



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 04.01.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Lars Schaade

Participants:

- Institute management
 - Lothar H. Wieler
 - Esther-Maria Antão
 -
- Dept. 1
 - Martin Mielke
- Dept. 3
 - Osamah Hamouda
 - Janna Seifried
- FG12
 - Annette Mankertz
- FG14
 - Melanie Brunke
- FG17
 - Thorsten Wolff
 - Ralf Dürrwald
- FG 24
 - Thomas Ziese
- FG31
 - Ute Rexroth
 - Maria an der Heiden
 - Alexandra Hofmann
 - Amrei Wolter (minutes)
- FG33
 - Ole Wichmann
- Jonathan Fischer-Fels
- FG36
 - Walter Haas
 - Silke Buda
 - Kristin Tolksdorf
- FG37
 - Muna Abu Sin
- ZBS7
 - Turid Peining
- MFI
 - Torsten Semmler
- MF4
 - Martina Fischer
- Press
 - Susanne Glasmacher
 - Marieke Degen
 - Jamela Seedat
 - Ronja Wenchel
- ZIG
 - Andreas Jansen
- BZgA
 - Andrea Rückle
- LI
 - Bettina Hanke



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Case numbers have fallen sharply, data is available with consideration of the public holidays and fewer messages ○ In Oceania, increase in the number of cases due to Late registrations ○ Highest 7-day incidence in France, Germany, United States and Chile ○ Other reports: <p>COVID-19 situation in China</p> <ul style="list-style-type: none"> ○ Data applies to mainland China ○ In the last week, an average of 5,386 new cases/d reported (7T-I: 10/100,000 population) ○ On 03.01.23: 7,689 new cases, 5 deaths ○ Number of deaths constant (7T: 32) ○ A total of 452,517 cases and 5,258 deaths ○ According to media reports, estimates of the Health authorities assume that 37 million people in China in a single day in the Week from 19 to 25 December with COVID-19 could have been infected, and 248 million people in the first 20 days of December ○ From 01.12.2022 to 03.01.2023, the Chinese CDC 2,444 local cases ○ The Omicron sub-variants BA.5.2 and BF.7 were the predominant strains and accounted for 97.5 % of the cases (XBB.1: 0.04%); no new cases were reported. Variants discovered ○ ECDC: The variants circulating in China are already in circulation in the EU and therefore do not constitute Challenge for the immune response of EU/EEA citizens citizens. In addition, EU/EEA citizens are vaccinated and immunised relatively frequently. ○ Differences between the countries in the Measures on entry from China, with a dynamic the adaptation of the measures is to be expected <p>COVID-19- USA and XBB.1.5.</p> <ul style="list-style-type: none"> ○ In the last week 396,130 new cases; -21% (7T-I: 120/100,000 population) ○ 26,232 hospitalisations in the last 7 days (+10%) ○ Number of deaths in the last 7 days: 2255 (-23%) 	ZIGI



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<i>RKI</i>	<i>○ XBB.1.5: 40.5% of all sequenced isolates</i>	
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RKI	<ul style="list-style-type: none"> ○ Hospitalisation rate is proportionally the same in all states. Indicates that the severity of the disease is not increased by the variant ○ No evidence of immune escape <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ Info: No weekly report will be published this week. The ARE Weekly report published as usual ○ SurvNet transmitted: 37,446,795 (+36,145), thereof 162,021 (+307) Deaths ○ 7-day incidence: 189.0/100,000 inhabitants. ○ Vaccination monitoring: Vaccinated with 1st dose 64,849,845 (77.9%), with complete vaccination 52,086,009 (62.6%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Sharp decline in figures ▪ Geographical distribution of 7-day incidence by district brightens in the north-west ▪ Decline in case numbers in all age groups ▪ No change in the number of deaths, not meaningful this week due to the public holidays <p>Molecular surveillance</p> <ul style="list-style-type: none"> ○ Representative figures are from CW50, the composition is unchanged <p>Syndromic surveillance</p> <p>Slides here</p> <ul style="list-style-type: none"> ○ Total ARE has fallen, was 7,700 ARE per 100,000 inhabitants in week 52 (9,500 in week 51) ○ Corresponds to a total number of 6.4 million ARE in DE, total ARE is higher than in the comparable period at the turn of the year ○ Compared to the previous week: decline in all AG to 60+ age groups (stable here, but at a high level) ○ for 0-4 year olds: in some cases lower values than in the pre-pandemic years, also convergence in the other AGs (at week 52) ○ ARE consultations / 100,000 inhabitants by the 52nd week of 2022 have fallen significantly from the 50th week onwards (from 3,358 to 1,424 in the 52nd week) ○ 52nd week of 2022: approx. 1.2 million visits to the doctor due to ARE in Germany ○ Compared to the previous week: decline in all AGs ○ SEEDARE - ARE with COVID-19 consultations, a slight downward trend can be observed in children up to 14 years of age ○ Among 35-59 year olds and 80 year olds and older, the number of 48.KW an increase in the values was recorded ○ SARI case numbers have been rising since week 45 of 2022, approaching the 	<p>46</p> <p>FG32</p> <p>MFI</p> <p>FG36</p>
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<p>RKI</p>	<p>All-time high at the 2017/18 peak; slight decline in week 51</p> <ul style="list-style-type: none"> ○ SARI with intensive treatments jumped again in week 49/50, value comparable to peak 2017/18 and 3rd COVID-19 wave, still below 2nd/4th COVID-19 wave <p>Peak</p> <ul style="list-style-type: none"> ○ Share of COVID-19 in SARI relatively stable (16%, previous week 14%), share of RSV slowly decreasing <p>Share of COVID-19 in SARI with intensive care still relatively stable so far: 20% (previous week: 20%), still slightly higher relative share of intensive care treatments for SARI with COVID-19 than for SARI with influenza</p> <ul style="list-style-type: none"> ○ Share of influenza in SARI 33% (previous week 35%), 22% influenza cases (previous week: 29%) among SARI with intensive treatment ○ Influenza remains the most common specific diagnosis in all age groups ○ Further increase in SARI in AG 60-79 and 80+ compared to the previous week ○ ICOSARI-KH-Surveillance-SARI cases show a decline in AG 0-4, with an increasing proportion of influenza diagnoses, also decline in AG between 5 and 59 years. Increase in AG 60-79 and 80+ to a level above 2. <p>COVID-19 wave, further increase in influenza diagnoses</p> <ul style="list-style-type: none"> ○ In the intensive treatment of SARI cases, COVID-19 is diagnosed slightly more frequently than influenza in the AG aged 35 and over (under SARI with intensive treatment) <p>Virological surveillance, NRZ influenza data</p> <ul style="list-style-type: none"> ○ Fewer submissions; week 51 199 submissions and week 52 49 submissions ○ Consistent age distribution ○ SARS-CoV-2 increased, decline in OC43, but remains the strongest coronavirus ○ Influenza viruses as the strongest viruses in the sentinel, slight decline indicated, dominated by (A)H3N2 ○ Influenza strongest, followed by RSV <p>Figures on the DIVI Intensive Care Register</p> <ul style="list-style-type: none"> ○ As of 4 January 2023, 1,348 COVID patients are being treated in intensive care units ○ Slower increase in COVID-ITS occupancy ○ New ITS COVID admissions with +1,134 in the last 7 days ○ The number of SARS-Cov-2 patients dying every day is on the rise again, moderately across the board in DE ○ The proportion of SARS-CoV-2 patients in operable intensive care beds continues to show a mixed picture. ○ Brandenburg, Hamburg and Bremen have remained in the top 3 since the last Lage- AG a fortnight ago with over 7%, in some cases up to 10% in the last few days. ○ The remaining federal states were between 2 and 6% a fortnight ago, and are now between 3 and 7% ○ The trend is particularly noticeable in the AG aged 60 and over 	<p>FG17</p> <p>MFI</p>
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RKI	<ul style="list-style-type: none"> ○ In percentage terms, the long-term trend continues to show an ever-increasing proportion of over 70 and 80-year-olds, who now account for 60% of COVID-19 cases on ITS. ○ If the 60-69 age group is also included, these age groups together account for over 84%. ○ Invasive ventilation: Occupancy and free capacity for non-COVID adults: an increased rise to over 6,000 patients since the end of November. At the same time, the number of reported free invasive ventilation options has fallen to a global minimum. In addition to free invasive ventilation capacity, free intensive care beds are also decreasing ○ The absolute number of non-covid patients is not increasing, which means that more non-covid patients need to be ventilated ○ Reports of the workload in intensive care units are increasing, as are reports of staff shortages in the reasons for operating restrictions ○ Paediatric ITS: free beds & free capacity for invasive ventilation have decreased. The number of RSV cases requiring intensive care appears to have peaked, with influenza following suit. This is leading to restrictions in the operating situation; reasons given include a lack of rooms (due to isolation) <p>Discussion</p> <ul style="list-style-type: none"> ○ Colleagues from China will present data tomorrow and countries can ask open questions here. Request from the President for participation of the RKI and questions on disease severity, among other things, Prevalence, vaccination status ○ Report from video conference with colleagues in EU: France samples 30% of aircraft, DE expects a volume of 15 aircraft arriving in Frankfurt from China and about 1,000 passengers. Wastewater surveillance in airports is seen as having limited scientific value; the relevant variants are those that can arise in China. ○ Occasion-related sequencing is possible, the decisive factor is, what is spreading. This is recorded by non-occasional sampling and should continue to be taken into account 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> • Will not appear again until 12/01/2023 	All



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3 <i>RKI</i>	Vaccination update <i>AG</i> <ul style="list-style-type: none"> • <i>Presentation of monthly report, to be published on 05/01/2023</i> <ul style="list-style-type: none"> ▪ <i>Around 930,000 COVID-19 vaccines administered in December (almost exclusively bivalent mRNA vaccines)</i> ▪ <i>For children aged 6 months to 4 years to date, a total of 2,296 vaccination series started</i> • <i>Decree is available for coordination with PEI regarding vaccine requirements for 2023, PEI sets up model, RKI will be in dialogue with ZEPAI next week</i> • <i>Importance of booster vaccination and effectiveness in preventing hospitalisation</i> Discussion <ul style="list-style-type: none"> ○ <i>Preprint of the paper (COVIK study) was submitted shortly before Christmas, link will be sent to Präs</i> ○ <i>Adjuvanted vaccine is on the working agenda of STIKO, Sanofi and GSK as a beta variant vaccine (peptide vaccine), is authorised by the EMA, available in the next few weeks, research on combination with non-mRNA vaccines is ongoing.</i> <i>Vaccines for a broader immune response</i> ○ <i>Workshop on Long-Covid is intended to focus on prevention. Discussion of integration into the STIKO recommendation will take place at the end of April with external speakers and Department 2</i> ○ <i>Recording the vaccination rate after April: DIM is funded until the end of 2023, regulation expires on 07/04/2023, currently no information about change, so data is probably not available. In the application for continued funding, a transfer of the DIM system to DEMIS structures and matching with the KV billing data was planned for April-December.</i> ○ <i>STIKO's work plan for spring 2023 provides for a Transfer of COVID-19 to the control system before</i> 	<i>FG 33</i>
4	International <ul style="list-style-type: none"> • <i>Situation China see above.</i> 	<i>ZIG</i>
5	Update digital projects <ul style="list-style-type: none"> • <i>DEA has been discontinued as of 31.12.22</i> 	<i>FG21</i>
6	Data from health reporting <ul style="list-style-type: none"> • 	<i>Dept.2</i>
7	Current risk assessment <ul style="list-style-type: none"> • <i>Discussion of the proposed amendments to the risk assessment</i> <ul style="list-style-type: none"> ○ <i>De-escalation postponed</i> 	<i>All</i>



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8	Expert advisory board <i>(preparation on Mondays, follow-up on Wednesdays)</i> <ul style="list-style-type: none"> <i>(not reported)</i> 	Wieler
9	Communication BZgA <ul style="list-style-type: none"> <i>(not reported)</i> Press <ul style="list-style-type: none"> <i>(not reported)</i> P1 <ul style="list-style-type: none"> <i>(not reported)</i> <i>ToDo</i> <i>A date is to be found for the creation of a brief AAR concept (ZIG and FG31) (U. Rexroth)</i>	BZgA Press P1
10	RKI Strategy Questions General <ul style="list-style-type: none"> <i>(not reported)</i> RKI-internal <ul style="list-style-type: none"> <i>FG36 discusses whether there should be a targeted advertising campaign for participation in GrippeWeb, as these data provide information on the dynamics of the epidemiological development of acute respiratory diseases at an early stage, across pathogens and independently of the test strategy and doctor consultations. The aim is to increase the number of participants in order to further increase the geographical resolution. The technical infrastructure has been created over the past two and a half years by moving to a new platform at ITZBund. This is supported by the crisis team and the management on the condition that no additional personnel resources are required as a result.</i> <i>ToDo: FG36 will contact P1 and the press office as soon as possible. and coordinate their activities in this regard.</i> 	All Dept. 3
11	Documents <ul style="list-style-type: none"> <i>Update discharge paper hospital and nursing homes</i> <ul style="list-style-type: none"> <i>For this week's meeting to discuss the Isolation criteria (FG14 and ZBS7)</i> 	All



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<p>12</p> <p>Laboratory diagnostics</p> <p>FG17</p> <ul style="list-style-type: none"> • <i>Virological sentinel had ## samples in the last 4 weeks, of which:</i> <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative <p>ZBS1</p> <p><i>ToDo</i></p> <p><i>Submit whether RNA can be obtained from swabs for antigen tests.</i></p>	<p><i>AG</i></p>	<p><i>FG17</i></p> <p><i>ZBS1</i></p>
<p>13</p>	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	<p><i>ZBS7</i></p>
<p>14</p>	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> • <i>not reported</i> 	<p><i>FG14</i></p>
<p>15</p>	<p>Surveillance</p> <ul style="list-style-type: none"> • <i>Disclaimer is activated until 06.01.23, from 07.01. the weekend disclaimer will be activated</i> 	<p><i>FG 32</i></p>
<p>16</p>	<p>Transport and border crossing points</p> <ul style="list-style-type: none"> • <i>not reported</i> 	<p><i>FG31</i></p>
<p>17</p>	<p>Information from the coordination centre</p> <ul style="list-style-type: none"> • <i>Discussion of IFG request for crisis team minutes</i> <ul style="list-style-type: none"> ○ <i>Progress good, third parties and legal departments are still looking over. Deadline is 06.01.23.</i> <p>Discussion</p> <ul style="list-style-type: none"> • <i>For future protocols: Focus on the results protocol, keep it short, concise and essential, sensitise those taking the minutes. For tasks, specify OU rather than persons</i> • <i>Consideration of training in dealing with nfd, VSD</i> • <i>IFG requires official information, i.e. all documents that are made available because they are relevant for decisions in the company (e.g. files via DMS)</i> 	<p><i>FG31</i></p>
<p>18</p>	<p>Important dates</p> <ul style="list-style-type: none"> • <i>none</i> 	<p><i>All</i></p>



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R19	Other topics <ul style="list-style-type: none">• <i>Next meeting: 18.01.2023, 11:00 a.m., via Webex</i>	<i>AG</i>
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End: 13:05



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Weekday, 18.01.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Osamah Hamouda

Participants:

- Institute management
 - Lothar H. Wieler
- Dept. 1
 - Martin Mielke
- Dept. 2
 - Thomas Ziese
- Dept. 3
 - Osamah Hamouda
 - Tanja Jung-Sendzik
- FG14
 - Melanie Brunke
- FG17
 - Ralf Dürrwald
- FG21
 - Patrick Schmich
 - Wolfgang Scheida
 - Justus Benzler
- FG26
 - Lena Walther
- FG31
 - Ute Rexroth
 - Maria an der Heiden
 - Alexandra Hofmann
- FG32
 - Michaela Diercke
- FG33
 - Ole Wichmann
 - Jonathan Fischer-Fels
- FG36
 - Romy Kerber
 - Walter Haas
 - Udo Buchholz
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
- FG37
 - Tim Eckmanns
 - Regina Singer
 - Sebastian Haller
- ZBS7
 - Michaela Niebank
- MF4
 - Martina Fischer
- P1
 - Ines Lein
- P4
 - Pascal Klamser
- Press
 - Marieke Degen
 - Jamela Seedat
 - Ronja Wenchel
- ZIG
 - Iris Hunger
- ZIG1
 - Sofie Gillesberg Raiser
 - Andreas Jansen
- BZgA
 - Mirco Steffens



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International</p> <p>Slides here</p> <ul style="list-style-type: none"> ○ Continued decline in case numbers, exception: Oceania (AUS, NZ), slight uncertainties remain due to changes in testing behaviour and public holidays. ○ Situation China: ○ New death and case figures reported for the first time in the new year on 13 January; information on slide 2; 1.27 million cases reported in hospitals, 105T with a severe course. 60T deaths reported between 01.12.22 and 12.01.23 (mainly in over 65s). Deaths only reported from hospitals, and very narrow case definition "died due to COVID-19". Peak already reached according to government. Modelling by Univ. Washington predicts peak only for April. ○ Only very few sequences from China uploaded to GISAID (1250 since mid-Dec 2022). Very little information on circulating variants. Sequences from 16 subregions, most from Beijing and Shanghai (not representative). ○ 30% of infections are locally acquired, 20% imported, 50% unknown. BF.7 and BA.5.2 are the dominant variants. ○ Testing measures on entry from China: Slide 3; The majority of countries rely on voluntary testing before departure and on arrival. ○ Variants XBB1.5: classified as single VOI by ECDC on 12 January. Classified by WHO as a "variant under monitoring" since 13 January (for more information, see also presentation on molecular surveillance). Proportions in Europe remain low. Estimate for the risk of the general population due to ECDC is low; for vulnerable population groups (according to immunity): moderate to high; USA: XBB1.5 proportion in KW02 at 26%; <p>National</p> <p><u>Case numbers, deaths, trend, slides here:</u></p> <ul style="list-style-type: none"> ○ SurvNet transmitted: SurvNet transmitted: 37,139,200 (+34,900), of which 164,153 (+188) deaths ○ 7-day incidence: continues to decline 80/100,000 p.e. ○ 7-day hosp. Incidence and deaths: also declining ○ Notifications submitted by laboratories via DEMIS: consistent with notification data. Significantly fewer reports; ○ Trend in 7-day incidence in the federal states: Lower Saxony and NRW highest; Saxony and Thuringia show the lowest values; ○ Top 15 districts in Lower Saxony. ○ The majority of districts with 7TI between 50-250/100T inhabitants; 1/5 of districts even below 50/100T inhabitants. ○ Heatmap/age group distribution: Decrease in all age groups in CW01 and CW01; 5-9 and 9-14 year olds, slight increase. ○ Number of deaths declining; peak probably reached in calendar week 51/52 2022. <p><u>Test capacity and testing, slides here</u></p> <p>Significant decline in positivity rates from 40% to 20%;</p>	<p>ZIG1</p> <p>FG32</p> <p>AL3</p>



