

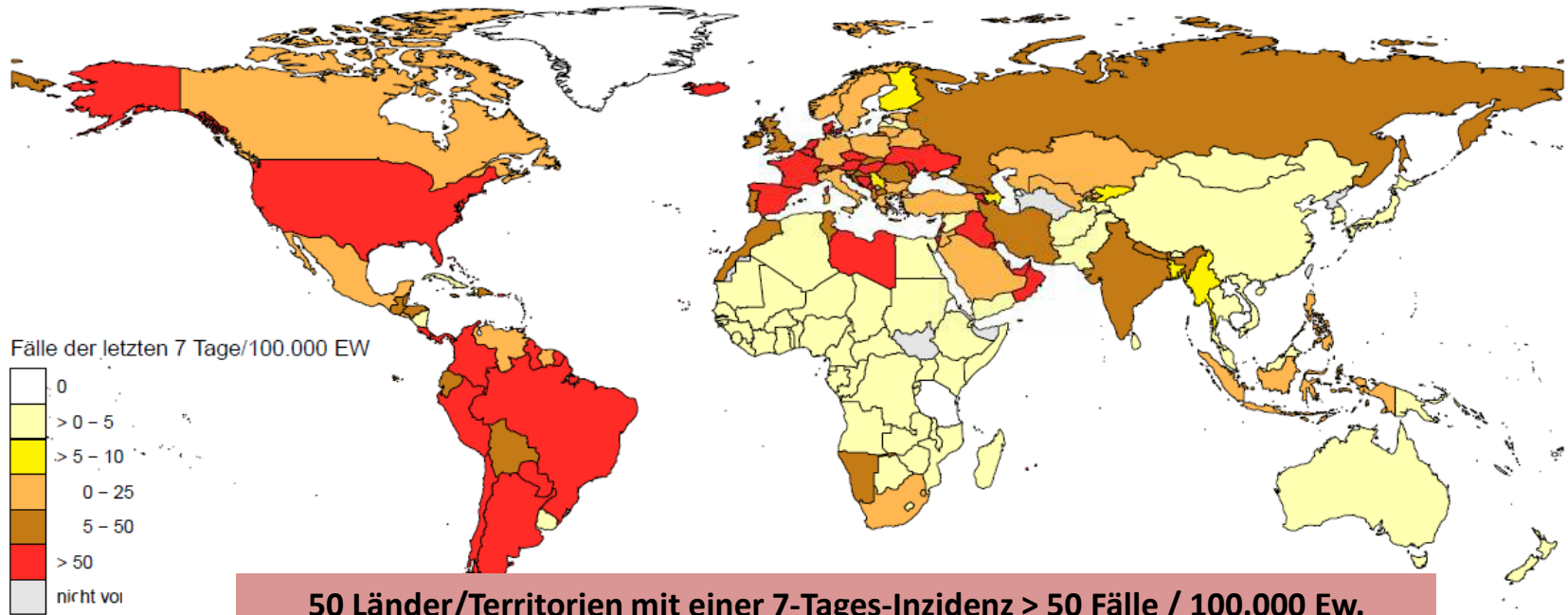
Top 10 Länder nach Anzahl neuer Fälle in den letzten 7 Tagen

31.969.439 Fälle

978.284 Verstorbene (3,1%)

Land	Fälle kumulativ	Neue Fälle in den letzten 7T	Veränderung % (7T)	7d-Inzidenz/ 100.000 Ew	R (7T)	CFR %	Trend
Indien	5.732.518	614.265	-5,84	44,95	0,96	1,59	▼
Vereinigte Staaten	6.934.204	303.313	11,85	92,17	1,08	2,91	▲
Brasilien	4.624.885	205.802	-6,96	97,51	0,97	3	▼
Argentinien	664.799	87.474	13,16	195,34	1,12	2,16	▲
Spanien	693.556	79.196	11,57	168,73	1,08	4,47	▲
Frankreich	481.141	76.253	25,44	113,79	1,15	6,54	▲
Kolumbien	784.268	47.891	-3,29	95,14	0,97	3,16	▼
Russische Föderation	1.122.241	42.722	-2,31	29,29	1,07	1,76	▼
Peru	782.695	38.295	-8	117,79	0,96	4,07	▼
Israel	204.690	32.922	12,8	386,44	1,11	0,65	▲

