

englisch



Coronavirus information for Bavaria Multilingual information

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The role of reliable information in times of coronavirus

The coronavirus pandemic has meant enduring changes for everyday life and continues to influence it. Even if current rates of infection appear less dramatic than at the beginning of the pandemic, we still need reliable health information that is easy to understand in order to protect ourselves, our families and all our fellow citizens.

The pandemic situation has been changing over time. The responsible authorities, scientific institutions, the health care system, the media, and politicians are trying hard to offer people reliable information. Nevertheless, it can be difficult to find the particular information you need at the time. And, unfortunately, you often come across incorrect information – e.g. on social media – which leads to unnecessary uncertainty. Also, not all information is available in all languages needed. We have therefore summarised here the most important core information for people with a migration background living in Bavaria. For the latest information and further details, we have inserted links to reliable sources in the text below.

The coronavirus SARS-CoV-2

SARS-CoV-2 is a novel coronavirus identified at the beginning of 2020 as the cause of the illness called COVID-19, and has since spread across the world. In the past, similar coronaviruses have also caused severe respiratory illnesses in humans (SARS/ Severe Acute Respiratory Syndrome and MERS/ Middle East Respiratory Syndrome). Scientific findings suggest that these viruses have at some point passed from wild animals – their previous 'hosts' – to human beings as well.

The more intense the rate of transmission – and therefore the spread of the virus – the more often changes occur in its genetic material when it multiplies, leading to new virus variants. For SARS-CoV-2, these variants are designated using the letters of the Greek alphabet.

In contrast to the beginning of the pandemic, levels of immunity are now high among the population, thanks to vaccination and/or past infection. At the same time, the currently predominant variants of the virus often lead to symptomatic, but for most people not to severe illness.

However, especially older people and people with pre-existing illness are still at a higher risk of developing severe COVID-19 disease. And even if fatalities have now become much rarer, they still do occur despite treatment in intensive care wards. This is not only tragic for those affected and their relatives. The more rapid the spread of the virus, the more strain there is on the health care system, which, in the worst-case scenario, might become overwhelmed: other patients then also no longer receive optimal health care. The protective measures that have been taken are intended to prevent this. Becoming ill with COVID-19 can – regardless of the severity of the illness – also lead to late and longterm effects (which are known as 'long COVID' or 'post-COVID-19 syndrome'): e.g. organ dysfunction, general malaise, listlessness, memory problems and persistent exhaustion. Some of those affected are scarcely able to cope with their everyday lives, or no longer manage to do so at all.

If you are still experiencing health impacts a considerable time after your infection, please contact your family GP practice. More and more services are becoming available for people with long COVID/post-COVID. Further information is available e.g. on these internet pages:

https://www.infektionsschutz.de/coronavirus/ basisinformationen/long-covid-langzeitfolgenvon-covid-19/#c16099

https://www.stmgp.bayern.de/coronavirus/ post-covid/

Further information and updates in many languages are available on the following internet pages:

integrationsbeauftragte.bayern.de/downloads/

mimi.bayern/index.php/muenchen-corona-alltag

integrationsbeauftragte.de/ib-de/staatsministerin/ corona

zusammengegencorona.de

Transmission and its prevention

SARS-CoV-2 is transmitted through the aerosols (especially when speaking and singing) and droplets (e.g. when sneezing or coughing) produced when breathing out. Because aerosols can remain infectious for several hours, other people can become infected by breathing them in. Virus particles can also be transmitted from surfaces to the face via the hands.

General infection control rules (shortened to the slogan 'AHA+L+A' in German) are intended to disrupt these transmission pathways.

Social distancing (Abstand): the chances of transmission are markedly lower when people keep a distance of 1.5 m from others.

Hygiene: regular and thorough handwashing using soap reduces the pathogens present on the skin.

Masks in everyday life (Alltag): covering the mouth and nose correctly with a medical-grade face mask/particle filtering half mask without valve prevents exhaling or inhaling aerosols and droplets – see *Masks and how to use them*. Ventilation (Lüften): regular airing of enclosed spaces reduces the concentration of infectious aerosols and droplets that may be present.

App: using the 'Corona-Warn-App' (coronavirus warning app) for smartphones can contribute to disrupting chains of transmission by informing users when they have been exposed to an increased risk of infection. It is available free of charge from the App Store and Google Play.

In addition to these basic rules, additional measures are in force in each German state (Bundesland).