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<p><i>RKI</i></p>	<p>Number of tests down by 10%; Confirmation of the development seen in the other survey instruments is observed.</p> <p><i>AG</i></p> <p><u>ARS data, slides here, from slide 3</u></p> <ul style="list-style-type: none"> ○ Here, too, a significant decline can be observed at the turn of the year; Fewer tests and a lower proportion of positives; ○ Significantly fewer tests are carried out in doctors' surgeries; tests in Hospitals stable; ○ Age groups: stable testing for over 80s; for all others: Decrease. ○ Comparison over the entire pandemic: 4 million tests in Feb 2020, now 1 million was still carried out. ○ Furthermore, many (small) outbreaks can be observed; <p><u>Question: Number of outbreaks in retirement and nursing homes lower in the Comparison with outbreaks in hospitals; so far, these curves have been relatively stable in parallel. Can the reduction in the number of residents of the homes be a reason for this? - Will be researched again by FG37;</u></p> <p><u>Molecular Surveillance, slides here -</u></p> <ul style="list-style-type: none"> ○ Same picture as before Christmas: BA5 share shrinks; ○ BA.2 share is steadily increasing. ○ BA.4 tends towards 0. ○ The number of sequences transmitted fell over the turn of the year strong; ○ Dominant Omikron sublines (slide 3): ○ BQ1.1 most frequently detected, followed by BF.7; ○ BQ1.1 Growth stagnates; ○ Increase in XBB.1.5 and BA2.75 sublines Increase: including CH1.1 (UK) here assumes similarly good growth compared to XBB1.5) ○ Classification BXX1.5 (slide 5 and information in the "International" section ZIG 1) <p><u>Syndromic and virol. Surveillance, slides here -</u></p> <ul style="list-style-type: none"> ○ GripeWeb: Strong and significant decline in ARE since CW50 (CW02: 4,500/100T inhabitants); figures significantly higher than 2017/2018; 3.8 million ARE without doctor's visits in CW02; ○ Increase in children compared to CW01, but not unexpected (in CW01 were still holidays in many BL); ○ Visits to the doctor due to ARE: incidence compared to KW01 declining (1,300/100T inhabitants), 1.1 million in total. Reflective increase in CW01 (if you didn't go to the doctor over the holidays, make up for it). ○ Doctor visits with ARE and COVID diagnosis: all-clear here too, Decline in all age groups; ○ Hospital data: significant decline in SARI incidence in CW02. Peak in CW 50; SARI-ITS also shows decline; roughly at the same level of previous years; <ul style="list-style-type: none"> ○ Disease-specific diagnosis: decline in SARI overall and also influenza in all hospitalised and ITS cases. RSV quite stable; COVID stable; ○ Share of COVID in SARI cases have long dominated hospitalisation dominated, but were replaced by RSV and influenza (see also DIVI data); ○ Influenza activity is falling, still highest among 5-14 year olds ○ 0-1-year-olds still heavily affected by RSV; ○ The level of all hospitalised SARI cases is comparable to previous years; <p><u>Virolog. Surveillance (from slide 14):</u></p>	<p>FG37</p> <p>FG36</p> <p>FG36</p>
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RKI	<ul style="list-style-type: none"> ○ Decrease in SARS-CoV-2 to 4%; OC43 more strongly represented (9%); ○ Influenza, H3N2: Had dominated the turn of the year; then rapid decline. H3N2 now on a par with H1N1 (4%); 1 case of B-vectoria. ○ Other respiratory viruses: RSV most strongly represented in the sentinel (16%), hMPV: slight increase; ○ Distribution of age groups: significant decline in influenza, especially among 5-15-year-olds. Decrease in all age groups; <p><u>Figures on the DIVI Intensive Care Register, slides here</u></p> <ul style="list-style-type: none"> ○ The trend in the reporting data is also confirmed in DIVI; ○ As of 04.01.23: 859 COVID patients on the ITS; ○ New admissions down with 619 in the last 7 days; ○ Decline in the number of deaths; ○ COVID19 is no longer driving the action; moderate level ○ Less than 5% of the available beds are occupied by COVID-19 patients; ○ Age trend: Over 60s continue to characterise occupancy; increase in proportion of 60-69s compared to over 70s. ○ Non-COVID-19 adults who receive invasive ventilation: Influenza and RSV appear to play a major role here. A peak observed that has not been measured in 2 years: 7,000 invasively ventilated patients, slightly declining; ○ Slight easing in available beds, but record low reached in the last 2 years. ○ Operating situation: Staff shortage constantly high with slight easing. ○ Paediatric ITS: RSV and influenza are driving the situation. Record high reached a few weeks ago. Currently declining activity, moderate occupancy; free beds and ventilation capacities increasing. <p><u>Modelling (not reported)</u></p> <p><u>Influenza and bacterial superinfections, slides here</u></p> <ul style="list-style-type: none"> ○ A significant increase in bacterial superinfections has been reported from neighbouring countries; ○ Bacteraemia in connection with strong virus waves is a well-known phenomenon; ○ ARS data on transmissible bacterial pathogens; invasive isolates: an increase can be observed here in Q4 2022, which so far is not higher than peaks in the pre-pandemic seasons; ○ Exceptions: Hib and Group A Strep: figures are above the peaks of the previous season. ○ Group A Strep. by age group per quarter 2017- 2022: Increase in several age groups and significantly higher than peak of previous years: (65-74 year olds, also middle age groups and children 5-14); ○ ARS data represent approx. 1/3 of the total number of cases, i.e. a high number of cases can be assumed; it is not clear whether the peak has already been reached. ○ Climbs steeper and earlier compared to previous years. ○ In an overall view with a strong influenza wave: Should we react here? (Information to the medical profession?population?). <p><u>Discussion:</u></p> <ul style="list-style-type: none"> ○ Can it be assumed that Peak is in harmony with bacteria? 	<p>FG17</p> <p>FG37</p>
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RKI	<p>is just reached with influenza peak? There is a clear pathogenetic link between viral and bacterial infections, with mucosal damage probably being the main influencing factor; bacterial infections are expected to subside slightly later than influenza.</p> <ul style="list-style-type: none"> ○ Preventive measures were repeatedly mentioned in the ARE weekly report; further action at the moment would be too late; ○ Bacterial superinfections, earlier action by the medical profession necessary? Info DGPI: only deviates from antibiotic guideline therapy after warning by RKI; 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> ○ Downward trend continues; ○ Influenza wave subsiding (peak reached earlier, significant drop); ○ RSV and influenza play a decisive role; ○ Tense situation on ITS and in emergency departments: strongly driven by staff shortages. -Possibly point this out carefully. ○ Bacterial superinfections after influenza: mention that these affect disease severity. 	All
3	<p>Vaccination update</p> <ul style="list-style-type: none"> ○ COVID-19 vaccination campaign steering committee: BMG, BZgA, RKI, and agencies. Meeting frequency reduced to once a month; ○ Minister wants extra meeting on LongCOVID; information on this will be forwarded to the OEs concerned by FG33; ○ Vaccination rate monitoring: exchange between RKI, PEI and BMG; DIM expires in April, there is currently no good interim solution. We cannot use surveys. Several reports on possibilities for interim solutions have been sent to the BMG; ○ From 07.04: faster reporting formats through KV-en? But even these are not complete and timely. Monthly reports and vaccination dashboard will be discontinued in May. Assessment of vaccination side effects will no longer be possible. - This must be accompanied by very good communication so that it does not fall back on the RKI. ○ Info Dept. 2: Vaccination monitoring from part of the panel possible; concept in development; ○ To Do: Submission for communication DIM by tomorrow morning (FG33, Dept. 2) <p>STIKO</p> <p>Not reported separately</p>	FG 33
4	<p>International</p> <ul style="list-style-type: none"> • (not reported) 	ZIG
5	<p>Update digital projects</p> <ul style="list-style-type: none"> ○ DEA expired; replacement: European Locator Form (DPLF) by FG31, 	FG21



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RKI	<p>IT5 and other OUs.</p> <ul style="list-style-type: none"> ○ CWA expires at the end of May; app-based communication should remain important in the future; ○ Transfer of CWA certificates to CovPass app in collaboration with industry partners. ○ "End of life" care at CWA: in progress at the BMG 	AG
6	<p>Data from health reporting</p> <p>Data from health reporting</p> <p>NCD topics in relation to the pandemic: "Development of the mental health of the adult general population - update of high-frequency mental health surveillance based on RKI surveillance data"</p> <ul style="list-style-type: none"> • Data until mid Oct 2022. slides here • Data basis: Telephone interviews with approx. 1,000-3,000 participants per month as part of the GEDA and COVIMO studies • 3 indicators of mental health status: depressive symptoms, anxiety symptoms, subjective mental health; 2 indicators of social determinants of mental health: loneliness and social support • Calculation of 3-month moving estimate • Analyses weighted by age, gender, education and region • Prediction of values standardised by age, gender and education (based on 2018 microcensus) • Depressive symptoms observed since April 2019; after a decline at the beginning of the pandemic and in the first summer of the pandemic, several increases can be observed (autumn 2020 to spring 2021, early 2022, summer 2022 to the end of the time series); latest estimate centred on August/September 2022: 20% of the adult population affected by a noticeable burden of depressive symptoms, which represents a doubling since 2019 • Anxiety symptoms observed since March 2021: also increase • Self-assessment of mental health observed since March 2021: shows negative trend • Social determinants: incipient negative development cannot be ruled out after rather positive developments to date • Stratification by gender, age, education: no group exempt from deterioration in mental health; • Negative trends in recent estimates partly stronger among younger (18-29, 30-44 years) and oldest (65+ years) adults and people with a low or medium level of education 	FG26
7	<p>Current risk assessment</p> <ul style="list-style-type: none"> ○ Check up-to-dateness; current online status as of 26 June 2022 ○ be replaced by a more general risk assessment by ARE? ○ AHAL: still propagate? Cancel quarantine; still maintain isolation; ○ Document is circulated (FG31), vote and comments by the end of the week, dispatch to BMG at the beginning of next week; 	All
8	<p>Expert Advisory Board (Mondays preparation, Wednesdays</p>	Wieler



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RKI	follow-up)	AG
	<ul style="list-style-type: none"> No update 	
9	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> (not reported) <p>Press</p> <p>FAQs: Masks in the general population: Open FAQ and involve other AREs. ÖPVN approach: those with symptoms should wear MNS; actual recommendation: those with symptoms should stay at home; is also mentioned in the text, but reality is often different; Ban on ear loop masks in the medical sector in the UK (unsuitable for self-protection - LINK);</p> <p>P1</p> <ul style="list-style-type: none"> (not reported) 	<p>BZgA n.a.</p> <p>Press/ FG14</p>
10	<p>RKI Strategy Questions</p> <p>General</p> <p>RKI-internal</p> <ul style="list-style-type: none"> (not reported) 	All
11	<p>Documents</p> <ul style="list-style-type: none"> Adaptation of final isolation document for nursing homes and hospitals ZBS 7: in progress under protection and participation aspect 	All
12	<p>Laboratory diagnostics</p> <p>FG17</p> <p>No further information</p> <p>ZBS1</p> <p>Not reported</p>	<p>FG17</p> <p>ZBS1</p>
13	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> (not reported) 	ZBS7
14	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> not reported 	FG14
15	<p>Surveillance</p> <ul style="list-style-type: none"> not reported 	FG 32
16	<p>Transport and border crossing points</p> <ul style="list-style-type: none"> not reported 	FG31



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17	Information from the coordination centre <ul style="list-style-type: none"> <i>not reported</i> 	<i>AG</i> <i>FG31</i>
18	Important dates <ul style="list-style-type: none"> <i>none</i> 	<i>All</i>
19	Other topics <ul style="list-style-type: none"> <i>Next meeting: Wednesday, 01.02.2023, 11:00 a.m., via Webex</i> <i>Topic of the next meeting: De-escalation of reporting</i> 	

End: 13:05

ENTWURF



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 01.02.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Osamah Hamouda

Participants:

- Institute management
 - Lothar H. Wieler
 - Esther-Maria Antão
- Dept. 1
 - Martin Mielke
- Dept. 3
 - Osamah Hamouda
 - Tanja Jung-Sendzik
- FG11
 - Sangeeta Banerji (protocol)
- FG14
 - Melanie Brunke
- FG17
 - Ralf Dürrwald
- FG21
 - Wolfgang Scheida
- FG 24
 - Thomas Ziese
- FG31
 - Maria an der Heiden
 - Petra v. Berenberg-Gossler
 - Claudia Siffczyk
 - Alexandra Hofmann
- Amrei Wolter
- FG32
 - Michaela Diercke
- FG33
 - Jonathan Fischer-Fels
- FG36
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Tim Eckmanns
- ZBS7
 - Michaela Niebank
- MF4
 - Martina Fischer
- Press
 - Marieke Degen
 - Ronja Wenchel
- ZIG1
 - Carlos Correa-Martinez
- BZgA
 - Andrea Rückle



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Data status: WHO, 31 January 2023 ○ Worldwide: ○ WHO continues to categorise COVID-19 as a PHEIC (public health emergency of international concern) ○ Global decline in both the number of cases and deaths ○ Rising deaths in Oceania are due to late reports from Australia ○ Europe: rising case numbers in Russia and Austria ○ China: falling number of cases and deaths on the mainland, Macau and Hong Kong ○ According to a press release from China CDC dated 30 January 2023, 80% of Beijing's population has already been infected ○ USA: national emergency and public health emergency will end in May <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: SurvNet transmitted: 37,779,833 (+21,060), of which 165,711 (+148) deaths ○ 7-day incidence: 88.3/100,000 inhabitants. ○ Vaccination monitoring: Vaccinated with 1st dose 64,869,621 (77.9%), with complete vaccination 63,555,355 (76.4%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Mostly plateau, only a rising trend in isolated cases, e.g. Saarland ▪ LK Düren is the only one with a 7d incidence >250 ▪ Age distribution: slight increase in children and middle-aged (5-65 year olds) ▪ Peak of deaths: CW 52/2022 ▪ Current decline in deaths and excess mortality (which is not attributed to COVID-19) ○ Test capacity and testing slides here <ul style="list-style-type: none"> ▪ Small increase in the positive rate from 17.19 to 19.33 ○ ARS data slides here <ul style="list-style-type: none"> ▪ Hardly any increase in the federal states ▪ Increase in the outpatient sector (medical practices) ▪ Positive rate rises among children and the middle-aged, falls among the over-80s ▪ ARS invasive bacterial pathogens (from blood culture & punctate): Group A Streptococci, Haemophila 	<p>Correa-Martinez</p> <p>Diercke</p> <p>Hamouda</p> <p>Eckmanns</p>



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<p>RKI</p>	<p><i>influenzae, Streptococcus pneumoniae, Neisseria meningitis: peak coincides with influenza peak.</i></p> <ul style="list-style-type: none"> ○ VOC report slides here <ul style="list-style-type: none"> ▪ VOC content: BA.2 19.5%, BA.4: 0.1%, BA.5: 70.1%, XBB.1.5: 5.6%, XAY: 0.2% (XAY in Denmark: 2%) ▪ XBB.1.5 is classified by the WHO as no more dangerous than other Omikron variants (Confidence Level = moderate) ○ Molecular surveillance ○ not reported ○ Syndromic surveillance slides here <ul style="list-style-type: none"> ▪ Flu web week 4: ARE rising in all AGs (except 0- 4) ▪ These are light ARE (conclusion from other parameters) ▪ Visits to the doctor: decline in adults, increase in children ▪ ARE with COVID: increase at a very low level ▪ Inpatient: situation eases, flu epidemic comes to an end ○ Virological surveillance, NRZ influenza data slides here <ul style="list-style-type: none"> ▪ SARS-CoV-2 with 10% most common among coronaviruses, 15% rhinoviruses, with influenza ▪ Predominantly B/Victoria, slight decline in RSV ○ Figures on the DIVI Intensive Care Register Slides here <ul style="list-style-type: none"> ▪ Stagnation in new ITS admissions ▪ Plateau formation in all BLs except Thuringia ▪ Age groups: Proportion <39 years very low (already since 7/2022), 90% over 60 ▪ Invasive ventilation cases are predominantly non-COVID ▪ Operating situation: transition to regular operation, relaxation ▪ Conclusion: COVID-19 no longer plays a role on ITS ○ Modelling ○ (not reported) 	<p>Kroeger</p> <p>Buda</p> <p>Dry forest</p> <p>Fisherman</p>
<p>2</p>	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> ▪ Draw attention to the new version of the risk assessment (coordinate with the BMG press office) ▪ Weekly report should be in line with the current risk assessment ▪ GrippeWeb shows an increase in ARE, although these are minor illnesses, all other indicators show an increase. a decline ▪ Do not overemphasise 15% increase in incidence compared to the previous week in the 5-65 age group 	<p>All</p>
<p>3</p>	<p>Vaccination update</p> <ul style="list-style-type: none"> • (not reported) 	<p>FG 33</p> <p>Fischer-Fels</p>



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RKI	STIKO <ul style="list-style-type: none"> ▪ Statement on protein-based vaccine: Vidprevlyn® ▪ Vaccination recommendation for pregnant women 	AG
4	International <ul style="list-style-type: none"> • (not reported) 	ZIG
5	Update digital projects <ul style="list-style-type: none"> • (not reported) 	FG21
6	Data from health reporting <ul style="list-style-type: none"> • 	Dept.2
7	Current risk assessment <ul style="list-style-type: none"> • Discussion of the proposed amendments to the risk assessment <ul style="list-style-type: none"> ○ The amendments proposed by the BMG were discussed and accepted with a few exceptions 	All
8	Expert advisory board <i>(preparation on Mondays, follow-up on Wednesdays)</i> <ul style="list-style-type: none"> • Chancellery plans expansion of topics, e.g. digitalisation in the healthcare sector 	Wieler
9	Communication <p>BZgA</p> <ul style="list-style-type: none"> • New activities: • Update of the website based on the updated RKI FAQ <p>Press</p> <ul style="list-style-type: none"> • FAQs have been updated, including on long COVID • It was pointed out that everyone should check whether their documents should also be updated as part of the de-escalation process • It was decided that a written request would be sent to the BMG to end the daily situation reports, as several federal states and agencies have also stopped their daily reporting. <p>P1</p> <ul style="list-style-type: none"> • (not reported) <p><i>ToDO 1: Written enquiry to the BMG on the discontinuation of daily situation reports (Diercke, Wenchel)</i></p>	BZgA Rückle Press (Wenchel) P1