7-Tages-Inzidenz pro 100.000 Einwohner



Afrika

Land	Inzidenz 7T
Libyen	76,15
Kap Verde	78,92

Ozeanien

Land	Inzidenz 7T
Guam	160,79
Französisch Polynesien	70,54

Amerika

Land	Inzidenz 7T
Aruba	369,67
Argentinien	195,34
Costa Rica	169,25
Bonaire, Saint Eustatius and Saba	142,4
Sint Maarten (Niederländischer Teil)	139,19
Bahamas	136,33
Puerto Rico	129,44
Peru	117,79
Panama	106,54

Brasilien	97,51
Kolumbien	95,14
Vereinigte Staaten	92,17
Guyana	73,71
Paraguay	73,13
Curacao	66,7
Trinidad und Tobago	57,99
Chile	56,02

Asien

Land	Inzidenz 7T
Israel	386,44
Bahrain	289,98
Kuwait	102,21
Palästina	95,11
Malediven	86,26
Oman	83,28
Libanon	83,27
Irak	75,24
Katar	60,94
VAE	58,83

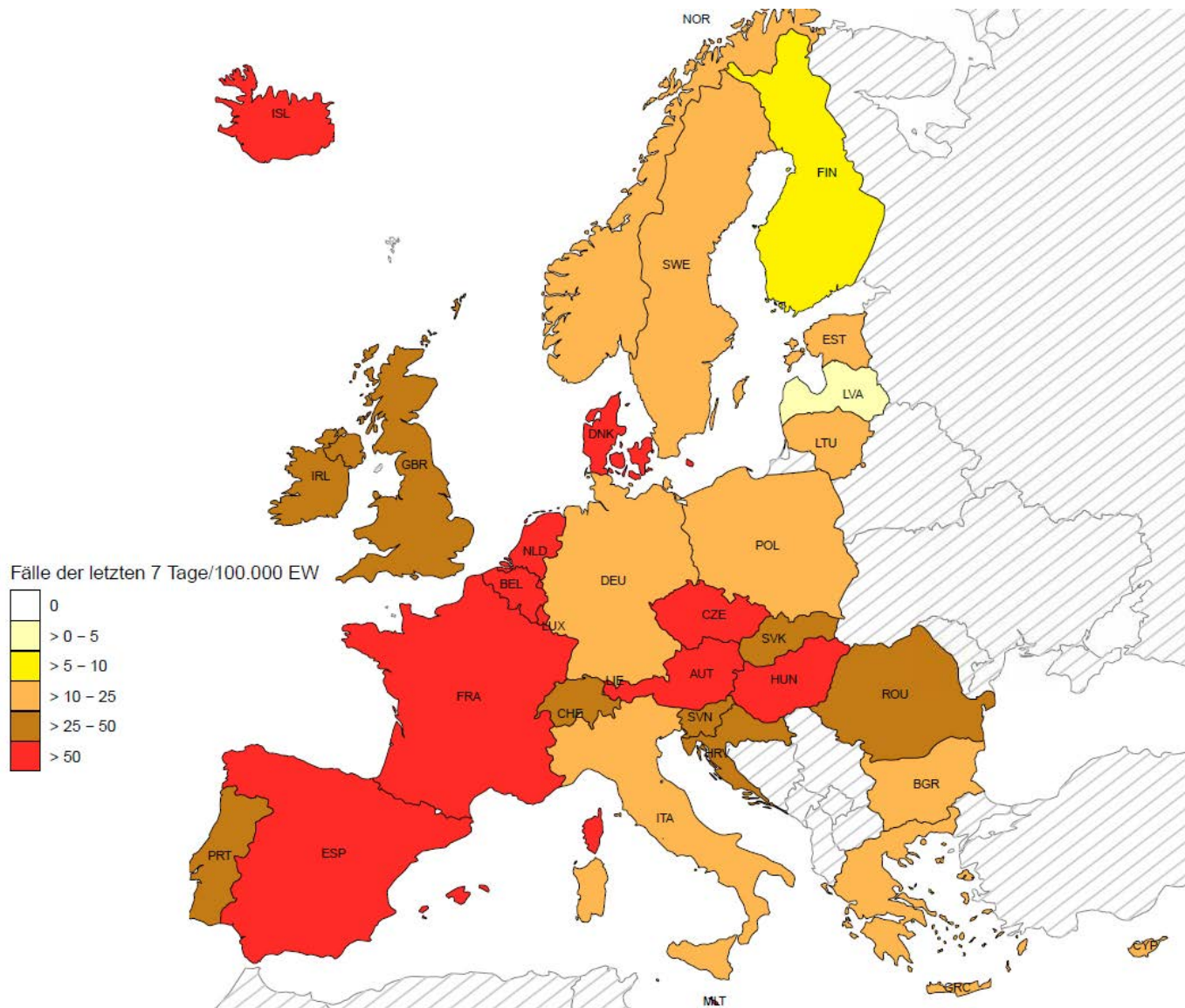
Europa (nicht EU/EWR/UK/CH)