You can find the current regulations of the Bavarian Infection Protection Measures Ordinance in several languages at <u>stmgp.bayern.de/coronavirus/rechtsgrundlagen</u>

Masks and how to use them

Covering the mouth and nose correctly with a medical-grade mask/particle-filtering half mask without valve protects from coronavirus transmission through aerosols and droplets. Depending on the current regulations, wearing a mask is compulsory in certain settings, e.g. in care facilities. Everyday fabric masks are no longer recommended. Only surgical face masks and particle-filtering half-masks are still recommended:

Medical face masks ('surgical masks'): these masks mainly protect other people from the infectious droplets coming from the wearer. If they are worn snugly against the face, they also offer the wearer some limited protection. Medical masks are single use products and comply with legal requirements if they carry the CE mark. They begin to lose their protective effect as soon as they become damp, and must then be replaced.



Particle-filtering half-masks (masks according to the FFP2, FFP3 and KN95/N95 standards): these masks protect from particles, droplets, and also from aerosols. They are available with or without a valve. Masks without valve, as long as they are worn correctly (snugly against the face), protect the wearer as well as people in the vicinity. The valve allows air to escape unfiltered. A mask with a valve therefore only protects the person wearing it, but still puts others at risk: this means that persons wearing this type of mask are not complying with legal obligations.

All masks must fit snugly against the face. They must cover both nose and mouth in order to achieve their protective effect. If you are having difficulty using masks because of a health condition, it is best to get medical advice.

Signs of SARS-CoV-2 infection

On average, three days pass between infection with the currently dominant Omicron variant and the first signs of illness. This period may last up to 14 days. However, an infected person can transmit the virus to others before they notice any symptoms. Not every person infected with SARS-CoV-2 becomes ill.

The most common symptoms are cough, runny nose, and fever, as well as loss of the sense of taste and smell. Other possible symptoms are head and body aches, fatigue, sore throat, stomach ache, nausea, vomiting, and diarrhoea. If you realise you are having symptoms of COVID-19, or if you had contact with an infected person, avoid contact with other people and stay at home (**voluntary self-isolation**). Please do not go to a doctor's practice without making an appointment first. Should your health status decline, or if you need medical assistance for any reason, call your family GP practice or the on-call medical service. It is available across Germany around the clock by calling 116117. In an emergency, dial 112.

What to do in case of infection

Isolation is no longer compulsory in Bavaria for persons who have tested positive for the coronavirus SARS-CoV-2. As it does to other respiratory illnesses, the following recommendation also applies to coronavirus infection: if you are ill, stay at home in order not to infect others. However, additional protective measures must be complied with. These include a general obligation to wear a mask outside the home, as well as being prohibited from entering certain facilities, such as aged and other care homes, hospitals, and other group accommodation facilities.

These protective measures apply for at least 5 days after the pathogen was first detected, and until the person has been symptom-free for at least 48 hours. If the person has not yet been symptom-free on day five, protective measures continue to apply. They only end when the person has been symptom-free for at least 48 hours, but at the latest ten days after the pathogen was first detected.

Protective measure: compulsory face masks

A general obligation to wear a medical face mask (surgical mask) outside the home applies to persons who have tested positive. FFP-2 masks offer even better protection. Exceptions: the obligation to wear a mask does not apply outdoors if a minimum distance of 1.5 metres can be kept to others, indoors if no others are present, to children before their 6th birthday, to persons who cannot wear a mask because of a disability or for health reasons (medical certificate required), to deaf and hearing impaired persons and their support persons, if it is necessary for identification or for communication purposes with people who are hearing impaired, or if absolutely necessary for other reasons, such as nutrition, medical or dental treatment, or other therapeutic treatment.

Protective measure: occupational and professional bans

The introduction of infections to facilities such as aged and other care homes, or in certain sections of hospitals where patients with a particular risk of severe illness from SARS-CoV-2 infection are cared for, must be avoided. In such locations, entry and occupational bans apply to employees, visitors, volunteers, and operators who have tested positive.

Entry and occupational bans for employees, operators, volunteers, and visitors who have tested positive also apply with respect to certain group accommodation facilities with a potential for the spread of infection, such as homeless shelters, accommodation facilities for asylum seekers, and correctional facilities.

Voluntary self-isolation to prevent transmission Persons with SARS-CoV-2 infection should keep their distance to others in the household as much as possible in order to protect them from the risk of infection. They should also refrain from attending public gatherings and hospitality venues. Occupational duties should be carried out from home if possible.

Coronavirus testing

Different methods exist to determine whether a person is infected with SARS-CoV-2. Two commonly used methods are presented here.