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AG

<i>RKI</i>		
10	RKI Strategy Questions General RKI-internal <ul style="list-style-type: none"> • <i>Report on scientific publication for the Minister; SOP and template: was discussed and, above all, the input of all departments regarding the presentation of current research results on SARS-CoV-2 (literature) was requested. In addition, support from the library was requested.</i> • <i>IAR COVID-19 crisis management: Announcement concept: Will be sent to the distribution list. Discussion in the situation working group in 2 weeks</i> 	<i>All</i> <i>Dept. 3</i>
11	Documents <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>All</i>
12	Laboratory diagnostics FG17 <ul style="list-style-type: none"> • <i>Virological sentinel had ## samples in the last 4 weeks, of which:</i> <ul style="list-style-type: none"> ○ <i># SARS-CoV-2</i> ○ <i>## Rhinovirus</i> ○ <i>## Parainfluenza virus</i> ○ <i>## seasonal (endemic) coronaviruses</i> ○ <i>## Metapneumovirus</i> ○ <i>## Influenza virus</i> ○ <i>Remainder negative</i> ZBS1	<i>FG17</i> <i>ZBS1</i>
13	Clinical management/discharge management <ul style="list-style-type: none"> • <i>Adjustment of the de-isolation criteria: It was decided to shorten the isolation times for the inpatient sector. This change will be presented to the BMG at the Jour-Fixe before publication.</i> 	<i>ZBS7 (Niebank)</i>
14	Measures to protect against infection <ul style="list-style-type: none"> • <i>not reported</i> 	<i>FG14</i>
15	Surveillance <ul style="list-style-type: none"> • <i>Future ESRI dashboard and perspectives for COVID-19 reporting:</i> • <i>It was decided that the COVID-19 dashboard was no longer technically necessary as the pandemic radar was a good replacement. In consultation with MFI, a report on this is to be prepared for the BMG.</i> 	<i>FG 32</i>



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<i>RKI</i>	<p><i>become.</i></p> <ul style="list-style-type: none"> <i>The RKI's open data policy and the importance of data visualisation were highlighted, for which MFI has sufficient structures and resources.</i> <i>ToDo2: Report for the BMG in coordination with MFI on the discontinuation of the COVID-19 dashboard (Diercke, MFI)</i> 	<i>AG</i>
16	Transport and border crossing points <ul style="list-style-type: none"> <i>not reported</i> 	<i>FG31</i>
17	Information from the coordination centre <p><i>Weekly report in week 10 → Wed, 8.3. public holiday (data cannot be collected before 8.3.), therefore postponement of the Release on 10.3.23 acceptable?</i></p> <p><i>Management: late publication on Thursday is preferable to publication on Friday, but if technically not possible otherwise, publication on 10.3.23 will also be accepted</i></p>	<i>FG31</i>
18	Important dates <ul style="list-style-type: none"> <i>none</i> 	<i>All</i>
19	Other topics <ul style="list-style-type: none"> <i>Next meeting: Wednesday, 15 January 2023, 11:00 a.m., via Webex</i> 	

End: 13:06



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
 - Carlos Correa-Martinez
- ZIG1
- ZIG2
- ZIG4
- BZgA
 - Christoph Peter
- BMG



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<p>RKI</p>	<p>AG</p> <ul style="list-style-type: none"> ▪ Only one district with a 7-day incidence of over 500/100,000 inhabitants. ▪ All BL at a stable low level ○ Discussion on mortality figures Change in reference period DESTATIS <ul style="list-style-type: none"> ▪ Is there an exchange with DESTATIS? ▪ EUROMOMO data on excess mortality? ▪ Postponed to the next meeting ○ Test capacity and testing here <ul style="list-style-type: none"> ▪ 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%). Further reporting procedure extra agenda item (see agenda item 2) ○ ARS data here <ul style="list-style-type: none"> ▪ Slight increase in GAS and Streptococcus pneumoniae from CW3/2023 ○ VOC report here ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance and virological surveillance, NRZ influenza data here <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ 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. 	<p>AL3 FG37</p> <p>FG36</p>
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<p>RKI</p>	<p>The figures for 15 to 59-year-olds have remained stable, while those aged 60 and over have increased</p> <ul style="list-style-type: none"> ▪ 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 treatments fluctuating; Share of influenza stable ○ Figures on the DIVI Intensive Care Register here <ul style="list-style-type: none"> ▪ 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 ○ Modelling ○ (not reported) 	<p>MF4</p>
<p>2</p>	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> ○ WB; 3.1.1 Test number development and proportion of positives: Consider whether this can be removed next time. Significance also continues to decline because pre-testing with self-tests makes it all less meaningful. ○ Request from team to refer to pandemic radar, which shows positive percentage but not total number of tests ○ Should SARS in ARS continue to be presented in the weekly report? ○ Proposal to refer to pandemic radar is accepted ○ Overlap between SARS-in-ARS and VOXCO with regard to laboratories: 30% of data with Voxco about 50% ○ Is it possible to shorten or stop displaying breakouts in the weekly report? ○ Discussion: <ul style="list-style-type: none"> ▪ 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? 	<p>All</p>



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RKI	<p style="text-align: center;"><i>must be agreed with the respective FGL</i></p> <ul style="list-style-type: none"> ○ <i>Dealing with public holidays on which the weekly report is prepared</i> ○ <i>Weekly report in week 10 → Wed, 8.3. public holiday → Postpone the release to 10.3?</i> ○ <i>Handling as in the last times, on the weekly report with public holidays was created within one week: shortened version, postponement</i> 	FG31
3	<p>Vaccination update</p> <ul style="list-style-type: none"> ○ <i>Slides here</i> ○ <i>New monthly report from 02/02/2023</i> <p>STIKO</p> <ul style="list-style-type: none"> ○ <i>Update of the STIKO recommendations: Statement 7.2: No recommendation for extra doses during pregnancy</i> ○ <i>25th update of the COVID vaccination recommendations (planned 23 February)</i> 	FG 33
4	<p>International</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	ZIG
5	<p>Update digital projects</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	FG21
6	<p>Data from health reporting</p> <ul style="list-style-type: none"> • <i>Note: next meeting Contribution to promoting physical activity in Daycare centres planned during the pandemic</i> 	Dept.2
7	<p>Current risk assessment</p> <ul style="list-style-type: none"> • <i>Discussion of the proposed amendments to the risk assessment</i> <ul style="list-style-type: none"> ○ <i>xxx</i> 	All
8	<p>Expert advisory board <i>(preparation on Mondays, follow-up on Wednesdays)</i></p> <ul style="list-style-type: none"> • <i>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</i> 	VPresident
9	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	BZgA n.a.



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RKI	<p>Press</p> <ul style="list-style-type: none"> • xxx <p>P1</p> <ul style="list-style-type: none"> • Welcome to our new colleague Julia Pantoglu • on the occasion of Love-Date Week, currently a daily record on Twitter and a post on LinkedIn <p><i>Discussion on accompanying communication at the end of the pandemic:</i></p> <ul style="list-style-type: none"> • 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 	<p>Press</p> <p>P1</p>
10	<p>RKI Strategy Questions</p> <p>General</p> <ul style="list-style-type: none"> • Time of adjustment Recommendation for segregation of care recipients in nursing and KHS (feedback from Jour Fixe) <ul style="list-style-type: none"> ○ No feedback so far, will be included in the next Jour Fix <p>RKI-internal</p> <ul style="list-style-type: none"> • 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 	<p>ZBS7</p> <p>All</p>
11	<p>Documents</p> <ul style="list-style-type: none"> • (not reported) 	<p>All</p>
12	<p>Laboratory diagnostics</p> <p>FG17</p> <ul style="list-style-type: none"> • Virological sentinel had ## samples in the last 4 weeks, of which: <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative <p>ZBS1</p>	<p>FG17</p> <p>ZBS1</p>



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<i>RKI</i>	<i>AG</i>	
13	Clinical management/discharge management	ZBS7
	<ul style="list-style-type: none"> • (not reported) - 	
14	Measures to protect against infection	FG14
	<ul style="list-style-type: none"> • <i>not reported</i> 	
15	Surveillance	FG 32
	<ul style="list-style-type: none"> • <i>not reported</i> 	
16	Transport and border crossing points	FG31
	<ul style="list-style-type: none"> • <i>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,</i> 	
17	Information from the coordination centre	FG31
	<ul style="list-style-type: none"> • <i>not reported</i> 	
18	Important dates	All
	<ul style="list-style-type: none"> • <i>none</i> 	
19	Other topics	
	<ul style="list-style-type: none"> • <i>Next meeting: Wednesday 01.03.2023, 11:00 a.m., via Webex</i> 	

End: 12:39 pm



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 15.03.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Martin Mielke

Participants:

- Dept. 1
 - Martin Mielke
- Dept. 3
 - Tanja Jung-Sendzik
- FG11
 - Sangeeta Banerji (protocol)
- FG14
 - Melanie Brunke
- FG17
 - Ralf Dürrwald
- FG21
 - Wolfgang Scheida
- FG27
 - Julika Loss
 - Susanne Jordan
 - Susanne Krug
- FG31
 - Maria an der Heiden
 - Alexandra Hofmann
- FG32
 - Claudia Sievers
- FG33
 - Ole Wichmann
 - Jonathan Fischer-Fels
- FG34
 - Viviane Bremer
- FG36
 - Walter Haas
 - Udo Buchholz
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Muna Abu Sin
- ZBS7
 - Michaela Niebank
- MF4
 - Martina Fischer
- P1
 - Julia Pantoglou
- P4
- Press
 - Marieke Degen
- ZIG
 - Iris Hunger
- ZIG1
 - Sarah Esquevin



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Data status: WHO, 07.03.2023, WHO update only takes place once a week on Wednesdays ○ Worldwide: declining trend in the number of cases and deaths worldwide ○ XBB1.5: USA >83% of all sequenced isolates, Europe: 17-52% <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: SurvNet transmitted: 38,276,190 (+9,437), of which 169,345 (+123) deaths ○ 7-day incidence: 48.1/100,000 p.e. ○ Vaccination monitoring: Vaccinated with 1st dose 64,873,898 (77.9%), with complete vaccination 63,559,977 (76.4%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Decrease in case numbers in all age groups, but increase in hospitalisations ▪ Decline in case numbers could (partly) be attributed to the end of the test regulation on 1 March 2023, because significantly fewer tests have been carried out since then. ▪ No reduction in deaths yet ▪ Slight excess mortality, but not due to COVID ○ Test capacity and testing ○ (not reported) ○ ARS data <ul style="list-style-type: none"> ▪ Slides here ▪ Cut in test numbers at the beginning of March likely due to the end of the test regulation ▪ Decrease in test numbers in all federal states with a simultaneous increase in the positive rate ▪ Significant decline in testing in hospitals ▪ Decrease in active outbreaks in care facilities ▪ Invasive isolates: slight decrease in group A streptococci and Haemophilus influenzae ○ VOC report <ul style="list-style-type: none"> ▪ Slides here ▪ XBB.1 share growing: 56%, especially 1.9.1 and 1.9.2 ▪ Recombinant lines = 60% of all detections ▪ BA2.75 sublines: stagnating/falling ▪ Mutations: Mutation specific for XBB1.5/ XBB1.9 	<p>Esquevin</p> <p>Sievers</p> <p>Abu Sin</p> <p>Kroeger</p>



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<p>RKI</p>	<p style="text-align: center;">rise AG</p> <ul style="list-style-type: none"> ▪ EG.1: increasing number of detections, but no increased disease burden ▪ ECDC-VOC: De-escalation of BA.2, BA.4 and BA.5 ▪ Corona Surveillance Ordinance expires on 1 April, therefore adjustment necessary. Please discuss in the next meeting <ul style="list-style-type: none"> ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance <ul style="list-style-type: none"> ▪ Slides here ▪ ARE: Increase in schoolchildren ▪ Consultation incidence: decline in the outpatient sector ▪ ARE + COVID: decline in 15-34-J and 35-59-J ▪ ICOSARI: stable ○ Virological surveillance, NRZ influenza data <ul style="list-style-type: none"> ▪ Slides here (from slide 15) ▪ 9% SARS-CoV-2 ▪ 2nd flu wave due to B/Victoria: 22% in week 10 ▪ Most common: HMPV, Renoviren, Parainfluenza ▪ RSV: over ○ Figures on the DIVI Intensive Care Register <ul style="list-style-type: none"> ▪ Slides here ▪ 1184 people on ITS: 912 new admissions ▪ Number of deceased: Plateau formation ▪ Increase in all BL ▪ Increase in all age groups, most among over 70s, but also increase among 0-17-year-olds ▪ Treatment occupancy: Increase in all, with and without manifestation ▪ Capacity utilisation: high utilisation ○ Modelling ○ not reported <p>Question about international test data Answer: Available for EU countries at: https://covid19-country-overviews.ecdc.europa.eu/index.html</p>	<p>Tolksdorf</p> <p>Dry forest</p> <p>Fisherman</p>
<p>2</p>	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> ▪ No complete all-clear due to increasing ITS occupancy ▪ ECDC-VOC de-escalation ▪ Reporting incidence and incidence from wastewater monitoring diverge: effect probably due to expired Test regulation on 01.03.2023 <p>ToDo:</p> <ul style="list-style-type: none"> -Create text for the weekly report describing the effect of the completed test regulation on the reporting figures (Diercke) -Possibly discuss this point again at the next meeting 	<p>All</p>



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3 <i>RKI</i>	Vaccination update <ul style="list-style-type: none"> • <i>(not reported)</i> STIKO <ul style="list-style-type: none"> ▪ <i>Note: the current monthly report was published on 2 March</i> ▪ Postvac: <i>-no definition for recording available</i> <i>-More than 50% of all notifications to the EU come from Germany</i> ▪ "Spring-Booster": <i>- STIKO discusses general schedule for booster vaccinations in older age groups</i> ▪ Vaccination rate survey: <i>-Doctors' obligation to report vaccinations ends on 07.04.23.</i> <i>-BMG decree for the RKI for continuation in DIM until mid-2024 and transfer to DEMIS</i> ▪ Long-COVID: <i>-Steering committee for the provision of information to data subjects</i> <i>-Addressing the specialised public is being considered</i> <i>-An advisory board for the provision of scientific content is established</i> <i>-Department 3 is organising a symposium on the prevention of Long COVID:</i> <i>Lage-AG is cordially invited</i> 	<i>FG 33</i> <i>Fischer-Fels</i> <i>and</i> <i>Wichmann</i>
4	International <ul style="list-style-type: none"> • <i>not reported</i> 	<i>ZIG</i>
5	Update digital projects <ul style="list-style-type: none"> • <i>not reported</i> 	<i>FG21</i>
6	Data from health reporting <ul style="list-style-type: none"> • <i>Promoting physical activity in daycare centres under pandemic conditions - initial results of the BeweKi project</i> • <i>Slides here</i> • <i>Project is divided into 5 sub-studies</i> • <i>Objective: Data-based overview of the promotion of physical activity in Germany</i> • <i>Sub-study 3, which consisted of questions to the daycare centre management and specialist staff, was mainly reported on</i> 	<i>Dept.2</i> <i>Jug</i>
7	Current risk assessment <ul style="list-style-type: none"> • <i>Discussion of the proposed amendments to the risk assessment</i> <ul style="list-style-type: none"> ○ <i>No change necessary</i> 	<i>All</i>
8	Expert advisory board (<i>preparation on Mondays, follow-up on Wednesdays</i>) <ul style="list-style-type: none"> • <i>not reported</i> 	<i>Wieler</i>



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RKI	AG	
<p>9</p>	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • not reported <p>Press</p> <ul style="list-style-type: none"> • not reported <p>P1</p> <ul style="list-style-type: none"> • not reported 	<p>BZgA n.a.</p> <p>Press</p> <p>P1</p>
<p>10</p>	<p>RKI Strategy Questions</p> <p>General</p> <ul style="list-style-type: none"> • In April, a number of surveillance instruments will be abolished by regulation, e.g. VOC surveillance, COVID-19 vaccination notifications. Should a press report be written about this? • Response from the press (Degen): The information could be transported via the established channels, especially the website and weekly report <p>RKI-internal</p> <ul style="list-style-type: none"> • IAR COVID-19 crisis management: Reminder: Concept - for discussion at the Situation Working Group on 29 March 2023 	<p>All</p> <p>Dept. 3</p>
<p>11</p>	<p>Documents</p> <ul style="list-style-type: none"> • "Recommendations of the RKI on hygiene measures in the treatment and care of patients infected with SARS-CoV-2": greatly shortened (pandemic-specific aspects have been deleted) • "Information for outpatient care services in connection with COVID-19": heavily abridged • Proposal FG14 - Deletion: Extended hygiene measures in the healthcare sector in the context of the COVID-19 pandemic • Proposal FG14 - Deletion: Guidance on cleaning and disinfecting surfaces outside healthcare facilities in connection with the COVID-19 pandemic <p>As FG37 would also like to adapt its documents relating to hospitals and nursing homes to the situation, it was decided that FG37 and FG14 would first coordinate the changes with each other (FG37 and FG14)</p> <p>Question: How to deal with BMG documents, e.g. KoNA or isolation on RKI websites?</p> <p>Answer: A change on the part of the BMG is probably not desired at present. Resubmission to the crisis team for further action.</p>	<p>Brunke/ All</p>