Land	Inzidenz 7T
Andorra	318,99
Montenegro	312,13
Republik Moldau	88,77
Gibraltar	59,34
Bosnien und Herzegovina	57,13
Monaco	54,41
Armenien	53,52
Ukraine	50,18

7-Tages-Inzidenz pro 100.000 Einwohner – EU/EWR/UK/CH

Europa (EU/EWR/UK/CH)

Land	Inzidenz 7T
Spanien	168,73
Tschechische Republik	135,51
Frankreich	113,79
Luxemburg	113,37
Niederlande	82,49
Island	80,39
Dänemark	65,21
Ungarn	61,7
Malta	59,97
Österreich	57,68
Belgien	54,87





ECDC RRA: Increased transmission of COVID-19 in the EU/EEA and the UK – twelfth update (24.09.2020)

Hintergrundinformationen (Datenstand 13.09.2020)

- Die allgemeine Meldungsrate (notification rate) in der EU/EWR/UK ist in den letzten 2 Monaten gestiegen
- Obwohl es erhebliche Unterschiede zwischen den Ländern gibt, ist der steigende Trend in den meisten Ländern zu beobachten
- Anhaltende Anstiege von >10% in der 14-Tage Meldungsrate sind in 13 Ländern zu beobachten (KW37 7-13.09.): Dänemark, Estland, Frankreich, Irland, die Niederlande, Norwegen, Portugal, Slovenien, Slowakei, Spanien, Tschechien, Ungarn, das Vereinigte Königreich
- Ein Anstieg der Testungsrate ist in den meisten Ländern zu beobachten
- In den letzten 4 Wochen sind die Mehrheit der Fälle (67%) in Personen zwischen 15-49 J, davon bilden 25-49 jährige 45% der Fälle
- Von 17.08.-13.09.2020 wurden 249 Todesfälle gemeldet
 - 49% der Todesfälle waren bei Personen >80 J
 - Das Medianalter der Todesfälle ist 80J (71-86 IQR)
- In den letzten 4 Wochen wurden 239 (0,2%) schwere Fälle gemeldet
 - Der höchste Anteil der schweren Fälle war bei Personen zwischen 15-49 J (44%)
 - Das Medianalter von hospitalisierten Fällen ist 60J (41-74 IQR)
- Seroprävalenz für die Mehrheit der Regionen < 15%



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Das Risiko für die Allgemeinbevölkerung, Risikogruppen sowie die Gesundheitsversorgung (health care provision) in der EU/EWR/ und dem Vereinigten Königreich, aufgrund des aktuellen Anstiegs der gemeldeten Fälle in der EU/EWR/und dem Vereinigten Königreich, ist:

