexandra Hofmann*
- *FG32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG33*
  - *Jonathan Fischer-Fels*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Sebastian Haller*
  - *Werner Espelage*
- *ZBS7*
  - *Michaela Niebank*
- *MF4*
  - *Janina Esins*
- *P4*
  - *Pascal Klamser*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *ZIG2*
  - *Charbel El Bcheraoui*
  - *Francisco Pozo Martin*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *Slides here* o *Falling case numbers worldwide with the exception of the Americas region;* o *Americas: 16% increase (Argentina, Chile, Uruguay, Brazil and Peru). BA5. Sub-variants are spreading;* o *Europe: 7TI declining in all age groups; and especially in over 65s; hospitalisations and ITS occupancy at a stable level (information from CW45);* o *European Forecast Hub predicts a slight increase in the number of cases, but a further decline in the number of deaths;* o *Increase in the number of cases in France: BQ1.1 (over 60% of sequences). Situation in hospitals stable;* o *Increase Norway: plateau in wastewater surveillance reported; figures expected to stabilise; ITS situation: stable* *Situation in China:* - *Official figures show a low 7TI of10/100T inhabitants;* - *Hospitalisations have been on the rise since mid-November;* - *Easing since 07.12.* - *Rapid tests accepted as PCR replacement;* - *Schools open since 12.12.* - *Corona app for contact tracing deactivated.* - *BA.2.75, BA.5 (incl. BF.7, BQ.1) proven* - *No really reliable figures and data available* - *Vaccination rate over 80: 2 doses of Sinovac just under 66%, booster just under 40%* *Question:* - *Where could we get a more reliable picture of the situation in China? - Neighbouring countries (Taiwan and Hong Kong: Taiwan stable, an increase is observed in Hong Kong). Attempts are being made to obtain more information via international networks.*	*ZIG1*
	National o *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 36,346,100 (+19,000), of which 160,246 (+210) deaths* o *7-day incidence: 250/100,000 pop.* o *The picture is similar to that of previous weeks.* o *Slight increase in the 7THI in the over 60s group;* o *BL: Nationwide trend slightly upwards, but more of a levelling off; northern BL with highest 7TI, but no further increase here either. North-south divide;* o *18 circles with 7TI over 500, 260 circles with 7TI between 50-250;*	*FG32*

	o *Current trend for age groups: highest 7TI in group over 85; followed by 50-65 year olds. Decline in children* o *Deaths: stagnating* **Test figures** *Not reported* **ARS data** *Slides here* - *Number of tests/100T: stable over the last 10 weeks for 0-4 and 5-14 year olds.* - *Number of positive tests/100T: No increase in 0-4 and 5-14 year olds, increase in all other age groups: Increase;* - *Consistently high number of outbreaks in medical treatment centres (250 - previous week: 230), and retirement homes and nursing homes (379 - previous week: 328):* **VOC report** *Not reported* **Molecular surveillance** *Not reported* **Syndromic surveillance** *Slides here* - *FluWeb: ARE rates not rising further, but still at a very high level, 10,800 ARE (previous week: 11,200) per 100T; corresponds to a total number of 9.0 million ARE in Germany, regardless of a doctor's visit (49th calendar week: approx. 9.3 million);* - *Outpatient sector: comparable picture; the consultation incidence has not risen any further, but is at a very high level; there is a reliable decline in the 0-14 age group, and probably also in all other age groups, although this is still dependent on late registrations; a steep rise is no longer expected here.* - *SEED-ARE with COVID consulation incidences: slight increase in all over 15s.* - *ICOSARI: SARI incidence: level as high as during severe flu epidemic in 2017/18. Continuous increase on the ITS; however, values are still below the peak values of COVID winter 2020/21.* - *Proportion of COVID-specific diagnoses in SARI inpatient cases and with ITS treatment up to week 50: 11, RSV decline (18%), influenza with highest proportion (28%); similar picture for ITS-treated cases.* - *Currently more SARI patients with influenza and RSV on the ITS than in previous years.* - *Influenza plays a very large role in all age groups; at a completely new level in schoolchildren; over 80s: strong increase observed* - *Exposure to SARI-COVID patients in hospitals*	*FG37* *FG36*