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<i>RKI</i>	<i>AG</i>	
12	Laboratory diagnostics FG17 <ul style="list-style-type: none"> ○ <i>As part of a PREPARED doctoral thesis, the data from the National Test Strategy is being analysed intensively</i> ZBS1	 <i>FG17</i> <i>ZBS1</i>
13	Clinical management/discharge management <ul style="list-style-type: none"> • <i>Document published</i> - 	 <i>ZBS7</i> <i>Niebank</i>
14	Measures to protect against infection <ul style="list-style-type: none"> • <i>not reported</i> 	 <i>FG14</i>
15	Surveillance <ul style="list-style-type: none"> • <i>not reported</i> 	 <i>FG 32</i>
16	Transport and border crossing points <ul style="list-style-type: none"> • <i>not reported</i> 	 <i>FG31</i>
17	Information from the coordination centre <ul style="list-style-type: none"> • <i>Abt3 should report to the coordination centre by the end of service on 15.03.2023 regarding the report for Lauterbach</i> • <i>Question: Who else does the report go to?</i> • <i>Answer: Report will be sent to Lage-AG</i> 	 <i>FG31</i>
18	Important dates <ul style="list-style-type: none"> • <i>none</i> 	 <i>All</i>
19	Other topics <ul style="list-style-type: none"> • <i>Next meeting: Wednesday, 29 March 2023, 11:00 a.m., via Webex</i> • Topics for the next or subsequent meeting(s): • <i>IAR COVID-19 crisis management: Concept - for discussion at the Situation Working Group on 29 March 2023</i> • <i>Termination of the Corona Surveillance Ordinance, discussion of the necessary adjustments</i> • <i>Proposal from Dept. 3: Mrs Scheidt-Nave could report on the Long-COVID steering committee</i> • <i>Proposal Mielke: Test regulation ended on 01.03.2023: Communication of the consequences in the next Situation Working Group</i> 	



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discuss

AG

End: 12:33 pm

ENTWURF



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 29.03.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Lars Schaade

Participants:

- Institute management
 - Lars Schaade
- Dept. 1
 - Martin Mielke
- Dept. 3
 - Tanja Jung-Sendzik
- FG11
 - Sangeeta Banerji (protocol)
- FG14
 - Melanie Brunke
- FG17
 - Thorsten Wolff
 - Barbara Biere
- FG 24
 - Thomas Ziese
- FG28
 - Benjamin Wachtler
 - Claudia Hövener
 - Florian Beese
 - Jens Hoebel
- FG31
 - Ute Rexroth
 - Petra v. Berenberg-Gossler
 - Alexandra Hofmann
 - Amrei Wolter
- FG32
 - Michaela Diercke
 - Claudia Sievers
- FG33
 - Jonathan Fischer-Fels
- FG36
 - Udo Buchholz
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Muna Abu Sin
 - Werner Espelage
- ZBS7
 - Agata Mikolajewska
- PI
 - Ines Lein
- Press
 - Susanne Glasmacher
 - Marieke Degen
 - Nadin Garbe
- ZIG1
 - Andreas Jansen
 - Auss Abbood
- BZgA
 - Linda Seefeld



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Worldwide: cases, deaths ○ Data status: WHO, 21 March 2023 ○ Decrease in the number of cases and deaths on all continents, only in Oceania there is an increase in deaths, which, however partly due to irregularities in reporting ○ In general, data should be interpreted with caution, as reporting procedures and testing obligations now vary greatly between countries ○ Map with 7-day incidence: <ul style="list-style-type: none"> ▪ Increase in 7-d incidence per 100,000 inhabitants in Russia, otherwise easing ○ Recombinant XBB.1.16: <ul style="list-style-type: none"> - WHO classification as variant under observation since 22/03/2023 - Variant has growth advantage due to 3 mutations in the spike protein - Increase in the number of cases in several Indian states possibly due to XBB.1.16 - No increased disease severity - Variant has also been detected in other countries - Meeting on virus variants only every 4 weeks <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: SurvNet transmitted: 38,343,472 (+5,174), of which 170,627 (+134) deaths ○ 7-day incidence: 31.6/100,000 inhabitants. ○ Vaccination monitoring: Vaccinated with 1st dose 64,875,263 (77.9%), with complete vaccination 63,561,685(76.4%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Decline in all BCs and all age groups <ul style="list-style-type: none"> ▪ Decrease in hospitalisation incidence in all BCs ▪ Deaths: Plateau, slight excess mortality, but not due to COVID ○ Test capacity and testing ○ (not reported) ○ ARS data <ul style="list-style-type: none"> ▪ Slides here ▪ Decrease in testing in all BCs ▪ Decline in doctors' surgeries and hospitals, but an increase in the positive share for the latter 	<p>ZIG1 Jansen</p> <p>FG32 Sievers</p> <p>FG37 Abu Sin</p>



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RKI	<ul style="list-style-type: none"> ▪ <i>Outbreaks: decline in outbreaks^{AG}</i> ▪ <i>Invasive isolates: continued sharp rise in Group A streptococci</i> ○ <i>VOC report</i> <ul style="list-style-type: none"> ▪ <i>Slides here</i> ▪ <i>XBB1 increasing, BA2 sublines decreasing, XBR hardly detected in Germany, XBB1.16 is not yet explicitly recognised.</i> ▪ <i>recognised by MF2</i> ▪ <i>CorSurV expires in May. The BMG's proposed wording for the weekly report on 6 April 2023 was presented</i> ▪ <i>Surveillance is switched to IMSSC2 network with a target of 100 sequences per week</i> ▪ <i>2 report versions possible, both with aggregated data: either calendar monthly or as "Sliding Window"</i> ▪ <i>Proposal: Reduce the reporting frequency, adapt the reporting as other countries do, e.g. UK, Denmark</i> ○ <i>Molecular surveillance</i> ○ <i>(not reported)</i> ○ <i>Syndromic surveillance</i> <ul style="list-style-type: none"> ▪ <i>Slides here</i> ▪ <i>Decline in ARE rates, but still high at 5.7 million, no decline yet in AG 15-34</i> ▪ <i>Overall, it can be seen that influenza dominates in younger age groups and COVID in older age groups.</i> ○ <i>Virological surveillance, NRZ influenza data</i> <ul style="list-style-type: none"> ▪ <i>Slides here (from slide 15)</i> ▪ <i>Coronaviruses: 10% Sars-CoV-2, 6% NL63</i> ▪ <i>Influenza viruses: B/Victoria: Increase and occasional A(H1N1), but no A(H3N2), Other viruses: HMPV 10%, Rhino: 10%, PIV: 5%, RSV: 0%, age distribution: Influenza in schoolchildren and young adults, Sars-CoV-2: in older children and HMPV in 0-4-year-olds</i> ○ <i>Figures on the DIVI Intensive Care Register</i> ○ <i>(not reported)</i> ○ <i>Modelling</i> ○ <i>(not reported)</i> ○ <i>Discussion</i> <ul style="list-style-type: none"> ▪ <i>Data aggregation for the VOC report is coordinated with MF2</i> ▪ <i>The planned reduction in the reporting frequency of the VOC report was also discussed with regard to the reduction of other reports,</i> <i>The reduction of daily reports and automated reports in particular was discussed and a reduction was considered expedient.</i> ▪ <i>The federal states have requested the BMG to discontinue the daily situation reports, which the RKI welcomes</i> ▪ <i>Where does the increase in invasive streptococci come from: It is assumed that higher incidences in children lead to an increased incidence of invasive streptococci.</i> <i>Lead to infection of older people</i> 	<p>FG36 Kroeger</p> <p>FG36 Buda</p> <p>FG17 Beers</p>
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RKI	<ul style="list-style-type: none"> ▪ Can the number of nationwide tests be derived from the ARS data? Yes, the ARS data has a 30-35% accuracy rate. Cover ▪ Paragraph 6 Mandatory reporting, i.e. reporting of suspected cases, should be abolished: FG32 would like to see a Preparing an initiative report for the BMG <p><i>ToDos (probably no ID allocation necessary, as the initiative came from those affected themselves)</i></p> <p><i>-At the upcoming Jour-Fixe, concrete proposals are to be made to the BMG regarding the discontinuation of reports and, if necessary, the reduction of frequencies (Press/ FG36)</i></p> <p><i>-Initiative report on IfSG amendments: Announcement in the Jour-Fixe (Diercke/ Rexroth)</i></p> <p><i>-Daily reports of R-values to federal states will be discontinued, announcement in EpiLag (possibly as an addendum in the notes) and the AGI (Rexroth)</i></p>	
2	<p>Important points for the weekly report</p> <p><i>Expiry of CorSurV, announcement of the associated change in VOC reporting: see also slides on VOC</i></p>	All
3	<p>Vaccination update</p> <p><i>Slides here</i></p> <ul style="list-style-type: none"> ▪ Current vaccination ordinance (ImpfV) expires on 7 April ▪ Draft bill of the new "Ordinance on the entitlement to additional vaccination and to Pre-exposure prophylaxis against COVID-19 (COVID-19-VorsorgeV)" in the opinion procedure ▪ Vaccination rates constant, reduction in vaccination centres ▪ Brief presentation of the COVIK study on vaccination effectiveness and vaccination breakthroughs <p><i>Question Management: Is there a language regulation for the weekly report for the follow-up regulation?</i></p> <p><i>Answer: No, the draft bill for the follow-up regulation is in the commenting process and a language regulation is only possible after approval of the follow-up regulation, as changes may still occur before then</i></p> <p><i>Question from FG33: Has the RKI been asked to comment on the draft bill?</i></p> <p><i>Answer: The management has nothing, to be on the safe side, please ask Mr Mehlitz</i></p> <p>Note from FG32/FG33: PEI has presented data on vaccine damage. The slides can also be shared on the Lage-AG mailing list</p> <p>Answer: Agreement and note in the chat that slides should also be sent to impfakzeptanz@rki.de.</p>	FG 33 Fischer-Fels



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RKI	<p>ToDo:</p> <p>Language rules for the weekly report as soon as a follow-up regulation has been issued (FG33, Fischer-Fels)</p>	AG
4	<p>International</p> <ul style="list-style-type: none"> • NaLaA • Slides here • Goal: Strengthening event-based surveillance through AI-based natural language processing • AI tool for analysing tweets to detect early signals • Cooperation with Africa-CDC • Tool has been integrated into local dashboard 	ZIG Abbood
5	<p>Update digital projects</p> <ul style="list-style-type: none"> • (not reported) 	FG21
6	<p>Data from health reporting</p> <ul style="list-style-type: none"> • Social inequality in infections, vaccinations and antigen contacts (RKI-SOEP-2 study) and the explanatory influence of home office on educational differences • Slides here • Vaccination rates high across all social groups • Differences visible with 3 antigen contacts • Daily HO reduces the risk of infection by half, regardless of household composition • Results to be submitted for publication in the next 2 months <p>Proposal from Dept. 3: Mrs Scheidt-Nave could report on the Long-COVID steering committee: cancelled</p>	Dept.2 Benjamin Wachtler and Jens Hoebel (both FG28)
7	<p>Current risk assessment</p> <ul style="list-style-type: none"> • Discussion of the proposed amendments to the risk assessment <ul style="list-style-type: none"> ○ One citizen pointed out the different wording in the document: "moderate" versus "moderately" in the background documents. Lage-AG considers both words to be synonyms and therefore no adjustment is made <p>ToDo</p> <p>-Address the removal of the document at the BMG (Rexroth) at the next but one Jour-Fixe.</p>	All
8	<p>Expert advisory board (preparation on Mondays, follow-up on Wednesdays)</p> <ul style="list-style-type: none"> • Chancellery wants to continue expert advisory board • Mr Wieler has been appointed as a person and will continue in this function • Advisory Board considers drawing up a statement on the course of the pandemic 	Wieler



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<p>9</p>	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • (not reported) <p>Press</p> <ul style="list-style-type: none"> • Please provide feedback for all FGs that have changed COVID-FAQ was circulated and please check linked documents <p>P1</p> <ul style="list-style-type: none"> • not reported <p>FG36</p> <ul style="list-style-type: none"> • tomorrow there will be an article in EpiBull about results from the GrippeWeb: 2/3 of the population had COVID-19, in over 80s only 1/3; federal states varied 55-75%, weekly COVID rates parallel to 7-d incidence, but since the beginning of 2023 strong divergence. <p>Document here</p> <p>FG31</p> <ul style="list-style-type: none"> • Planned EpiBull publication BBK project: Survey of 92 health authorities • Announcement in the next Jour-Fixe + send the Core results • Slides here 	<p>BZgA n.a.</p> <p>Press</p> <p>P1</p> <p>Buchholz</p> <p>Rexroth</p>
<p>10</p>	<p>RKI Strategy Questions</p> <p>General</p> <p>Termination of the Corona Surveillance Ordinance, discussion of the necessary adjustments</p> <p>Mielke proposal: Test regulation ended on 01.03.2023: Discuss communication of the consequences in the next Situation Working Group</p> <ul style="list-style-type: none"> • already worked through in previous discussions <p>RKI-internal</p> <ul style="list-style-type: none"> • IAR COVID-19 crisis management: Concept - for discussion • Document here • The core concerns are to be discussed during two meetings (3h + 2h) • It was decided that both dates would be held virtually via Webex in the 2nd quarter should take place • The management conference should be informed in advance 	<p>All</p> <p>Dept. 3</p> <p>FG31 Rexroth</p>
<p>11</p>	<p>Documents</p> <ul style="list-style-type: none"> • FG14: presented its proposed amendments in the last Situation Working Group and amended documents will be published on 1 April 	<p>All</p>



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RKI	<ul style="list-style-type: none"> • FG37: Documents (retirement and care facilities + organisational measures in medical facilities) have been coordinated with FG14 and are circulated in the situation working group distribution list • Documents here + here • Notes on testing: Include COVID in PCR regime as for other infectious diseases - adaptation in the relevant documents 	
12	<p>Laboratory diagnostics</p> <p>FG17</p> <ul style="list-style-type: none"> • Virological sentinel had ## samples in the last 4 weeks, of which: <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative <p>ZBS1</p>	<p>FG17</p> <p>ZBS1</p>
13	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> • (not reported) 	ZBS7
14	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> • Draft Krinko on Sars-CoV-2 integration in edemic situation in consultation 	FG14 Brunke
15	<p>Surveillance</p> <p>Country discussion: Adaptation of reference definition / presentation of AG test results?</p> <ul style="list-style-type: none"> ▪ Retirement and nursing homes criticise the fact that rapid tests are not covered by the reference definition and therefore outbreaks are not covered. can no longer be adequately detected since they now perform rapid tests instead of PCR tests. ▪ EpiLag, BL-AG and AG-I agreed that the reference definition should not be changed. Instead, note that for vulnerable groups, PCR testing is still recommended. ▪ Surveillance strategy COVID-19 to be tested for consistency with the strategy of other pathogens together with FG36 <ul style="list-style-type: none"> • Wastewater surveillance: EU project is completed Final report is being prepared and will be presented in the situation working group Cooperation agreement not yet finalised Report format not yet finalised, probably in 	FG 32



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<i>RKI</i>	<i>Weekly report</i>	<i>AG</i>
16	Transport and border crossing points <ul style="list-style-type: none"> <i>not reported</i> 	<i>FG31</i>
17	Information from the coordination centre <ul style="list-style-type: none"> <i>Initiative report on de-escalation is available: Management asks for resubmission in April</i> <i>Next time we will report on the discontinuation of the coordination procedure</i> <u>Information from the management to the coordination centre: Please inform all speakers that Presentations may contain a maximum of 5 slides</u> 	<i>FG31</i>
18	Important dates <ul style="list-style-type: none"> <i>none</i> 	<i>All</i>
19	Other topics <ul style="list-style-type: none"> <i>Next meeting: Wednesday, 12 April 2023, 11:00 a.m., via Webex</i> 	

End: 12:55 pm



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday 12.04.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Lars Schaade / ~~Osamah Hamouda~~

Participants:

- Institute management
 - Lars Schaade
 -
- Dept. 1
 - Martin Mielke
- Dept. 3
 - Osamah Hamouda
- FG14
 - Mardjan Arvand
 - Melanie Brunke
- FG17
 - Ralf Dürrwald
- FG 24
 - Thomas Ziese
- FG25
 - Christa Scheidt-Nave
- FG31
 - Ute Rexroth
 - Petra v. Berenberg
 - Amrei Wolter (minutes)
 - Claudia Siffczyk
- FG32
 - Michaela Diercke
 - Claudia Sievers
- FG33
 - Jonathan Fischer-Fels
- FG36
 - Udo Buchholz
 - Romy Kerber
- FG37
 - Muna Abu Sin
- ZBS7
 - Agata Mikolajewska
- PI
 - Julia Pantoglou
 - John Gubernath
- Press
 - Susanne Glasmacher
 - Nadin Garbe
 - Jamela Seedat
 - Ronja Wenchel
- ZIG1
 - Carlos Correa-Martinez