- **niedrig** für die Allgemeinbevölkerung und die Gesundheitsversorgung in Ländern, die stabile oder niedrige Melderaten (notification rates) sowie eine niedrige Testpositivität haben, basierend auf einer geringen Wahrscheinlichkeit für eine Infektion sowie geringen Folgen einer Erkrankung.
- **mäßig** für vulnerable Personen in Ländern, die stabile oder niedrige Melderaten sowie eine niedrige Testpositivität haben, basierend auf einer geringen Wahrscheinlichkeit einer Infektion sowie auf schweren Folgen einer Erkrankung.
- **mäßig** für die Allgemeinbevölkerung und die Gesundheitsversorgung in Ländern, die eine hohe oder anhaltende Zunahme der Melderaten oder Testpositivität haben, ABER mit hohen Testraten sowie einer Übertragung hauptsächlich in jungen Bevölkerungsgruppen, basierend auf einer hohen Wahrscheinlichkeit einer Infektion sowie geringen Folgen einer Erkrankung.
- **hoch** für die Allgemeinbevölkerung in Ländern, die eine hohe oder anhaltende Zunahme der Melderaten oder eine hohe Testpositivität und einen zunehmenden Anteil von Fällen in älteren Bevölkerungsgruppen und/oder eine hohe oder zunehmende COVID-19- Mortalität haben, basierend auf einer sehr hohen Wahrscheinlichkeit einer Infektion sowie mäßigen Folgen einer Erkrankung.