	remains high: 3700 new KH admissions due to COVID-SARI in CW50; **Presentation of the "GrippeWeb COVID incidence" in the GrippeWeb weekly report, slides** *here* - *New: Calculation of COVID incidence: number of reporters per week with SARs-CoV2 detection/number of reporters* - *Rapid tests are included here* - *Difference to before (without COVID incidence) and now (with COVID incidence): 2-3-fold increase in incidence* - *Questions:* 1. *When should the COVID-19 flu web rate be shown? - Proposal: from CW01/2023 from 2nd GW weekly report 2023* 2. *Should the 7-day incidence be shown in the same figure? - If yes, permanently?* *Discussion: Dependent on strategic orientation (pandemic is coming to an end). New illustrations must be accompanied by very good communication, as misinterpretations are possible; Sample representative? -It is adjusted for BL, age group and gender, whereby no major differences can be observed.* *Procedure: as soon as machine-readable data is available, offer journalists a background discussion, then make data publicly available* *No decision was made on how to proceed and answer questions 1 and 2. Will be postponed to the new year.* **Virological surveillance, NRZ influenza data** *Slides here (from slide 13)* - *332 samples sent in from 74 medical practices and 14 BL, very stable and also representative; 85% positive rate;* - *SARS-CoV2 stable at 5%; OC43 at 6% in week 50; other coronaviruses are currently not playing a role.* - *Influenza activity: dominated by H3N2, detection rates over 50%; slight increase in H1N1 (3%), 2 detections of B-vectoria in week 50;* - *RSV dominates among other resp. viruses; downward trend; rhino: relatively low. Parainfluenza: strong decline, hMPV: weak activity.* - *Age group distribution over the last 3 weeks: Influenza dominates the scene. Slight decline in 5-15-year-olds* - *International: H1N1 rise, H3N2 dominant. B Victoria could continue to develop.* **Figures on the DIVI Intensive Care Register** *Slides here* - *As of 21 December 2022, 1,216 COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals).* - *Further increase in COVID-ITS occupancy*	*FG17* *MF4*

	- *New ITS COVID admissions: +1,028 in the last 7 days; 884 14 days ago. Deceased: currently stable trend* - *Treatment severity: Increase to over 6,000 patients since the end of November. Reported free invasive options at a minimum. Number of free ITS also decreasing;* - *The absolute number of COVID patients on ventilators is not increasing, but an increase in ventilated non-COVID patients is being observed;* - *Reports of workload and staff shortages are rising sharply;* - *COVID--Age distribution (absolute figures): Upward trend from over 60;* - *Paediatric ITS: tense, free beds and capacities for invasive ventilation continue to decline sharply. RSV cases requiring ITS decreasing, but influenza cases increasing; greatest shortage here: staff and facilities;* - *COVID forecast for the next 20 days; more or less strong increase for all clovers, sideways movement expected for D overall, this information was last reported;* **Modelling** *Not reported* **Comments/Additions:** - *It must be clearly communicated how important syndromic surveillance is for assessing the situation. There are still requests for more data; when data is requested (e.g. for modelling), a specific question and the knowledge gain must be clearly formulated. It should also be pointed out that the quality of the RKI (sentinel) data is recognised internationally.* *ARE data should be made available in machine-readable form - was stopped due to the pandemic.* *IT support for data collection and provision is urgently needed here.*	*All*

2	**Important points for the weekly report** - *Static texts in the weekly report on the pandemic radar: should these be removed? - Yes, prepare for the beginning of 2023, BMG must be informed beforehand.* - *Tweet on weekly report: Note on the non-publication of the weekly report next week finalised.* **Comments and task:** *Significant increase in the ventilation of non-COVID cases. Not only individual pathogens should be considered. Pneumococcal increase expected. Where and how should this information be disseminated? - Include information on this in the first part of the COVID weekly report! -FG36 and FG37 Consultation and forwarding and nCov situation*	*All* *Press*
3	**Vaccination update** • *(not reported)*	*FG 33*
4	**International** • *(not reported)*	*ZIG*
5	**Update digital projects** - *CWA: Discontinuation processes with BMG in progress - CWA will be officially discontinued on 31 May 2023.* - *Update version 3.1 expected on 18 January: Possibility with Self-tests to warn others*	*FG21*
6	**Current risk assessment** ○ *Postponed to 2023*	*All*
7	**Expert advisory board** ***(meeting every 4 weeks)*** • *Position planned with regard to overall respiratory infection situation. Draft was to be circulated last week; the plan was to adopt sections from the ARE weekly report;* • *Expert advice will be continued. The technical focus has not yet been discussed.*	*Wieler*