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RKI	<ul style="list-style-type: none"> ○ Deaths: Plateau, slight excess mortality, not due to COVID Test capacity and testing ○ (not reported) ○ ARS data <ul style="list-style-type: none"> ○ Slides here ○ Decrease in testing in all BCs ○ Decrease in testing in hospitals ○ Decline in testing evenly distributed across all BCs ○ Decrease in outbreaks ○ VOC report (Kerber) <ul style="list-style-type: none"> ○ Slides here ○ Update from 30/03/2023 WHO: <ul style="list-style-type: none"> ▪ Current circulating VOC:0 ▪ Currently circulating VOI: XBB.1.5 ▪ Currently circulating VUM: BQ.1, BA.2.75, CH.1.1, XBB, XBB.1.16, XBF and new XBB.19.1 ▪ Recombinant XBB.1 has risen ▪ Total share of BA.2 and BA.5 has fallen ▪ Proportion of sequencing fluctuates between 4% and 7% ▪ Share of recombinant lines increases, at 79% in CW14 ▪ XBB.1.5 at 50%, most frequently detected in random sample, currently stagnating ▪ Growing shares: XBB.1.9.1 and XBB.1.9.2, share still increasing ▪ XBB.1.5 currently only VOI (WHO), otherwise VUM ▪ XBB.1.16 (VUM by WHO) → 14 Evidence until CW13/2023 ○ Expiry of the CorSurV in May <ul style="list-style-type: none"> ▪ Conversion of the database of the IMS-SARS-CoV-2 variants to the IMSSC2 network → Target >100 sequences/week ▪ Delay in availability of information increases from the current 10-14 days to approx. 20+ days ▪ → Customise reporting: Data aggregation & presentation Distribution of SARS-CoV-2 variants on our own website ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance <ul style="list-style-type: none"> ○ The value (total) in week 14 was 6,600 ARE (in week 13: 6,500) per 100,000 inhabitants ○ Corresponds to a total number of 5.5 million ARE in Germany, regardless of a doctor's visit ○ Stable for 3 weeks, level roughly corresponds to 	<p>FG37 Abu Sin</p> <p>FG36 (Kerber)</p> <p>FG36 (Buchholz)</p>
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RKI	<p style="text-align: center;"><i>Flu epidemic peak</i> <i>AG</i></p> <ul style="list-style-type: none"> ○ Slight decline in adults overall since week 10, relatively stable again for 2-3 weeks ○ ARE rates for young children and schoolchildren have been declining overall since the peak in week 3/4, Easter effect this week ○ Falling trend since 9th week ○ CW 14: approx. 1,200 doctor consultations due to ARE per 100,000 P.E. ○ Approx. 1 million visits to the doctor due to ARE in Germany ○ Significant decline in ARE consultation ○ After an increase in the number of doctor consultations due to COVID-ARE from week 4/2023, a decline in the values has been observed again since week 10/2023 ○ SARI case numbers fell in week 13 and 14. The number of SARIs with intensive care treatment also fell in CW 13 and 14 ○ Influenza more likely in school children, young adults, COVID-19 in senior citizens ○ Decrease in COVID-SARI hospitalisation incidence ○ Virological surveillance, NRZ influenza data <ul style="list-style-type: none"> ○ NL63 under 5% ○ Influenza viruses: high activity B/Victoria, influenza viruses are the strongest viruses in the sentinel ○ Strong activity of rhinoviruses (HMPV), RSV not detected for several weeks ○ Rhinoviruses strong activity, Hpmv? ○ Figures on the DIVI Intensive Care Register ○ (not reported) in writing: The situation on the ITS shows a low COVID level with COVID occupancy figures even further decreasing ○ Modelling ○ (not reported) <p><i>Discussion</i></p> <ul style="list-style-type: none"> ○ How should the conversion of the VOC report be communicated? <ul style="list-style-type: none"> ○ The changes will be communicated in advance in the weekly report, probably at the end of April, <u>close to the time of the changes</u> ○ The reason for the delay in the availability of the information is that around 100 samples/week are to be sequenced at the RKI. The workload in the respective FGs is increased and the process is extended, FG36 is working on optimisation ○ The <u>Dash-DESH (German Electronic Sequence Data Hub)</u> remains open for the time being, DEMIS-Migration not until Q4/2023 ○ The positive rate in India is very low at 2.8%. Are there 	<p style="text-align: center;">FG17 (Dürrwald)</p> <p style="text-align: center;">MF4 (Fischer)</p>
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RKI	<p>Background information that these are representative figures?</p> <ul style="list-style-type: none"> Data from the Indian Ministry of Health. Tests carried out in the last 24 hours as of 12/04/2023: 214.242, Percentage of positive results in the last 24 hours: 3.65% 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> The tenor of recent weeks continues 	All (Press)
3	<p>Vaccination update</p> <ul style="list-style-type: none"> Vaccination regulation expired on 07.04.2023 New COVID-19-VorsorgeV regulates further entitlement, including to vaccination beyond the STIKO recommendation Upcoming update of the STIKO recommendation for Covid vaccinations <ul style="list-style-type: none"> Vaccination recommendation for risk groups expected to continue Presumably annual refresher for risk groups Probably no recommendation for u18 Schedule: expected 2nd quarter 2023 Number of vaccination centres decreasing Practically no new developments: <ul style="list-style-type: none"> Vaccination rates stagnate Vaccination effectiveness remains stable Monthly report to be published twice Announcement of the phase-out will be made in the next report Together with the explanation of why the reported vaccination rates change after 7 April <p>ToDo: Announcement in the Jour Fixe with BMG</p> <p>STIKO</p> <p>Xxx</p>	FG 33 (Fischer-Fels)
4	<p>International</p> <ul style="list-style-type: none"> SESS A+C (not discussed, postponed) 	ZIG
5	<p>Update digital projects</p>	FG21
6	<p>Data from health reporting</p> <ul style="list-style-type: none"> Presentation of results wave 1: Information needs and experiences of general practitioners in Germany regarding long COVID care Objective: To contribute to improving the information and support services on offer 1280 participants and 1039 valid entries 99% of the doctors stated that they were already looking for information on long 	Dept.2 (Gubernath, P1)



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<p>RKI</p>	<p>COVID, most frequently mentioned: Trade journals, colleagues, RKI</p> <ul style="list-style-type: none"> • Greatest need for information on therapy (84%) • There is also a great need for information on: pathophysiology, rehab, course/duration of the disease, vaccination and long COVID, offers from specialised outpatient clinics • Fewer hurdles in diagnosis, more in all other parts of care • Problem: lack of capacity (doctors, rehab, outpatient clinics) • Most important sources of information: Trade journals and direct exchange, RKI • Greatest need for information on treatment options (incl. medication) <p>Discussion</p> <ul style="list-style-type: none"> • Were the practices asked about the number of patients affected? <ul style="list-style-type: none"> ○ Yes, on average there were 10 affected patients per practice in the previous quarter, spread of 1-500 • What are the sources of information, are there any training events? <ul style="list-style-type: none"> ○ Yes, the Joint Federal Committee is preparing an initiative to systematise this. There is mainly a lack of results from therapy studies. • Is the clinical entity Long COVID described concretely enough for physicians to be able to offer therapy studies? <ul style="list-style-type: none"> ○ Described as concretely as possible. There are difficulties with regard to the diffuseness/variety of symptoms. It is included more precisely. And symptom complexes are taken as a basis. The need is there. An update is being developed in guidelines, there is a continuous need for updating • The BMG is working on a "first aid kit for those affected", in which the RKI is heavily involved. <p>BMG</p>	
<p>7</p>	<p>Current risk assessment</p> <ul style="list-style-type: none"> • Discussion of the proposed amendments to the risk assessment <ul style="list-style-type: none"> ○ Currently moderate/moderate ○ The ECDC has reduced its crisis management to 0 ○ Question of when/how the RKI will lower the risk assessment. ○ <u>Suggestion: discuss with BMG whether to downgrade in the foreseeable future or remove the risk assessment altogether</u> ○ <u>Info: The ECDC reduced its crisis management to PHE level 0 at the beginning of April and is now working through COVID-19 in its routine structures. Can RKI proceed analogue in due course?</u> ○ Proposals: Wait for <u>coordination with the BMG</u> Development of reporting frequency, risk assessment can be 	<p>All</p>



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RKI	Monthly report can be included or omitted	
8	<p>Expert advisory board (<i>preparation on Mondays, follow-up on Wednesdays</i>)</p> <ul style="list-style-type: none"> The last meeting took place on 4 April 2023; topics included the origin of COVID-19. The Expert Advisory Board will not draw any conclusions in terms of lessons learned 	Wieler
9	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> (not reported) <p>Press</p> <ul style="list-style-type: none"> A disclaimer on the provisional posting of vaccination rates was placed on the website and sent out to the data journalists <p>P1</p> <ul style="list-style-type: none"> (not reported) 	<p>BZgA (Seefeld)</p> <p>Press</p> <p>P1</p>
10	<p>RKI Strategy Questions</p> <p>General</p> <ul style="list-style-type: none"> The coordination procedure for COVID-19 has been running since 30 January 2020. After consultation with the BMG and in agreement with the federal states, this can be discontinued and concluded with a final report. Further information <u>on the legal basis paragraph</u>: https://www.verwaltungsvorschriften-im-internet.de/bsvvwbund_12122013_31945300302.htm (§17) <p>ToDo: <u>Discuss procedure</u> for discontinuing the coordination process in the Jour Fixe <u>with BMG</u></p> <p>RKI-internal</p> <ul style="list-style-type: none"> (not reported) 	<p>All</p> <p>Dept. 3</p>
11	<p>Documents</p> <ul style="list-style-type: none"> In the JF on Friday, <u>31.3.23</u>, the BMG asked for an updated technical proposal for isolation and quarantine with regard to COVID-19, which could replace the table of 2.5.2022 on the RKI homepage (federal recommendations) or reclassify it with a "kind of supplementary sentence" <u>FG 36 and FG 37 have developed documents on the general population and the care/hospital setting respectively. These are presented.</u> RKI remains with the provision of recommendations, <u>questions on the concrete implementation on site (ban on activity/sick leave,...) are not addressed</u>, the exact handling on site can be explained with the passage "Further details are regulated by the hygiene plan of the facility" 	All



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RKI	<ul style="list-style-type: none"> This passage can be inserted in both documents, reference 	
	<p>under the updated text to the existing documents that deal with contact person management among medical staff. Retention of the documents until the new KRINKO recommendation</p> <ul style="list-style-type: none"> <u>The task is sent directly to Mr Rottmann via management (3 documents, no initiative report), FG 36 and FG37 finalise the documents by 13.04.2023, the proposal is sent directly to Mr Rottmann via management (3 documents, no initiative report), then discussed in the JF on Friday.</u> 	
12	<p>Laboratory diagnostics</p> <p>FG17</p> <ul style="list-style-type: none"> Virological sentinel had ### samples in the last 4 weeks, of which: <ul style="list-style-type: none"> # SARS-CoV-2 ## Rhinovirus ## Parainfluenza virus ## seasonal (endemic) coronaviruses ## Metapneumovirus ## Influenza virus Remainder negative <p>ZBS1</p>	<p>FG17</p> <p>ZBS1</p>
13	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> (not reported) 	ZBS7
14	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> not reported 	FG14
15	<p>Surveillance</p> <ul style="list-style-type: none"> not reported 	FG 32
16	<p>Transport and border crossing points</p> <ul style="list-style-type: none"> not reported 	FG31



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17	Information from the coordination centre AG <ul style="list-style-type: none"> • A save-the-date will be sent out for the AAR internal crisis management on 8 and 9 June • ECDC has reduced its structures and functions to level 0 and terminated the coordination centre (see above) 	<i>FG31</i>
18	Important dates <ul style="list-style-type: none"> • none 	<i>All</i>
19	Other topics <ul style="list-style-type: none"> • Next meeting: Wednesday, 19.04.2023, 11:00 a.m., via Webex 	



ENTWURF



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday 12.04.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- Institute management
 - Lars Schaade
 -
- Dept. 1
 - Martin Mielke
- Dept. 2
 - Michael Bosnjak
- Dept. 3
 - Osamah Hamouda
 - Tanja Jung-Sendzik
 - Janna Seifried
 - Nadine Litzba
- FG11
 - Sangeeta Banerji
- FG12
 - Annette Mankertz
 - Sebastian Voigt
- FG14
 - Mardjan Arvand
 - Melanie Brunke
 - Marc Thanheiser
- FG17
 - Thorsten Wolff
 - Barbara Biere
 - Ralf Dürrwald
 - Djin-Ye Oh
- FG21
 - Patrick Schmich
 - Jennifer Allen
 - Wolfgang Scheida
- FG23
 - Robin Houben
- FG 24
 - Thomas Ziese
 - Anke Christine Saß
- FG25
 - Christa Scheidt-Nave
- FG31
 - Ute Rexroth
 - Maria an der Heiden
 - Petra v. Berenberg
 - Katharina Alpers
 - Inessa Markus
 - Ulrike Grote
 - Meike Schöll
 - Ariane Halm
 - Claudia Siffczyk
 - Renke Biallas
 - Christian Wittke
 - Alexandra Hofmann
- FG32
 - Michaela Diercke
 - Claudia Sievers
 - Justus Benzler
- FG33
 - Ole Wichmann
 - Thomas Harder
 - Judith Koch
 - Sabine Vygen-Bonnet
 - Jonathan Fischer-Fels
- FG34
 - Viviane Bremer
 - Barbara Gunsenheimer-Bartmeyer
 - Matthias an der Heiden
 - Andrea Sailer
 - Daniel Schmidt
 - Claudia Winklmayr
- FG35
 - Klaus Stark
 - Hendrik Wilking



Coordination centre of the

- RKI*
- *FG36*
 - *Hauer Barbara*
 - *Walter Haas*
 - *Udo Buchholz*
 - *Romy Kerber*
 - *FG37*
 - *Tim Eckmanns*
 - *Muna Abu Sin*
 - *Sebastian Haller*
 - *ZBS1*
 - *Andreas Nitsche*
 - *Janine Michel*
 - *ZBS7*
 - *Christian Herzog*
 - *Claudia Schulz-Weidhaas*
 - *Michaela Niebank*
 - *Agata Mikolajewska*
 - *MF2*
 - *Torsten Semmler*
 - *MF3*
 - *Nancy Erickson*
 - *MF4*
 - *Martina Fischer*
 - *P1*
 - *Ines Lein*
 - *Christina Leuker*
 -
 - *P4*
 - *Dirk Brockmann*

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- *AG*
 - *Susanne Gottwald*
 - *Benjamin Maier*
- *Press*
 - *Susanne Glasmacher*
 - *Nadin Garbe*
 - *Jamela Seedat*
 - *Ronja Wenchel*
- *ZIG*
 - *Johanna Hanefeld*
 - *Mikheil Popkhadze*
 - *Iris Hunger*
- *ZIG1*
 - *Sarah Esquevin*
 - *Regina Singer*
 - *Carlos Correa-Martinez*
 - *Sofie Gillesberg Raiser*
 - *Anna Rohde*
- *ZIG2*
 - *Thurid Bahr*
- *ZIG4*
 - *Sabrina White*
- *BZgA*
 - *Heide Ebrahimzadeh-Weather*
 - *Oliver Ommen*
 - *Martin Dietrich*
 - *Andrea Rückle*
- *BMG*
 - *Christophe Bayer*



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Worldwide: cases, deaths ○ Falling case numbers, increase due to late notifications/irregular notifications ○ WHO publishes figures only once a week, slight increase in case numbers in USA ○ Falling case numbers in Chile ○ Recombinant XBB-1-1-16 in India: <ul style="list-style-type: none"> ○ Incidence at 1.42/100,000 inhabitants. ○ Significant increase, figures are still low compared to previous years ○ No indication of increased severity of illness or hospitalisation, no overload of hospital workload ○ Nationwide vaccination campaign, mask requirement reintroduced in some states ○ Addendum to testing in India: Data status: 12/04/2023 Tests performed in the last 24 hours: 214,242 Percentage of positive results in the last 24 hours: 3.65% No further information on the type of testing (PCR vs. rapid tests) ○ Data status: WHO, DD.MM.YYYY ○ List of top 10 countries by new cases: <ul style="list-style-type: none"> ▪ xxx ○ Map with 7-day incidence: <ul style="list-style-type: none"> ▪ xxx ○ Epicurve WHO Sitrep: <ul style="list-style-type: none"> ▪ xxx ○ Other reports: <p>ToDo:</p> <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ Missing transmission from GA and countries no growth ○ Continued decline (active cases, recoveries, incidences) Hospitalisation incidence: decline, continuous since 4 Weeks, missing case numbers Weekend Federal state: low incidences Case numbers in all AGs: decline 	<p>ZIG1 Correa Martinez</p> <p>FG32 (Sievers)</p>



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RKI	<ul style="list-style-type: none"> • Death rate slowly declining, more likely to plateau • Death rates: slight excess mortality, not attributable to COVID • ○ SurvNet transmits: SurvNet transmitted: X.XXX.XXX (+XX.XXX), of which XX.XXX (+XXX) deaths ○ 7-day incidence: XXX/100,000 inhabitants. ○ Vaccination monitoring: Vaccinated with 1st dose XX.XXX.XXX (XX.X%), with complete vaccination X.XXX.XXX (XX.X%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ xxx ○ Test capacity and testing ○ (not reported) ○ ARS data <ul style="list-style-type: none"> ○ Muna ○ Laboratory-based surveillance: decline in test numbers ○ Goes back evenly via BL ○ Decrease in testing in KH ○ Decrease in outbreaks ○ VOC report (Kerber) ○ XBB1 increased ○ Total share of BA2 and BA5 decreased ○ Proportion of sequencing fluctuated between 4 and 7% ○ Circulating sublines: Antil recombinant lines are increasing, KW14 at 79%. Proportion of sublines: XBB1.5: 50% and most frequently detected in the sample. Stagnating grade. Growing proportion: XBB1.9.1 and XBB.1.9.2, proportion continues to increase ○ Two sublines with more than 1% that are not derived from sublines (CH.1.1) ○ XBB1.16 for DE: 14 verifications by CW13 ○ Expiry of the CorSurV in May ○ (insert slide) ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance (Udo Buchholz) <ul style="list-style-type: none"> ○ FluWeb stable for 3 weeks, level like flu wave peak ○ Easter effect on children ○ AGI: decline significantly ○ SEED Are: low level ○ ICOSARI: Decline ○ Share of COVID-19 in ICOSARI: from 17% to 13% Decrease ○ Influenza: schoolchildren, young adults ○ COVID-19: for senior citizens ○ COVID-SARI hospitalisation incidence: declining ○ Virological surveillance, NRZ influenza data <ul style="list-style-type: none"> ○ Dry forest ○ COVID detection at 5-6% ○ NL63 Evidence (but less than 5%) 	
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RKI	<ul style="list-style-type: none"> ○ Influenza viruses: high activity Victoria, influenza viruses are the strongest viruses in the sentinel ○ Rhinoviruses strong activity, Hpmv? ○ RSV not detected for several weeks ○ Figures on the DIVI Intensive Care Register ○ (not reported) ○ Modelling ○ (not reported) <p>Discussion</p> <ul style="list-style-type: none"> • Changeover VOC report: wording in weekly report? • Sophisticated and harmonised. Not sure if tomorrow or next week • Twice in the weekly report? This week and next week? • When Surveillance Regulation expires. Time delay of 2 weeks (in calendar week 15 reports will be made for calendar week 13), therefore the last sequence data from surveillance will be calculated in mid-May. • Positive rate in India: very low (2.8%), background information that representative figures? • Data from the Indian Ministry of Health. More testing again. • Recognisable whether PCR or antigen? No, is not differentiated • Why will the sequences take longer in future? • Samples have also been sequenced at the RKI. To be increased (100 samples/week). Workload in FG is increased, process extended. Process steps are being looked at, timeline set up, optimisation. The current status is that it will be extended. • Dash remains open? Sequences from peripheral laboratories can be delivered? Remains open, but not for long. At some point it will go into DEMIS. • DEMIS migration not until Q4/2023 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> • First draft of the weekly report and sends proposal. The trend of recent weeks continues. All systems on relaxation 	All (Press)
3	<p>Vaccination update</p> <ul style="list-style-type: none"> • Vaccination ordinance expired last week • KK pays • STIKO wants to update recommendations • Risk groups annual booster vaccination • No longer recommended for healthy people under 18 • Vaccination centres are decreasing • Monthly reports: come 2x • <p>STIKO</p> <p>xxx</p>	FG 33 (Fischer-Fels)