- **sehr hoch** für vulnerable Personen, basierend auf einer sehr hohen Wahrscheinlichkeit einer Infektion und sehr schweren Folgen einer Erkrankung.



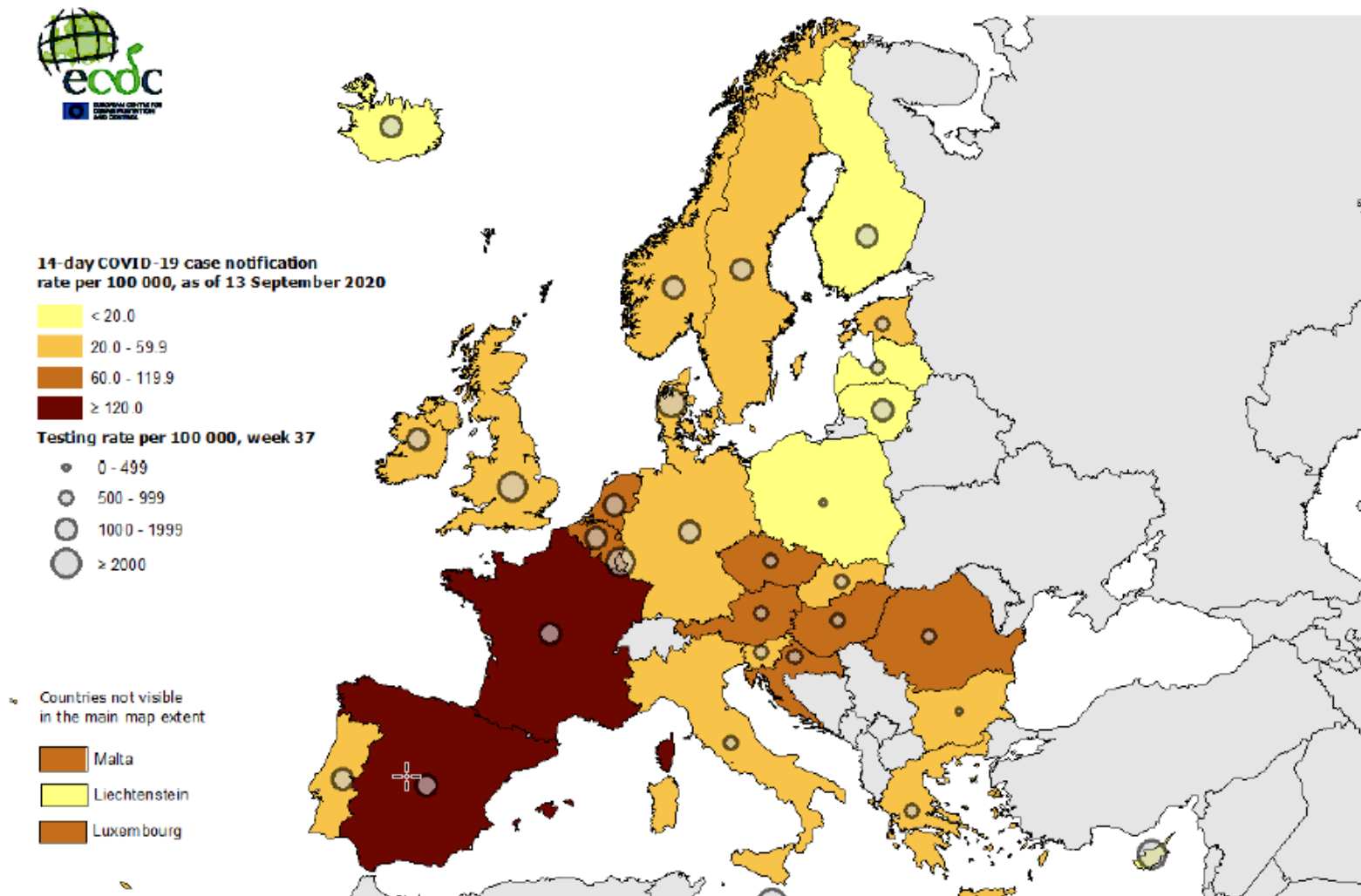
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- Länder kategorisiert nach Trend: „stable“ oder „concerning“
 - „Concerning“ = mindestens 2 von den folgenden Kriterien:
 - high ($\geq 60/100\ 000$) or sustained increase (≥ 7 days) in 14-day case notification rates
 - high ($\geq 60/100\ 000$) or sustained increase (≥ 7 days) in 14-day case notification rates in older age groups (65-79 years old AND/OR 80 years or older)
 - high ($\geq 3\%$) or sustained increase (≥ 7 days) in test positivity
 - high ($\geq 10/1\ 000\ 000$) or sustained increase (≥ 7 days) in 14-day death rates
 - 2 Kategorien für Länder mit “concerning” trends:
 1. high or increasing notification rates due to high testing rates; transmission primarily in young individuals with a low proportion of severe cases and deaths
 2. high or increasing notification rates in older individuals and an increase in proportion of hospitalised and severe cases

