



Fighting Strategy COVID-19 Germany

1. What is the COVID-19 fighting strategy of your government (National, local)?

The first COVID-19 case was identified in Germany on January 27, 2020. On March 27, 2020 the law for protection of the population became effective in an epidemic situation of national scope. The new legislation empowered the Ministry of Health to issue ordinances in the (usually federal) healthcare system nationwide and without the consent of the Federal Council. The law applies as long as the government determines an "epidemic situation of national importance".

The massive efforts at all levels of the Public Health Service continue to pursue the goal of detecting infections in Germany as early as possible and delaying the further spread of the virus as much as possible. New infections should be avoided through social efforts, such as reducing social contacts in private, professional and public areas. The Federal Foreign Office does not recommend unnecessary trips.

The aim is to keep the number of ill people as low as possible and to delay it over time. This time is needed to increase the protective measures for particularly vulnerable groups and treatment capacities in clinics, to avoid overwhelming the health system and to enable the development of antiviral medicine and vaccines.

2. What is the strategy towards the population (Mask wearing, containment ...)

Since April 27, 2020 wearing a mask does apply in public. It is especially recommended during grocery shopping and in public transport.

So far shops which are not necessary for daily activities were closed. Due to loosing of the restrictions some shops can reopen under special circumstances. By wearing a mask and keeping the general social distance of 1,5 meters, people are allowed to visit smaller stores. Coffee bars and restaurants have to remain closed but can offer food and drinks for take away.

After lengthy discussions the government agreed on loosening the rules for social distancing. Due to the different situations in the individual federal states, it's up to them to interpret the eased regulations.

3. Are there enough masks for the population in your country?

Since the introduction of mandatory masks in Germany, many people have started producing face covering (DIY-masks, non-certified) for the population. Certified masks are difficult to access for the population. So overall it should be possible for everybody to get a mask when needed.

4. Are there enough masks and personal protective equipment for health professionals?

In March and April masks in hospitals were scarce. The prices rose extremely. Masks have been available again for around 2 weeks. There is currently a shortage of virus-proof protective gowns. The prices of various masks and protective coats are still significantly higher than before the crisis.

5. What is the biological screening strategy (Polymerase Chain Reaction – PCR, serological tests,)?

In Germany the reverse transcription polymerase chain reaction (RT-PCR) is applied. The criteria who will be tested were adjusted multiple times. Therefore, not all people will be tested for the corona virus. Up to this point following people will be preferred:

- people who show typical flu-like symptoms
- AND
- either contacted a proven corona infected person
 - suffer from pre-existing conditions
 - people with worse getting respiratory problems
 - or count to the group of people staying in close contact to patients or older people with a higher risk of a serious course of COVID-19

6. Do you have enough biological screening tests?

Up to the middle of March 35.000 people have been registered for taking a sample. Since many people could not be tested, the test capacity has been increased to over 700.000 tests per week.

There are local differences between the amount of available corona-tests in the federal states. A larger number of infections increases the chance of running into a squeeze. Other regions carry a larger stock of free capacities.

7. Do you have enough beds for inpatients? (intensive care and other)

Before the Corona crisis, there were 28.000 intensive care beds nationwide in Germany, including 20.000 beds with ventilation options. These were occupied on average with a quote of 70-80 percent.

8. Do you increase the number of intensive care beds in your country?

Bed capacities are being expanded in all regions in Germany. Elective admissions are postponed in order to keep further capacities free. In addition, further ventilation places are created in the hospitals and additional ventilation devices are purchased. The number of intensive care beds has recently been increased to 40.000 beds and ventilation places to 30.000 beds.

In addition, there will be further wards that enable more intensive treatment options. Hospitals are upgrading treatment capacities so that significantly more seriously ill and ventilated patients can be treated. The government is supporting the purchase of medical technology in the field of intensive care.

9. Do you have enough human resources to manage the epidemic?

Time pressure and a shortage of staff have become almost normal for hospital staff and their patients. This situation is a major challenge in the COVID-19 pandemic. Over 10.000 medical students have already networked and are exchanging information and calls from clinics. The students cannot replace doctors, but they can help in the hospitals and relieve the specialist staff. The emergency plan at the clinics initially plans to increase part-time positions internally or to postpone vacations. The top priority now is to reach as many people as possible and prepare everything for the crisis. Numerous calls were made to find the appropriate staff. In addition, many elective procedures are canceled in order to keep the beds required for COVID-19 patients free and to employ more staff for these patients.

10. Do you have guidelines for good practices between healthcare teams and physicians in the context of the COVID-19 crisis?

The recommendations of the Robert Koch Institute (RKI) are relevant for the treatment of patients and the handling of the coronavirus. All hospitals are requested to observe the current information from the RKI and the Federal Center for Health Education and to make it available to employees and patients. The RKI is providing extensive recommendations for the contact to people being sick with COVID-19. The RKI dashboard-COVID-19 provides an overview on the dynamic behavior of new infections on a daily base.

In case of a pandemic, the clinics have clear defined plans. The practical implementation of such plans is regularly trained. The main measures are:

- Information and training of employees

- Examination of stocks and stockpiling with personal protective equipment, pharmaceuticals and virus-destroying disinfectants
- Information for patients and visitors
- construction of isolation areas
- Set up access controls
- Tests and measures to expand capacity

Furthermore several institutions activated a web page called DIVI, showing hospitals with free capacity for ventilation. The hospitals are linked in a network and gain an overview of free beds.

11. What are the main challenges for hospital managers during the COVID-19 crisis?

Several main challenges for hospital managers are to secure the necessary capacities in terms of educated staff, material and accommodation. Available personal can be limited due to sickness or burnout. Furthermore, missing child-care due to closed kindergarten and schools can affect the already tense situation. Supply shortfall in terms of disinfectant, protective clothing or Corona-test equipment is also a big issue. How well hospitals are equipped with material varies considerably and depends among other factors on their individual storage capacity.

In the case of premises, possibilities for isolating patients and creating a clear separation from other areas must be created.

The German hospital company provided a concept for verification of good cooperation between COVID-19 on-call duty and standard care in the hospitals. With the help of these regulations, the federal states should obtain the possibility for a gradual return to a standard care.

12. Other important information?

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