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RKI 4	International <ul style="list-style-type: none"> • SISS A+C (?) • • 	AG ZIG
5	Update digital projects	FG21
6	Data from health reporting <ul style="list-style-type: none"> • Doctors question about Long COVID • Information requirements John Gubernath PI • [Add slides] • Asked whether 1 patient or several? • Number in the last quarter (Q2/22), median 10/practice. Dispersion from 1-500 • On average 10 patients in the previous quarter • Sources of information: are there any training events? • Yes, GBA is preparing initiatives to systematise this. There is mainly a lack of results from therapy studies. How to expand the system of continuing care? • Is the clinical endpoint of long COVID described concretely enough for physicians to be able to offer therapy studies? Described as concretely as possible. Diffuseness/diversity of symptoms. It is included more precisely. Symptom complexes are taken as a basis. There is a great need. People go to a doctor first, run up, stagnate there. An update is developed in guidelines. Ongoing need for updating • Is BMG aware of this? • BMG "First aid kit for those affected": RKI heavily involved 	Dept.2
7	Current risk assessment <ul style="list-style-type: none"> • Discussion of the proposed amendments to the risk assessment <ul style="list-style-type: none"> ○ Currently moderate/moderate ○ When low?what are our criteria for declaration ○ Disease severity, burden on the healthcare system, severity/strength of the transmission event. Everything points downwards. ○ ECDC has reduced to 0 (internal crisis management), instead of going down no risk assessment? ○ How to deal with reporting frequency? How to deal with risk assessment ? Include? Omit? ○ Proposal: wait and see what happens with reports, risk assessment look at nebnebi, tends to have two alternatives: include risk assessment in monthly report or completely 	All



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RKI	can be omitted.	AG
8	<p>Expert advisory board (<i>preparation on Mondays, follow-up on Wednesdays</i>)</p> <ul style="list-style-type: none"> • Last week Tuesday last meeting. Nothing significant in terms of content, expert advisory board itself will not draw any conclusions (lessons learnt), work completed • Origin of COVID-19 • Drosten: natural origin 	Wieler
9	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • (not reported) • New activities: • xxx <p>Press</p> <ul style="list-style-type: none"> • xxx <p>P1</p> <ul style="list-style-type: none"> • (not reported) 	<p>BZgA n.a.</p> <p>Press</p> <p>P1</p>
10	<p>RKI Strategy Questions</p> <p>General</p> <ul style="list-style-type: none"> • (not reported) <p>RKI-internal</p> <ul style="list-style-type: none"> • (not reported) 	<p>All</p> <p>Dept. 3</p>
11	<p>Documents</p> <ul style="list-style-type: none"> • Professional proposal of isolation and quarantine recommendations • Include contact person management among medical personnel • Patients/residents with a positive test • Remodel for respiratory tract infections or refer to KRINKO? • Reference for handling personnel (whether infected or KP) to DOK • Is it the case that doctors must/can order staff to stay at home? • Medical practitioners can order a ban on work • Experience and method (activity ban) Problem • Recommend that anyone with respiratory symptoms should not work with vulnerable people. • Does the RKI have to solve all this? Can regulate hospitals with house rules. RKI makes professional recommendation. For sympt. Breath. And positive PCR no patient care.is not a professional recommendation enough? • Formulate more openly: many see it as a requirement and not a recommendation. 	<p>All</p> <p>Buchholz</p>



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RKI	<ul style="list-style-type: none"> • Insert in the DOK: further details are regulated by the hygiene plan of the facility. Otherwise, the RKI cannot get out of the dilemma. Staff shortages are borne by the organisation. • Insert the sentence in both documents, link under new text from Udo and then the articles are left as they are until KRINKO recommendation comes. • BMG gets everything sent to them. Waiting for Krinko's recommendation. • Text from Udo: The medical practitioner's instructions in special situations must be respected. "In general, in case of occurrence": "Regardless of the pathogen", doctors have the final decision according to the situation and circumstances • Rottmann has asked to send directly to him (no initiative report), management sends it (3 docuemnt, Udo, artiekl for website and adaptation of the other 2 docuemnts of ff 37 • 	
12	<p>Laboratory diagnostics</p> <p>FG17</p> <ul style="list-style-type: none"> • Virological sentinel had ## samples in the last 4 weeks, of which: <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative <p>ZBS1</p>	<p>FG17</p> <p>ZBS1</p>
13	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> • (not reported) - 	ZBS7
14	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> • not reported 	FG14
15	<p>Surveillance</p> <ul style="list-style-type: none"> • not reported 	FG 32
16	<p>Transport and border crossing points</p> <ul style="list-style-type: none"> • not reported 	FG31
17	<p>Information from the coordination centre</p> <ul style="list-style-type: none"> • not reported 	FG31
18	<p>Important dates</p> <ul style="list-style-type: none"> • none 	All
19	<p>Other topics</p>	



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RKI

AG

- Next meeting: **Wednesday, 19.04.2023, 11:00** a.m., via Webex

End: XX:XX o'clock

ENTWURF



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 26.04.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Osamah Hamouda

Participants:

- Dept. 1
 - Martin Mielke
- Dept. 3
 - Osamah Hamouda
- FG14
 - Melanie Brunke
- FG17
 - Ralf Dürrwald
- FG 24
 - Thomas Ziese
- FG26
 - Caroline Cohrdes
- FG31
 - Maria an der Heiden
 - Mario Martin-Sanchez
 - Alexandra Hofmann
 - Christian Wittke (minutes)
- FG32
 - Michaela Diercke
 - Justus Benzler
- FG33
 - Jonathan Fischer-Fels
- FG36
 - Udo Buchholz
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Werner Espelage
 - Sebastian Haller
- ZBS7
 - Turid Piening
- P1
 - Ines Lein
- Press
 - Marieke Degen
 - Ronja Wenchel
- MF1
 - Torsten Semmler
- MF4
 - Martina Fischer
- BZgA
 - Anne-Laure Caille-Brillet



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International</p> <ul style="list-style-type: none"> ○ Slides here ○ Worldwide: cases, deaths ○ Data status: WHO, 19/04/2023 ○ Number of reported new cases and deaths declining ○ Admissions to the intensive care unit on the decline ○ India and Southeast Asia: <ul style="list-style-type: none"> ▪ Still significant increase in newly reported cases and deaths ○ India: <ul style="list-style-type: none"> ▪ is one of the countries that has recently seen an increase in cases, hospitalisations and deaths due to of XBB.1.16 had to record ▪ However, the current figures are significantly lower than in previous waves. According to the WHO can be partly attributed to the increased immunity of the population ○ Recombinant XBB.1.16 Risk assessment WHO: <ul style="list-style-type: none"> - XBB.1.16 recognised as VOI - The WHO estimates the risk from the XBB.1.16 subline as low - As of 17 April 2023, 3,648 sequences of the Omikron XBB.1.16 variant had been reported from 33 countries, most of them from India (2,314), the USA (396) and Singapore (250) - In week 13 (27 March - 2 April 2023), the global prevalence of XBB.1.16 was 4.15% (week 9: 0.52%) <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: SurvNet transmitted: 38,398,881 (+2,422), of which 172,761 (+126) deaths ○ 7-day incidence: 11.4/100,000 p.e. ○ Vaccination monitoring: Vaccinated with 1st dose 64,876,323 (77.9%), with complete vaccination 63,563,065(76.4%) ○ Hospitalisation incidence continues to fall ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Decline in all BCs and all age groups <ul style="list-style-type: none"> ▪ Decrease in hospitalisation incidence in all BCs ○ All counties have a 7-day incidence below 50 ○ Downward trend in deaths, overall mortality at the level of previous years ○ Decree from the BMG: RKI statement on excess mortality in the Year 2022 compared with period 2015-2019. Answer will be submitted today. 	<p>FG37 (Espelage)</p> <p>FG32 (Diercke)</p>



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<p>RKI</p>	<ul style="list-style-type: none"> ○ Currently, the excess mortality is not noticeable ○ ARS data <ul style="list-style-type: none"> ▪ Slides here, data as of 13 April. ▪ In the last 12 calendar weeks (2023-W3-2023-W14). During this period, 1,309,557 Tests with a total result of 75 participating laboratories. Of these 280,419 (21.4%) positive ▪ The number of people who tested positive Declining across age groups ▪ Outbreaks in medical Treatment centres and retirement and Nursing homes (slides here) ○ Numbers are declining to such an extent that it is difficult to derive valid trends <ul style="list-style-type: none"> ○ Representations could be taken from the weekly report ▪ Current data on bacterial infections from ARS, especially pneumococci (slides here) <ul style="list-style-type: none"> ○ For pneumococci and especially for group A Streptococci at a level never measured before achieved. Recommendations are derived. ○ VOC report <ul style="list-style-type: none"> ▪ Slides here ▪ XBB.1.16 now classified as VOI ▪ XBB1(83%) and sublines dominate ▪ Number of transmitted sequences falling, laboratories provide Capacities by ▪ A look at the sublines: XBB.1.16. does not show a large Growth (only 24 records in total) ▪ Future reporting is to be aggregated via period of 28 days ("sliding window"). From KW 19 Monthly reporting as part of the Weekly report ▪ Future transmission of SARS-CoV-2 sequences Shutdown of DESH on 31 May, then main source Laboratory network (approx. 400 sequences per month) ○ Molecular surveillance ○ (not reported) ○ Syndromic surveillance <ul style="list-style-type: none"> ▪ Slides here ▪ Decline in ARE rates to 4.1 million (4.9%) in CW16 ▪ ARE total in the upper value range since the turn of the year the pre-pandemic years, ▪ ConsInce in CW 16/2023 stable compared to the previous week remained (1153; previous week:1,157); Plateau ▪ Decline in all age groups in week 16 ▪ SARI case numbers down in week 13 and 14 and still at a low level; downward trend ▪ Diagnosis codes for SARI cases: Influenza predominant and 5-14 year olds and 15-34 year olds COVID predominantly in people over 35 	<p>FG37 (Haller)</p> <p>FG36 (Kröger)</p> <p>FG36 (Buda)</p>
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<p>RKI</p>	<ul style="list-style-type: none"> ▪ COVID-SARI hospitalisation incidence^{AG} ▪ Decline since CW 11/2023 to 1.5 per 100T in CW 16 Discussion: <ul style="list-style-type: none"> Are tests still being carried out in hospitals? Answer: According to our co-operation partner, extensive testing is still being carried out. Mainly by rapid test as a PCR test. ○ Virological surveillance, NRZ influenza data <ul style="list-style-type: none"> ▪ Slides here (from slide 15) ▪ Coronaviruses: 3% Sars-CoV-2 - no longer different from other endemic coronaviruses ▪ 3% NL63, 3% 229E, 2% HKU1, OC43 - not detected ▪ Influenza viruses: B/Victoria: only influenza virus detected, 9% (third strongest virus in the sentinel), Declining trend ▪ Other viruses: Rhino: 16%, PIV: 13%, HMPV: 4%, RSV: 0% ○ Figures on the DIVI Intensive Care Register <ul style="list-style-type: none"> ▪ Slides here ▪ As of 26 April 2023, 544 COVID-19 patients in intensive care units (of the approx. 1,300 acute hospitals) treated ▪ Constant reduction in COVID-ITS occupancy ▪ ITS-COVID new admissions with +378 in the last 7 days ▪ Number of deaths in ITS (per day) remains moderate / low. ▪ Total number of intensive care beds in all CCs between 1-5% ▪ By age group: 70-79-year-olds dominate, followed by 80+ ▪ By form of treatment: Decrease in all species ▪ Capacity utilisation of non-COVID adults: Decrease in occupancy to normal level, resulting in free capacities increased again. ○ Discussion <ul style="list-style-type: none"> ▪ The minister declared the pandemic over for Germany at the beginning of April. How do we deal with the term pandemic in relation to Germany? <ul style="list-style-type: none"> ○ If necessary, use the term post-pandemic phase, Clarification necessary ○ As long as Tedros has not declared an end to the pandemic, we are in a pandemic, because the pandemic is global. There is no country-specific end to a global pandemic ○ Before the pandemic ends, consideration could be given to setting the risk assessment to low. Possibly a topic for the next situation working group. Coordination with BMG necessary ○ Formal orientation to WHO makes sense ▪ Data aggregation for the VOC report is coordinated with MF2 ▪ Why is it not possible to follow the technical path of the DESH still keep it open/use it? 	<p>FG17 (Dürrwald)</p> <p>MF4 (Fischer)</p>
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RKI	<ul style="list-style-type: none"> ○ For economic reasons: It is too expensive /inefficient. 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> • Reduction in the content of the weekly report and changes in reporting <ul style="list-style-type: none"> ○ Omission of content on outbreaks in the facilities and VOC part (already agreed with BMG) ○ Suggestion: Include this content today with a disclaimer that it will be discontinued next week ○ Extensive potential for cuts is seen throughout the weekly report. Orientation towards monthly report. Should be done gradually. ○ There would still be 5 COVID weekly reports (including in week 21) and then possibly a monthly report from 1 June. ○ Ideas about potential cuts should be circulated and commented on 	All
3	<p>Vaccination update</p> <p>Slides here</p> <ul style="list-style-type: none"> ▪ STIKO recommendation on COVID-19 in the opinion procedure <ul style="list-style-type: none"> ▪ Inclusion of the COVID-19 vaccination in the general vaccination recommendations ▪ Annual booster vaccination for risk groups ▪ Children and adolescents under the age of 18: No more vaccination recommendation ▪ Last monthly report on immunisation to be published at the beginning of May 	FG 33 (Fischer-Fels)
4	<p>International</p> <ul style="list-style-type: none"> • (not reported) 	ZIG
5	<p>Update digital projects</p> <ul style="list-style-type: none"> • (not reported) 	FG21
6	<p>Data from health reporting</p> <ul style="list-style-type: none"> • The role of psychological resilience and coping strategies for pandemics and other social crises. Summary of previous results, current projects and outlook for future projects <ul style="list-style-type: none"> ○ Slides here ○ Resilience agreed as a core indicator as part of the MHS - not yet implemented in continuous national surveillance ○ Operationalisation requires a classification that takes the context into account ○ Little to no stress reaction to a stressor (35-65%) 	Dept.2 Cohrdes (FG 26)



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RKI	<p>AG</p> <ul style="list-style-type: none"> ○ Results Summary: ○ Prototypical progression patterns also during the COVID-19 pandemic, but proportion of resilient group comparatively low ○ Proven resilience factors (e.g. social support, sporting activity) equally relevant ○ Exception: Positive coping strategies (e.g. positive rethinking, acceptance) particularly characteristic of resilient patterns of progression ○ Negative trend: Mental health/well-being decreased on average over time, while unfavourable coping strategies (e.g. denial, substance use) increased ○ Need for action: Individual measures (strategies) and social measures (offers, requirements, setting) ○ Outlook: Longitudinal research, identification of risk groups, combined research, identification of specific support needs 	
7	<p>Current risk assessment</p> <ul style="list-style-type: none"> • (not reported) 	All
8	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • Information Together against Corona was switched off and archived on 5 April. Until the end of the year, redirects to the coronavirus information page of infektionsschutz.de are in place <p>Press</p> <ul style="list-style-type: none"> • Daily reporting was connoted with very little feedback in the info mailbox. First teaser without COVID/ARE reference after 3 years. In future, teasers on changing topics again. • Disclaimer to be placed on dashboard one week in advance that it will be switched off on 1 June. Forwarding to existing pages regarding data retrieval. <p>P1</p> <ul style="list-style-type: none"> • (not reported) 	<p>BZgA (Caille-Brillet)</p> <p>Press (Wenchel)</p> <p>P1 (Lein)</p>
9	<p>RKI Strategy Questions</p> <p>General</p> <ul style="list-style-type: none"> • XYZ 	All



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<i>RKI</i>	RKI-internal <ul style="list-style-type: none"> • XYZ 	AG
10	Documents <ul style="list-style-type: none"> • The adoption of the federal recommendations on isolation was also addressed in AGI. A positive signal from the BMG is expected at the end of the week 	Dept.3 (Hamouda)
11	Laboratory diagnostics FG17 <ul style="list-style-type: none"> • Virological sentinel had ## samples in the last 4 weeks, of which: <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative ZBS1	FG17 ZBS1
12	Clinical management/discharge management <ul style="list-style-type: none"> • (not reported) 	ZBS7
13	Measures to protect against infection <ul style="list-style-type: none"> • (not reported) 	FG14
14	Surveillance Are there any expectations in preparation for the autumn? <ul style="list-style-type: none"> ▪ Answer: That depends on current developments. We should be prepared to escalate if necessary. 	FG 32 (Diercke)
15	Transport and border crossing points <ul style="list-style-type: none"> • (not reported) 	FG31
16	Information from the coordination centre <ul style="list-style-type: none"> • Reduced reporting since CW 16 <ul style="list-style-type: none"> ▪ No particular reactions to the reduction ▪ Activities in the coordination centre have decreased significantly 	FG31 (an der Heiden)
17	Important dates <ul style="list-style-type: none"> • none 	All

*Coordination centre of the**Protocol of the COVID-19-Lage-***R18****Other topics***AG*

- *Next meeting: Wednesday, 10.05.2023, 11:00 a.m., via Webex*

End: 12:28 pm

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Protocol of the COVID-19-Lage-
AG

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Weekday, 10.05.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- Institute management
 - Lars Schaade
 - Andreas Gilsdorf
- Dept. 2
 - Thomas Ziese
- Dept. 3
 - Osamah Hamouda
 - Tanja Jung-Sendzik
- FG12
 - Annette Mankertz
- FG14
 - Mardjan Arvand
 - Melanie Brunke
- FG17
 - Thorsten Wolff
 - Ralf Dürrwald
- FG21
 - Wolfgang Scheida
- FG27
 - Susanne Jordan
- FG31
 - Ute Rexroth
 - Maria an der Heiden
 - Petra v. Berenberg
 - Claudia Siffczyk
 - Alexandra Hofmann
- FG32
 - Michaela Diercke
- FG33
 - Ole Wichmann
 - Jonathan Fischer-Fels
- FG36
 - Udo Buchholz
 - Silke Buda
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Sebastian Haller
- ZBS7
 - Agata Mikolajewska
- MF4
 - Martina Fischer
- P1
 - Ines Lein
- Press
 - Susanne Glasmacher
 - Marieke Degen
 - Jameela Seedat
 - Ronja Wenchel
- ZIG
 - Werner Espelage