Hintergrund

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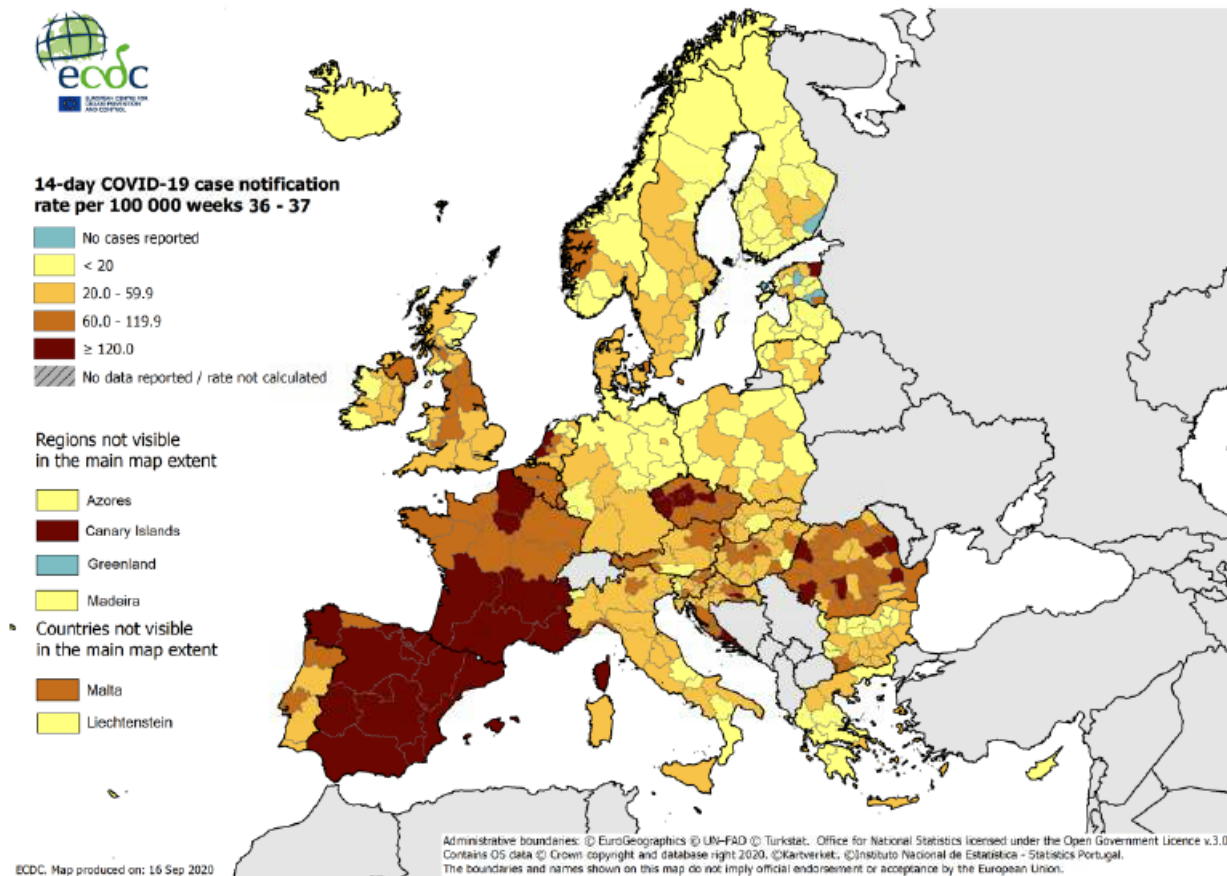
Figure 2. EU/EEA and the UK: 14-day COVID-19 case notification rate with testing rate, as of 13 September 2020



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- Auf der subnationalen Ebene gibt es erhebliche Unterschiede innerhalb und zwischen den Ländern

Figure 3. EU/EEA and the UK: 14-day COVID-19 case notification rate at subnational level, weeks 36-37 2020



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Non-pharmaceutical intervention	Low prevalence setting	High prevalence setting	Geo-level	Disease impact	Negative societal impact	Comment
Hygiene measures						
Meticulous hand and respiratory hygiene	+	+	National	High	Low	
Face masks						
Recommendation to use face mask in public spaces	+/-	+	National	High	Low	
Isolation and quarantine						
Recommended isolation of confirmed, probable and possible COVID-19 cases	+	+	National	High	Low	
Quarantine for contacts of cases	+	+	National	High	Low	
Quarantine of specific groups (e.g. travellers from a region or a country with high incidence of COVID-19).	+/-	+/-	National	Low	Low	Can be implemented, but: - Challenging to harmonise classification across countries and regions; - Administrative borders may not match epidemiologically relevant areas; - Questionable effectiveness when community transmission is ongoing across EU/EEA and the UK.
Physical distancing						
Recommended >2 metres physical distance between individuals in public places	+	+	National	High	Low	