8	**Communication** **BZgA** • *Some activities on other respiratory pathogens, RSV pathogen fact sheet published; mailing sent to medical practitioners and daycare centres, also disseminated via social media.* • *Scarlet fever is being discussed; a pathogen profile is already available.* **Press** • *Disclaimer on reporting on public holidays has been commented on by various FGs and will be sent to BMG today;* • *Question: which data tables are updated between public holidays - info for data journalists? Weekly report tables are not available; Available: Pandemic radar data and daily COVID dashboard data,* **P1** *Not reported*	*BZgA* *Press*
9	**RKI Strategy Questions** **General** • **Review of agendas/protocols of the crisis unit** *A request was made under the Freedom of Information Act (IFG) for the release of situation logs, which led to a lawsuit at the Berlin Administrative Court. 233 protocols from the beginning of 2020 to April 2021 must be viewed and possibly released. These are reviewed in advance by a group of people at the RKI and various passages are blacked out according to agreed criteria (e.g. personal or confidential data, counselling secrecy, third-party involvement, security risk, etc.). FG31 had requested support from all departments.* • *To Do. Contact FG31 if there are vacancies over public holidays to assist with the review;* **RKI-internal** • **Evaluation of the COVID-19 pandemic and reporting, s. Report from Great Britain (Chris Whitty et al), Email nCoV situation 07.12.2022 at 13:41** - *Should we write a report with similar content?* - *Evaluations at smaller levels are already underway* - *After Action Review with short lessons learnt from sides should be conducted with selected partners. Show view of technical crisis response and outputs (relevant documents); include collateral damage (not only infection control);* *- Start at the beginning of 2023, initially without external*	*All* *All* *All*

	Participation. *-Overall evaluation of the response in Germany would be desirable, no RKI mandate* • **Presentation of the report "Summary of the effectiveness of non-pharmaceutical interventions to contain the COVID-19 pandemic"** *Slides here and here* - *Brockmann review, not yet published (also no preprint), but already available to the BMG - internal official channels should be observed here* - *Only reviews were used and systematised,* - *9 review articles, including one RKI in-house article, were filtered out* - *Primary sources from reviews were analysed under certain criteria with a restrictively strong filter.* - *Primary sources were assigned to the individual NPIs (9 groups).* - *Results, see slide 3* **Questions/feedback** - *Test capacities and testing should be separated from interventions; other interventions have more direct effects; this point should be taken up again in the introduction. Interventions and effect sizes should be evaluated differently.* - *R-value Effect of the measures considered; a key target variable should be: Effect of the measure on the number of outbreaks? Effect on number of hospitalisations and deaths? - Dependent on primary source, here often focused on R reduction; if influence on 7TI, mortality or hospitalisation was considered, this was also stated.* - *Effectiveness of contact taring: Review just submitted by ZIG; observational studies and math. Modelling considered; effect was observed: ZIG contacts with P4 on this;* - *Have different phases of the pandemic been analysed? - Mainly related to the initial phase of the pandemic;* - *Consideration of digital tools? - Only if for this Publications available*	*P4* *All*
10	**Documents** • *(not reported)*	*All*
11	**Laboratory diagnostics** *Not reported, virological surveillance: point 1 (national)*	*FG17*
12	**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** • *not reported*	*FG31*
16	**Information from the coordination centre** • *not reported*	*FG31*
17	**Important dates** • *none*	*All*
18	**Other topics** • *Next meeting: 04.01.2023, 11 a.m., via Webex*	

End: 13:00