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International Slides here</p> <ul style="list-style-type: none"> ○ <i>Worldwide:</i> <i>Number of reported new cases, deaths and admissions ITS declining;</i> <i>Exception: Southeast Asia - increase in newly reported cases and deaths;</i> <i>India -Since February 2023 increase in newly reported cases, peak 20.04.23; declining trend since then;</i> <i>XBB.1.16 and sublines are dominant in India</i> ○ <i>On 3 May 2023, the WHO published an updated version of its strategic COVID-19 preparedness and response plan for 2023-2025.</i> ○ <i>Termination of PHEIC explained (04.05) - Reasons and next steps (see slides)</i> <p>National</p> <ul style="list-style-type: none"> ○ <i>Number of cases/deaths Slides here</i> <ul style="list-style-type: none"> - <i>Low incidences in all BL, below 10/100T;</i> - <i>Total figures: over 38 million laboratory-confirmed and reported cases. Assuming double and triple underreporting, the entire population was infected at least once;</i> - <i>Hospitalisation: continuous decline</i> - <i>Incidence in the LK: below 50/100T everywhere</i> - <i>Incidence in the age groups: highest in group 80+, 30/100T;</i> - <i>Deaths: Decline; figures for the last wave only half as high compared to the previous two waves.</i> - <i>No excess mortality at the moment.</i> ○ <i>ITS occupancy and Spock slides here</i> <ul style="list-style-type: none"> - <i>367 COVID-19 patients in intensive care units (as of 10.05.23).</i> - <i>Steady decline</i> - <i>ITS-COVID new admissions with +267 in the last 7 days</i> - <i>Number of COVID-19 positive patients who died: Decrease;</i> - <i>Development over time: COVID/ITS shares below 5% in all BL, exceptions: Bremen; Hamburg - reasons not known</i> - <i>Age groups: Decrease in all age groups in absolute terms, 80+ have increased slightly in proportion, Current age structure: 70+ and 80+ roughly the same. Over 55% of patients 70+;</i> - <i>Forms of treatment: in all cases of decline; ITS: 60% of patients with COVID-19 manifestation, 40% with positive test but not due to COVID-19 on ITS</i> - <i>Non-COVID-19 patients dominate the ITS sector:</i> 	<p>ZIG1</p> <p>AL3</p> <p>MF4</p>



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<p>RKI</p>	<p>-Capacities and operating situation: relaxed, regular operation</p> <ul style="list-style-type: none"> ○ <u>syndrome. + virol.</u> <u>Surveillance slides</u> here -GrippeWeb : KW18 : 6.100 ARE (in week 17: 6.00) per 100,000 inhabitants, corresponds to approx. 5 moi ; illnesses independent of a visit to the doctor; - Slight dip around Easter, followed by a compensatory rise, especially among schoolchildren; - Outpatient sector: also Easter dip; declining since 9th week; CW 18: approx. 900 doctor consultations due to ARE per 100T, which corresponds to approx. 750,000 doctor visits - COVID-specific diagnoses with ARE symptoms: also decrease - Inpatient area: SARI Hospit. incidence and incidence of deaths: decrease; slight increase seen in ITS from 17 weeks; - Diagnoses : SARI patients with COVID-19 diagnoses : decrease, influenza slight increase, RSV unchanged - SARI cases with ITS treatment: COVID and influenza proportions increased, RSV unchanged ; - Age distribution of COVID-SARI cases: falling, but COVID19 still dominates among older people - 5-14 year olds : Increase in SARI (influenza) - Hospitalisation incidence: 1.3 COVID-SARI per 100T; corresponds to approx. 1,100 new hospital admissions due to COVID-SARI in Germany <ul style="list-style-type: none"> ○ <u>Viol. Sentinel :</u> Slides here (from slide 14) - With the exception of OC43, all coronaviruses were detected. SARS-CoV- 2 : 5% of all detections - Influenza : B Victoria 9% third strongest virus after PIV and Rhino - PIV 3 most frequent (13%), HMPV declining, RSV not detected for several weeks. <ul style="list-style-type: none"> ○ <u>Test capacity, testing, ARS</u> slides here - Proportion of positive tests decreases with stable number of tests (approx. 80T/week) - In doctors' surgeries/test centres: decline in testing, testing continues in hospitals. - Maximum at 80+, otherwise equalisation across all age strata and decline. - BMG decree on Streptococcus pneumoniae, (background: antibiotic shortages, especially in paediatrics and outpatient care): stable development and decline, quarter I high numbers, comparable with strong pre-pandemic seasons. - Invasive Group A Strep and HIB: above-average numbers, not due to changes in pathogen characteristics, but due to 	<p>FG36/FG17</p> <p>FG37</p>
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beurteilung

parallel RSV/influenza season and increased

	<p><i>Susceptibility.</i></p> <ul style="list-style-type: none"> o <u>Molecular surveillance, VOC</u> Slides here -No change to previous weeks of VOC/VOI/VUM De-escalated VOC and recombinants: constant; -As at 30 April End of remuneration for sequencing - Number transmitted sequences dropped drastically, 361 were transmitted as part of the sample (1.8% of all COVID-19-cases) A further decline is expected. Variant distribution : single-digit changes only, Done Stable overall -Xbb1 .16: VOI, media attention (India): less than 2% -Xbb2 .3 in India with strong increase; in sample since week 4 detected, 1.9%; increasing worldwide. o <u>Modelling</u> Not reported <p><u>Questions/discussion contributions:</u></p> <ul style="list-style-type: none"> -BMG enquiry on Strep. pneumoniae: should we respond more comprehensively? A shortage of antibiotics is not the only reason explainable by bacteria, but by increased demand due to or infections in general-- discussion with DGPI has already taken place (Which clinical images currently dominant?)- -Anecdotal reports of clusters of co-infections in the Hospital, e.g. Staph. Pyogenes/influenza with severe ARDS; Can we detect co-infections? - FG37: Will be in ARS evaluated, but not yet clear at present can be visualised; FG36: ICOSARI. Co-infections via diagnosis codes detectable, assessment in progress; <p>To Do: Results of syndr. Surveillance with ARS data and Draw more comprehensive conclusions (FG36, FG37)</p>	<p>FG36</p> <p>P4</p> <p>All</p>



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AG

		FG36/37
2	Important points for the weekly report <i>Continued de-escalation</i>	<i>All</i>
3	Vaccination update <i>Slides here</i> <ul style="list-style-type: none"> - <i>STIKO consultation on vaccination recommendation takes place today;</i> <i>25.05 Publication expected</i> - <i>ECDC comparison of vaccination recommendations: No country in the EU is still vaccinating children in the coming season;</i> - <i>COVID variants for next vaccine adaptation: Wuhan strain to be omitted; monovaccines;</i> <ul style="list-style-type: none"> - <i>Technical advisory group of the WHO will probably decide with FDA/EMA on strains in the vaccine</i> 	FG 33
	<ul style="list-style-type: none"> - <i>04.05 Last monthly report on vaccination published</i> - <i>Gap in claim for vaccination damage due to lack of STIKO recommendation; Section 60 IfSG should be adapted here.</i> 	
4	International <ul style="list-style-type: none"> • <i>(not reported)</i> 	ZIG
5	Update digital projects <ul style="list-style-type: none"> • <i>(not reported)</i> 	FG21
6	Data from health reporting <i>Slides here</i> <i>"Persuasiveness of different sources of information on the COVID 19 vaccination decision. Results from the study Corona-Monitoring nationwide - wave 2"</i> <ul style="list-style-type: none"> - <i>Infodemic: targeted misinformation and false information, e.g. in social media, messenger services</i> - <i>Info source: Not frequency of use looked at, but persuasiveness of a source</i> - <i>Traditional media and conversations with relatives/friends: greatest persuasive power to vaccinate</i> <i>Broken down by vaccination status:</i> <ul style="list-style-type: none"> - <i>Information: Social networks/messaging services: Significantly used as the main convincing source by unvaccinated people.</i> - <i>Results confirmed in regression models</i> - <i>Unvaccinated people see social media as a convincing source of information; conversations with doctors were a convincing source of information for vaccinated people</i> <i>Manuscript and lecture in preparation</i>	Dept.2 Jordan (FG27)



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RKI	Risk assessment <i>See point 9</i>	AG
8	Communication BZgA <ul style="list-style-type: none"> • <i>(not reported)</i> Press <ul style="list-style-type: none"> • <i>Tidying up the website: how do we deal with profiles in future? Proposal and discussion in the next Lage-AG</i> P1 <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>BZgA n.a.</i> <i>Press</i> <i>P1</i>
9	Strategy issues General <ul style="list-style-type: none"> • <u><i>Termination of PHEIC: Implications? Consequences? -</i></u> <ul style="list-style-type: none"> - <i>Mention in the weekly report;</i> - <i>Include reference to end of PHEIC in ARE weekly report;</i> - <i>The ECDC took advantage of the situation to report after consultation with the countries.</i> 	<i>All</i>



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RKI	<p>as far as possible; AG</p> <ul style="list-style-type: none"> - Interpretation of WHO recommendations and data At the end of PHEIC for D? - EpiDBull article by the end of May (who?), <p>To Do:</p> <ul style="list-style-type: none"> - Check all documents to see whether modifications are necessary due to the end of the PHEIC - Clarify concept of COVID report adjustment and interpretation end of PHEIC with BMG (management) <p>Adaptation of COVID weekly report</p> <ul style="list-style-type: none"> - Last weekly report at the end of the month; on 1 June transition brief information on COVID-19 in ARE weekly report; - Leanest possible solution with reference to Internet sources, evaluation and explanation of the systems only on the pages of the systems themselves; risk assessment would thus be omitted. - Proposed to the BMG in the JF - Task to: Prepare FG36 with the support of FG32. <p>Report COVID key figures for BkA Template here</p> <ul style="list-style-type: none"> - Monthly overview: due to the declining test frequency, probably soon without much significance; except in hospitals; - It should be based on syndr. Surveillance and an additional indicator should be used - Maintain rough structure, - Communication channel: via BMG or direct? Via BMG - Task: Proposal and feedback by noon tomorrow; Dept. 3; <p>AGI feedback on discharge management recommendations</p> <ul style="list-style-type: none"> - Recommendations for nursing homes for the elderly and in nosocomial settings are considered too strict (7 days of isolation, followed by testing for symptoms); - Response to BL: There are good reasons for leaving the recommendations as they are; - KRINKO recommendations expected in autumn <p>General quarantine and isolation regulations are to be maintained on ministerial orders as currently designated</p>	
10	<p>Documents</p> <ul style="list-style-type: none"> • (not reported) 	All
11	<p>Laboratory diagnostics</p> <p>FG17/ZBS1</p> <p>No additions</p>	FG17/ZBS1
12	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> • (not reported) 	ZBS7
13	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> • not reported 	FG14



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RK4	Surveillance	AG
	<p><i>Obligation to report § 6 IfSG: Request from the BMG for a statement; Max proposal: Suspicion reports should be omitted. Severe hosp. SARI cases continue to be reported via §7; harmonisation with influenza reports Justification is still being coordinated</i></p>	FG 32
16	<p>Transport and border crossing points</p> <ul style="list-style-type: none"> <i>not reported</i> 	FG31
17	<p>Information from the coordination centre</p> <ul style="list-style-type: none"> <i>Reminder Registration for the AAR Crisis Management on 8 and 9 June 2023; very generic and comprehensive</i> <i>Channelling decrees in the traditional way instead of via the coordination office: planning from 01.06</i> 	FG31
18	<p>Important dates</p> <ul style="list-style-type: none"> <i>See point 17</i> 	All
19	<p>Other topics</p> <ul style="list-style-type: none"> <i>Next meeting: 24 May 2023, 11 a.m., via Webex</i> 	

End: 13:00



Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Weekday, 24.05.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Osamah Hamouda

Participants:

- Institute management
 - Andreas Gilsdorf
- Dept. 1
 - Martin Mielke
- Dept. 2
- Dept. 3
 - Osamah Hamouda
- FG11
- FG12
- FG14
 - Melanie Brunke
- FG17
 - Thorsten Wolff
 - Ralf Dürrwald
- FG21
 - Wolfgang Scheida
- FG23
- FG 24
- FG25
- FG31
 - Ute Rexroth
 - Maria an der Heiden
 - Claudia Siffczyk
 - Alexandra Hofmann
 - Amrei Wolter
 - Annika Heck
 - Nadine Püschel (protocol)
- FG32
 - Claudia Sievers
- FG33
 - Jonathan Fischer-Fels
- FG34
 - Viviane Bremer
- FG35
- FG36
 - Udo Buchholz
 - Stefan Kröger
 - Kristin Tolksdorf
 - Romy Kerber
- FG37
 - Muna Abu Sin
- ZBS1
- ZBS7
 - Agata Mikolajewska
- MF2
- MF3
- MF4
 - Janina Esins
- P1
 - Julia Pantoglou
- P4
- Press
 - Jamela Seedat
 - Ronja Wenchel
- ZIG
 - Johanna Hanefeld
- ZIG1
 - Sarah Esquevin
- ZIG2
 - Lukas Feddern
- ZIG4
- BZgA
 - Mirco Steffens
- BMG



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International (not reported)</p> <ul style="list-style-type: none"> ○ Slides here ○ Worldwide: cases: 965,373 (14d), deaths: 7,368 (14d) ○ Data status: WHO, 17/05/2023 ○ The global incidence of infection continues to decline ○ Africa: falling numbers of cases and deaths. No relevant increases in individual countries. ○ America: falling number of cases and deaths. Percentage increase in the number of deaths with low absolute figures (+24% within 14 days). No relevant increases in individual countries. ○ Asia: falling number of cases and deaths. Increases in the number of cases in Bangladesh (+102%), Sri Lanka (+106%), Myanmar (+113%) and the Philippines (+123%) without significant increases in the number of deaths. Case numbers continue to decline in India (-76%). ○ Europe: falling numbers of cases and deaths. No relevant increases in individual countries. As of 14 May 2023, there was a decline in the number of cases, hospitalisations, intensive care occupancy and deaths. ○ Oceania: falling numbers of cases and deaths. No relevant increases in individual countries. ○ XBB.2.3 (Acrux) listed as VUM since 17/05/2023 <p>ToDo:</p> <p>National</p> <ul style="list-style-type: none"> ○ Case numbers, deaths, trend, slides here ○ SurvNet transmitted: 38,424,437,XXX,XXX (+1,137), of which 174,110 (+78) deaths ○ 7-day incidence: 4.5/100,000 inhabitants. ○ Vaccination monitoring: Vaccinated with 1st dose 64,876,933 (77.9%), with complete vaccination 63,563,780 (76.4%) ○ Course of the 7-day incidence in the federal states: <ul style="list-style-type: none"> ▪ Downward trend in all BL ○ Number of new cases at a consistently low level ○ Sharp decline in the number of deaths since calendar week 12 ○ Downward trend in hospitalisation incidence in all BLs ○ Test capacity and testing, slides here ○ ARS data <ul style="list-style-type: none"> ▪ Decrease in number of tests (public holiday plus bridge day) ○ VOC report, slides here ○ Molecular surveillance (not reported) ○ Syndromic surveillance, slides here 	<p>ZIG1</p> <p>FG32</p>



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RKI	<ul style="list-style-type: none"> ○ The value (total) in week 20 was 6,100 ARE (in week 19: 5,700) per 100,000 inhabitants. ○ Corresponds to a total number of 5.1 million ARE in Germany, regardless of a visit to the doctor. ○ Compared to the previous week: decrease in children up to 14 years; increase in adults aged 15 and over ○ Total ARE: relatively stable between week 17 and week 19, slight increase in ARE rate in week 20; week 20: 6.1% (previous week: 5.7 %) ○ Peak 50th week of 2022 with 11.1 % ○ ARE total in week 20 above the value range of the pre-pandemic years (2012-2019), 5AG: 0-4Y. in the value range, all other AGs above (especially 5- 14Y./15-34Y.) ○ Total ILI: down: 1.0 % (previous week: 1.2 %) ○ ARE with COVID-19 consultations by week 20, 2023: Around 16 doctor's visits ARE with COVID diagnosis /100,000 p.e. ○ SARI case numbers as well as SARI with intensive care and SARI deaths have been at the level of the pre-pandemic years in recent weeks, continuing to decline slightly ○ Proportion of COVID diagnoses at SARI is barely falling, seems to be levelling off at around 10%. ○ Proportion of COVID in SARI with intensive treatment fluctuates at approx. 15-20%; influenza and RSV only occasionally. ○ Virological surveillance, NRZ influenza data, slides here ○ Figures on the DIVI Intensive Care Register, slides here ○ As of 23 May 2023, 265 COVID-19 patients are reported in intensive care units. ○ Constant reduction in COVID-ITS occupancy ○ ITS-COVID new admissions with +160 in the last 7 days ○ Modelling (not reported) 	
2	<p>Important points for the weekly report</p> <ul style="list-style-type: none"> ○ Discussion on how to proceed with the weekly report on Monday was cancelled, new date has not yet been set ○ Further procedure Weekly report: refer to the initiative report from April on reporting; reduction in reporting frequency was agreed there ○ Further planning with shortened weekly report until other information should be provided ○ All data included in the assessment of the overall situation should be clearly expressed in the weekly report ○ WoBe with marked shortening proposals is here: 	Dept. 3
3	<p>Vaccination update</p> <ul style="list-style-type: none"> • (not reported) 	FG 33



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<i>RKI</i>	<p>STIKO</p> <p><i>Note: On 25.05.2023 STIKO recommendation will be published, which COVID-19 vaccination should be included in the general vaccination recommendations.</i></p>	<i>AG</i>
4	<p>International</p> <ul style="list-style-type: none"> • <i>ACGSL (please file slides)</i> • <i>TIP Bangladesh (please remove slides)</i> 	<i>ZIG</i>
5	<p>Update digital projects</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>FG21</i>
6	<p>Data from health reporting</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>Dept.2</i>
7	<p>Current risk assessment</p> <ul style="list-style-type: none"> • <i>Discussion of the proposed amendments to the risk assessment</i> <ul style="list-style-type: none"> ○ <i>Proposal to reduce the risk assessment: here</i> ○ <i>No agreement was reached on the reduction of the risk assessment as of 1 June</i> ○ <i>Alternative proposal: Downgrading and significant reduction of the risk assessment</i> ○ <i>Proposal was circulated</i> ○ <i>Severe shortening to 1 - 1.5 pages</i> ○ <i>Proposal to the BMG in Jour Fix: Risk assessment</i> ○ <i>Approval by all</i> ○ <i>WHO has terminated PHEIC</i> ○ <i>ECDC: Risk for general population low, for vulnerable groups moderate to high (assessment from January 2023)</i> ○ <i>Coordinated draft is shared with BMG in the round</i> 	<i>All</i>
8	<p>Expert advisory board <i>(preparation on Mondays, follow-up on Tuesdays)</i></p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	
9	<p>Communication</p> <p>BZgA</p> <ul style="list-style-type: none"> • <i>(not reported)</i> • <i>New activities:</i> • <i>xxx</i> <p>Press</p> <ul style="list-style-type: none"> • <i>Information on the dashboard setting is shared with data journalists in advance</i> • <i>Draft for shortening the COVID-19 website was published last</i> 	<p><i>BZgA n.a.</i></p> <p><i>Press</i></p>