Non-pharmaceutical intervention	Low prevalence setting	High prevalence setting	Geo-level	Disease impact	Negative societal impact	Comment
Closing of public spaces (e.g. non-essential shops, restaurants, entertainment venues)	-	+/-	Sub-national (preferably)	High	Medium	To consider at local/regional level first to minimise socio-economic disruption and political acceptability. To consider closing largest and most crowded spaces first.
Closing of public transport	-	+/-	Sub-national (preferably)	High	High	To consider at local/regional level first. To consider reducing capacity first.
Closing workplaces	-	+	Sub-national (preferably)	High	Medium	To consider at local/regional level first.
Recommending teleworking	+	+	National	High	Low	
Closing of schools (preschool, primary, secondary and tertiary)	-	+/-	Sub-national (preferably)	High	High	To consider, depending on pupils' age. Questionable effectiveness, especially in younger age-groups. To consider negative externalities.
Protecting high-risk groups and vulnerable populations	+/-	+	National	High	Medium	To also consider for hard-to-reach populations (e.g. testing in ethnic minorities or deprived populations).
Stay-at-home orders and recommendations	-	+/-	Sub-national (preferably)	High	High	To consider at local/regional level first to minimise socio-economic disruption and political acceptability.
Mass gatherings						
Interventions in place for public gatherings (small, medium and mass gatherings)	+/-	+	National	High	Medium	
Movement restrictions						
International travel restrictions	+/-	-	National	Low	High	May be considered in places with very low prevalence to limit introductions
National movement restrictions or recommendations	-	+	Sub-national	Medium	Medium	Prefer recommendation over restriction. To consider at local/regional level first, avoiding border closures.

+: recommended, +/- can be considered, -: not recommended

Supporting evidence for each measure is provided in the main text of the document [56].



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Countries with stable trends: As per 13 September, the EU/EEA countries with a stable trend include [Belgium](#), [Cyprus](#), [Finland](#), [Germany](#), [Greece](#), [Iceland](#), [Italy](#), [Latvia](#), [Liechtenstein](#), [Lithuania](#), [Poland](#) and [Sweden](#) (Annex 3). In these countries, the overall probability of infection is assessed as low. Because of the low proportion of cases in elderly individuals, and the current low proportion of severe cases and low death notification rates, the impact of the disease is assessed as low. At this time, there is an overall **low risk** of COVID-19 for the general population and the healthcare system in these countries. Regarding vulnerable individuals (individuals with risk factors for severe COVID-19 disease, such as the elderly) [52], since the impact of the disease in these groups is very high, the overall risk is **moderate**.



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Countries with concerning trends:

Subgroup 1: Countries high and increasing notification rates are reported due to high testing rates, and transmission is reported primarily in young individuals, with a low proportion of severe cases and low death notification rates (<10/1 000 000) includes [Austria](#), [Denmark](#), [Estonia](#), [France](#), [Ireland](#), [Luxembourg](#), [the Netherlands](#), [Norway](#), [Portugal](#), [Slovakia](#), [Slovenia](#) and [the United Kingdom](#). Since severe COVID-19 and death is more common among vulnerable individuals and these groups are currently less affected than other groups, the impact of the disease is still low. This gives an overall **moderate risk** of COVID-19 for the general population and for healthcare provision. However, it should be noted that with a high volume of transmission continuing over the course of several weeks, shielding of vulnerable individuals becomes challenging, and since the impact of the disease in these groups is very high, the risk for this population remains **very high**. In addition, the number of hospitalised patients and severe cases will inevitably increase as some patients <65 years of age will also need hospitalisation and ICU care, although at lower proportions than older patients, with a consequent stress to healthcare provision.

Subgroup 2: Countries with trends of high concern, i.e. with high or increasing notification rates in older cases and, consequently, an increased proportion of hospitalised and severe cases. In these countries, increasing or high death notification rates are already observed (as of 13 September, in [Bulgaria](#), [Croatia](#), [Czechia](#), [Hungary](#), [Malta](#), [Romania](#) and [Spain](#)), or may be observed soon. In some local/regional areas of these countries, healthcare provision is already under pressure, with high hospital and ICU bed occupancy rates and high levels of fatigue among healthcare workers. The improvements that have been made in case management, supportive treatment and care are still not enough to avoid severe disease and death in a large proportion of vulnerable patients. Implementing stricter NPIs, which proved to be effective in controlling the epidemic in all EU/EEA countries and the UK in spring 2020, appears to be the only available strategy that may be able to ensure a moderate (as opposed to high) impact of the disease on individuals and on healthcare provision. Therefore, in these countries, even with a timely and strict implementation of NPIs, the overall **risk of COVID-19 is assessed as high** for the general population and **very high** for vulnerable individuals.