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<i>RKI</i>	<i>Week shared</i> <i>AG</i>	
	<ul style="list-style-type: none"> • Draft is discussed with all participants of the Lage-AG <ul style="list-style-type: none"> ▪ Take down the profile for COVID-19? ▪ Tendency from Lage-AG to keep the profile until it can be replaced by an advisor, generally no longer refer to this ▪ Discussion of further points on the reduction of the COVID-19 website will be discussed separately <p>P1</p> <ul style="list-style-type: none"> • (not reported) 	<i>P1</i>
10	<p>RKI strategy General questions</p> <ul style="list-style-type: none"> • Abridged weekly report (see above) • AG-I in favour of ending the coordination procedure • Status: 11 of 16 BLs have agreed to this, other BLs will do so at the next meeting • AG-I meeting only once a month • At the end of the coordination procedure, cessation of the weekly report test <p>RKI-internal</p> <ul style="list-style-type: none"> • (not reported) 	<p><i>All</i></p> <p><i>Dept. 3/FG31</i></p>
11	<p>Documents</p> <ul style="list-style-type: none"> • (not reported) 	<i>All</i>
12	<p>Laboratory diagnostics FG17</p> <ul style="list-style-type: none"> • Virological sentinel had ## samples in the last 4 weeks, of which: <ul style="list-style-type: none"> ○ # SARS-CoV-2 ○ ## Rhinovirus ○ ## Parainfluenza virus ○ ## seasonal (endemic) coronaviruses ○ ## Metapneumovirus ○ ## Influenza virus ○ Remainder negative <p>ZBS1</p>	<p><i>FG17</i></p> <p><i>ZBS1</i></p>
13	<p>Clinical management/discharge management</p> <ul style="list-style-type: none"> • (not reported) 	<i>ZBS7</i>
14	<p>Measures to protect against infection</p> <ul style="list-style-type: none"> • not reported 	<i>FG14</i>



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15	Surveillance <ul style="list-style-type: none"> • <i>not reported</i> 	AG FG 32
16	Transport and border crossing points <ul style="list-style-type: none"> • <i>not reported</i> 	FG31
17	Information from the coordination centre <ul style="list-style-type: none"> • <i>Closure of the Situation Centre premises from 22.06. - 27.06. due to new IT/office furniture</i> • <i>Update AAR RKI internal crisis management from 08.06.-09.06</i> <ul style="list-style-type: none"> ▪ <i>38 registrations so far</i> ▪ <i>All departments well represented</i> ▪ <i>4 topics (surveillance, diagnostics, gaining scientific knowledge, measures)</i> 	FG31
18	Important dates <ul style="list-style-type: none"> • <i>ID5864: Decree on major enquiry AfD</i> • <i>Relatively extensive</i> • <i>Answering should not be postponed despite longer processing time, rather prepare earlier</i> • <i>Coordination centre prepares content where possible</i> 400th meeting Lage-AG <ul style="list-style-type: none"> • <i>Next meetings on: 07.06.2023 and 21.06.2023</i> • <i>5 July would have been the 400th meeting of the Lage-AG</i> • <i>Proposal: Lage AG face-to-face meeting on 05.07; meetings on 07.06. and 21. 06 as preparation coordinating situation working group withdraw, then give cause for cancellation</i> 	FG31
19	Other topics <ul style="list-style-type: none"> • <i>Next meeting: Wednesday, 07.06.2023, 11:00 a.m., via Webex</i> 	

End: 12:59 pm



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AG

Situation working group meeting on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	COVID-19
Date:	Wednesday, 07.06.2023, 11:00 a.m.
Venue:	Webex Conference

Moderation: Osamah Hamouda

Participants:

- *Institute management*
 - *Lars Schaade*
 - *Andreas Gilsdorf*
- *Dept. 2*
 - *Thomas Ziese*
- *Dept. 3*
 - *Osamah Hamouda*
 - *Tanja Jung-Sendzik*
 - *Janna Seifried*
- *FG14*
 - *Melanie Brunke*
- *FG17*
 - *Thorsten Wolff*
 - *Ralf Dürrwald*
- *FG21*
 - *Wolfgang Scheida*
- *FG25*
 - *Christa Scheidt-Nave*
 - *Christin Heidemann*
 - *Giselle Sarganas*
- *FG31*
 - *Maria an der Heiden*
 - *Mario Martin Sanchez*
 - *Alexandra Hofmann*
 - *Antonia Hilbig*
 - *Christian Wittke (protocol)*
- *FG32*
 - *Michaela Diercke*
 - *Claudia*
- *Sievers FG33*
 - *Jonathan Fischer-Fels*
- *FG34*
 - *Sandra Dudareva*
- *FG36*
 - *Silke Buda*
 - *Julia Schilling*
 - *Romy Kerber*
- *FG37*
 - *Muna Abu Sin*
- *ZBS7*
 - *Michaela Niebank*
- *MF4*
 - *Martina Fischer*
- *PI*
 - *Ines Lein*
- *Press*
 - *Nadin Garbe*
 - *Ronja Wenchel*
- *ZIG*
 - *Carlos Correa-Martinez*
- *BZgA*
 - *Astrid Rose*



TO P	Contribution/ Topic	contributed by
1	<p>Current situation</p> <p>International Slides here</p> <ul style="list-style-type: none"> ○ Worldwide: Number of reported new cases, deaths and hospitalisations Declining on all continents in the last 14 days; exception: Southeast Asia - increase in newly reported cases and deaths; Asia: Increase in newly reported cases and deaths in individual countries: Bangladesh (+161%) and Cambodia (+1077%); China: Increase in XBB cases ○ Variants: <ul style="list-style-type: none"> ▪ XBB.1.5: 49 % → 34 % (KW15 ◊ KW19) ▪ XBB.1.16: 9 % → 16 % (KW15 ◊ KW19) ▪ XBB.2.3: 6 % of all shared sequences (KW19) ○ No evidence of increased disease severity in the current circulating virus variants in Germany <p>National</p> <ul style="list-style-type: none"> ○ <u>Number of cases/deaths</u> Slides here <ul style="list-style-type: none"> - Low incidences in all BL, below 10/100T; - Total figures: over 38 million laboratory-confirmed and reported cases. Assuming double and triple underreporting, the entire population was infected at least once; - Hospitalisation: continuous decline - Incidence in the LK: below 50/100T everywhere - Incidence in the age groups: highest in group 80+, 10- 20/100T; - Deaths: Declining since spring - No excess mortality at the moment. ○ <u>ITS occupancy and Spock slides</u> here <ul style="list-style-type: none"> - 169 COVID-19 patients in intensive care units (as of 07.06.23). - Steady decline - However, decline in the number of reporting clinics (from approx. 1200 to 1111); trend is not affected by this - ITS-COVID new admissions with +110 in the last 7 days - Number of COVID-19 positive patients who died: Decrease; - Share of COVID-19 patients in total number of intensive care beds at a low level of less than 3%. - Age groups: Decrease in all age groups absolute approx. 80% occupancy of 60+ year olds - Forms of treatment: Decrease in all - Non-COVID-19 patients dominate the ITS sector: 	<p>ZIG1 (Martin-Sanchez)</p> <p>FG32 (Sievers)</p> <p>MF4 (Fischer)</p>



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RKI	<p>-Capacities and operating situation: AGs relaxed, regular operation</p> <ul style="list-style-type: none"> ○ <u>syndrome. + virol. Surveillance</u> Slides here <ul style="list-style-type: none"> -FluWeb : KW22 : 4,800 ARE (in the 21st week: 4,800) per 100,000 inhabitants; corresponds to a total number of 3.4 million ARE in Germany, regardless of a doctor's visit -ARE total in week 22 in the upper value range of the pre-pandemic years (2012-2019), all AGs in the upper value range of the pre-pandemic seasons -ILI total: down: 0.8 % (previous week: 1.1 %) -Outpatient area : Declining since 9th week; 22nd week : approx. 700 doctor consultations due to ARE per 100T, which is approx. 580,000 Doctor's visits COVID-specific diagnoses with ARE symptoms: Since KW 10/2023 decline in the number of employees consultations due to COVID-ARE has increased in recent years. Weeks weakened -Inpatient area : SARI Hospit.incidence and incidence Deceased : Decrease ; - Diagnoses : SARI patients with COVID-19 diagnoses : Decrease, in week 22 at 5%, influenza and RSV only very low. sporadically - SARI cases with ITS treatment: COVID share stable at 7%, Influenza and RSV sporadically - Age distribution of COVID-SARI cases: falling, but COVID19- still dominant among older people -Influenza, especially in 5-14 year olds - Hospitalisation incidence : 0.5 COVID-SARI per 100T ; corresponds to approx. 400 new hospital admissions due to COVID-SARI in D ○ <u>Virol. Sentinel :</u> Slides here (from slide 13) <ul style="list-style-type: none"> -With week 22 for the first time <50 samples/week -Endemic coronaviruses at a low level < 10%. SARS-CoV-2 : Declining trend continues -Influenza : B/Victoria last detected in week 21, 1 detection of H1N1 in week 22. No other detections -Other : Ansiteg at HRV (usual for season), decrease PIV and HMPV, RSV (1 detection) -Age distribution : In CW21 SARS-CoV-2 as the only virus in represented in all AGs; predominantly among older people ○ <u>Test capacity, testing, ARS</u> Slides here <ul style="list-style-type: none"> - Proportion of positive and completed tests continues to rise back - Few tests that are still being carried out mainly in the inpatient sector (here often with older people). Tests for younger people tend to be carried out in outpatient settings -Positive rates highest among 80+ 	<p>FG36 (Buda)</p> <p>FG17 (Dürrwald)</p> <p>FG37 (Abu Sin)</p>
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-Verlauf of other, bacterial, respiratory pathogens in ARS:

	<p><i>A streptococci (invasive), pneumococci and Haemophilus Influenza at a low level and all on the decline</i> <i>-decline not only for invasive, but also for non-invasive species.</i> <i>Invasive evidence</i></p> <ul style="list-style-type: none"> ○ <u>Molecular surveillance, VOC</u> Slides here <ul style="list-style-type: none"> -No change to previous weeks of the VOC/VOI/VUM - WHO SSARS-CoV-2 variants: <ul style="list-style-type: none"> ○ VOC: none ○ VOI: XBB.1.5, XBB.1.16 ○ VUM: BA.2.75, CH.1.1, BQ.1, XBB, XBB.1.9.1, XBB.1.9.2, XBB.2.3 -De-escalated VOCs and recombinants: Only 33 samples left, Significant decline -SARS-CoV-2 variants in calendar week 21/2023: XBB.1.5 (30.6%), XBB.1.16 (0%), BA.2.75 (12%), CH.1 (9.1%), BQ.1 (27.1%), XBB (0%), XBB.1.9.1(15.1%), XBB.1.9.2 (3.1%), XBB.2.3(0%) -There was a risk assessment for XBB.1.16 on 5 June by the WHO. There is a growth advantage in many countries, However, neither increased disease severity nor increased increased risk to be expected -Presentation of the future SARS-CoV-2 website variants in Germany: <ul style="list-style-type: none"> ○ The proportion of reports on virus variants was Weekly report discontinued. Therefore establishment of a Website with Tableau. ○ Representation: Classification in historical events ○ VOI/VUMS representations, currently valid definitions with link to WHO ○ Data is available for download with data status ○ Further information on VOC/VOI/VUM <ul style="list-style-type: none"> ○ The aim is to make the data available to the public. place ○ <u>Modelling</u> Not reported 	<p>FG36 (Kerber)</p>
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<p>2</p> <p><i>RKI</i></p>	<p>Important points for the weekly report <i>AG</i></p> <ul style="list-style-type: none"> • <i>Adapted ARE weekly report, draft (here)</i> <ul style="list-style-type: none"> - <i>Weekly report to be discontinued after this week and integrated into the ARE weekly report in a significantly reduced scope in accordance with the draft. Note with corresponding information box in the weekly report.</i> - <i>Decision: Weekly report will be prepared again tomorrow with the note to be included in the ARE-</i> 	<p><i>FG36 (Buda)</i></p>
	<p><i>report</i></p> <ul style="list-style-type: none"> - <i>Test number query and R-value calculation is set</i> <p><u>TO DO:</u></p> <ul style="list-style-type: none"> - <i>Clarify whether pandemic radar should be continued and when it should be discontinued?</i> - <i>Discontinuation of the transmission of deaths to DESTATIS must be agreed with Matthias an der Heiden.</i> 	
<p>3</p>	<p>Vaccination update</p> <ul style="list-style-type: none"> • <i>Slides here</i> • <i>STIKO vaccination recommendation</i> <ul style="list-style-type: none"> ○ <i>Inclusion of COVID-19 vaccination in the general vaccination recommendations: Publication in Epid Bull 21/2023 + adaptation of Epid Bull 4/2023</i> • <i>Next generation COVID vaccines</i> <ul style="list-style-type: none"> ○ <i>Future variant-adapted COVID vaccines expected: Monovalent against XBB without wild type!</i> ○ <i>WHO recommendation of 18 May</i> ○ <i>Joint recommendation of the EMA and ECDC from 06.06.</i> 	<p><i>FG 33 (Jonathan Fischer-Fels)</i></p>



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<p>4</p>	<p>International</p> <ul style="list-style-type: none"> • <i>COVIMPACT-HEPATITIS (slides here)</i> <ul style="list-style-type: none"> ▪ <i>Impact of the COVID-19 pandemic on efforts to eliminate viral hepatitis</i> ▪ <i>The COVID-19 pandemic presented member states in Eastern Europe and Central Asia with additional challenges.</i> ▪ <i>Challenges in achieving the elimination targets</i> ▪ <i>During the pandemic, access to healthcare services for testing and treatment was limited. interrupted, but new opportunities have arisen for better monitoring, access to treatment and elimination in general</i> ▪ <i>Rapid adjustments and increased flexibility in the healthcare system could mitigate some of the effects. cushion the impact of the COVID-19 pandemic</i> ▪ <i>In order to get back on track, the countries should utilise the current increased attention to infectious diseases and direct them towards the elimination of hepatitis</i> 	<p><i>ZIG (Dudareva)</i></p>
<p>5</p>	<p>Update digital projects</p> <ul style="list-style-type: none"> • <i>(not reported)</i> 	<p><i>FG21 Smear</i></p>



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6 <i>RKI</i>	Data from health reporting <i>AG</i> <ul style="list-style-type: none"> • <i>Lecture. "NCD issues in relation to the pandemic": "Long-term health consequences of SARS-CoV-2 infection - results of the CoMoLo follow-up study" Slides here</i> <ul style="list-style-type: none"> - <i>Do people with and without SARS-CoV-2 infection for baseline examination after more than 1 year of follow-up with regard to: 1.) Long-COVID-associated symptoms, 2.) New occurrence of medically diagnosed diseases 3.) Self-assessed quality of life 4.) Self-assessed health status</i> - <i>Conclusion: People with a predominantly mild course of acute SARS-CoV-2 infection report after >1 year compared to people without infection:</i> <ul style="list-style-type: none"> ○ <i>More frequent various recurring or persistent health complaints</i> ○ <i>more frequent subjective memory impairment</i> ○ <i>poorer physical functioning</i> ○ <i>more frequently have poorer general health</i> ○ <i>No worse values for the psychological and social aspects analysed</i> - <i>Need for epidemiological and health services research to plan and implement effective prevention and health care measures</i> - <i>The restrictions caused by Long COVID are more physical than psychological</i> - <i>This study cannot estimate how widespread long COVID is in the population or provide a definition for it</i> 	<i>Dept. 2 FG 25 (Heidemann and Scheidt- Nave)</i>
7	Current risk assessment <ul style="list-style-type: none"> • <i>When the weekly report is cancelled, the corresponding page is also removed</i> 	<i>All</i>
8	Communication BZgA <ul style="list-style-type: none"> • <i>(not reported)</i> Press <ul style="list-style-type: none"> • <i>(not reported)</i> P1 <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>BZgA (Astrid Rose)</i> <i>Press (Wenchel)</i> <i>P1 (Ines Lein)</i>



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9 <i>RKI</i>	Strategy issues General <ul style="list-style-type: none"> • <i>Federal states agree to end IfSG coordination procedure. Attachments here and here</i> ▪ <i>Unanimously resolved on 06.06.</i> ▪ <i>This ends the reporting obligations anchored there</i> RKI-internal <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>All</i> <i>FG31 (MadH)</i>
10	Documents <ul style="list-style-type: none"> • <i>Future website on SARS-CoV-2 variants</i> <ul style="list-style-type: none"> ▪ <i>(see point "VOC" above)</i> 	<i>FG36</i> <i>(Kerber)</i>
11	Laboratory diagnostics <ul style="list-style-type: none"> • <i>Setting VOXCO query test number recording</i> <ul style="list-style-type: none"> • <i>The recording of test figures is discontinued (see point 2 weekly report)</i> 	<i>FG17/ZBS1</i>
12	Clinical management/discharge management <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>ZBS7</i>
13	Measures to protect against infection <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>FG14</i>
14	Surveillance <ul style="list-style-type: none"> - <i>RSV reporting obligation is expected to come in summer and is being prepared</i> - <i>In the AGI conference call, there were enquiries about doctor's reports on COVID-19 and capacity detection. No concrete feedback yet</i> 	<i>FG 32</i> <i>(Diercke)</i>
16	Transport and border crossing points <ul style="list-style-type: none"> • <i>(not reported)</i> 	<i>FG31</i>



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RK7	Information from the coordination centre AG <ul style="list-style-type: none"> • Initiative report on the termination of the coordination centre at the end of June <ul style="list-style-type: none"> ○ prepared with a proposal to terminate the coordination centre ○ next regular Lage-AG on 21 June as usual via Webex ○ 400th Lage-AG on 5 July in the Seestraße lecture theatre to herald the simultaneous closure of the Lage-AG and coordination office ○ The own-initiative report will be discussed in the JF RKI/BMG on Friday. It can then be sent out. • Reference to after-action review on 08.06. + 09.06. on RKI internal crisis management regarding COVID-19 	FG31 (MadH)
18	Important dates <ul style="list-style-type: none"> • (not reported) 	All
19	Other topics <ul style="list-style-type: none"> • Next meeting: 21 June 2023, 11 a.m., via Webex 	

End: 12:51 pm