The **rapid antigen test** examines if certain components (proteins) of the virus are present in the body. To perform the test, a swab is taken from the nasal cavity, and the material is then checked for the SARS-CoV-2 antigen. Antigen tests are fast and can be performed without involving a laboratory. Their results, however, are not 100 percent reliable. In addition, quality may vary between tests from different manufacturers. The Paul-Ehrlich-Institute regularly updates its list of antigen tests at https://www.pei.de/EN/newsroom/dossier/ coronavirus/coronavirus-content.html;jsessionid=59DAA71945EE623C629A291C58D1165B. intranet221?cms_pos=8

The higher the Cq-value indicated on the list (maximum score 100%), the better is the test. The Cq \leq 25 value should be 100%, and the Cq 25–30 value should be as high as possible.

A negative result only confirms that the person was most probably not infectious at the time of testing, meaning there is only a low risk of infecting anyone else in the next few hours. This risk, however, is not zero. It is also possible that the infection is still too 'fresh', or already abating again. This is why the protective measures ('AHA+L+A' rules) should be adhered to, even when the antigen test result is negative. If an antigen test returns a 'positive' result, it is recommended to verify it with a PCR test.



The PCR (Polymerase Chain Reaction) test indicates whether the genetic material of the virus itself is present. It is more meaningful and more reliable than the antigen test, and is therefore used as a confirmatory test. For PCR testing – same as for rapid testing – a swab is taken from inside the nose or the throat, and then examined in the laboratory. It usually takes one to two days for the result to come back. This type of test is extremely reliable and represents the highest standard.

Important to know: in general, a positive test result does not mean that somebody is to blame for the infection: while protective measures can limit the spread of the virus and reduce the risk of infection, they cannot entirely exclude the possibility.

Testing options

From the 25th November 2022, the number of population groups that are entitled to free rapid antigen testing ('Bürgertestung', meaning 'citizens' test') has been reduced further. Now, only four population groups in particular are entitled to citizens' tests free of charge. These include, for example, visitors to hospitals and care facilities, and family members providing care. Free tests are also available to employees of certain facilities, and to confirm a positive rapid antigen test result (including self-tests).

Testing options include testing centres and pharmacies. Testing is performed by trained personnel. The personnel issues written or digital confirmation of the result. A negative antigen test result remains valid for no more than 24 hours, and only for certain official purposes. Persons who have symptoms can obtain testing free of charge at their family GP's practice.

A current overview of all free testing options for persons in Bavaria is available at <u>www.stmgp.bayern.de/wp-content/uploads/</u> 2021/11/uebersicht-testungen_26-11-2021.pdf

Rapid antigen tests are also available for purchase in the form of self-testing kits through pharmacies, chemists and other retail outlets. However, the results of self-tests are usually not recognised for official purposes. Self-tests can provide additional safety for private gatherings if all involved take the test a short time before getting together.

In order to prevent infections in the workplace, employers must determine measures for workplace infection control. Basic measures include keeping the minimum social distance, airing indoor spaces, wearing masks, and regular testing services (rapid antigen tests or self-tests) for employees who do not exclusively work from home. The decisions about which measures are required and implemented in each workplace are made by the employer. The rate of incorrect test results is higher for rapid antigen tests and self-tests. For this reason, a PCR test should always be performed after a positive rapid antigen or self-test result.

PCR tests are carried out by specialist personnel, including in doctor's practices and testing centres. Here, too, you will receive written or digital certification of the result, which is valid for official purposes.

All positive test results (expect those of self-tests) are also reported to the responsible public health authority (Gesundheitsamt), so that the required infection control measures can be put in place. In order to protect others, it is recommended that you enter a positive test result into the 'Corona-Warn-App' on your smartphone. People who have been in your close vicinity will then receive a warning that they have been exposed to an increased risk of infection. Persons who develop symptoms after receiving such a warning message should get tested for SARS-CoV-2.

The following applies to everyone who receives a positive coronavirus self-test result: you should isolate immediately and avoid contact with other people as much as possible, as you may be highly infectious. Also adhere to the social distancing and hygiene rules. Wear a mask indoors and in places where a minimum distance of 1.5 metres to others can't be kept. If you develop symptoms, make an appointment for a PCR test with your family GP. Those with a positive self-test result but no symptoms can attend a testing centre to obtain a confirmation test (if the testing centre offers such tests).

Treatment options

Effective medications are now available in Germany for the early treatment of COVID-19 in people who are at a high risk of progressing to severe illness. These medications are intended to/can inhibit virus replication in the body: they include monoclonal antibodies administered in medical practices or hospitals as infusions or injections, as well as oral antiviral medications for home use. It is important to note that treatment should be initiated as soon as possible after diagnosis, and in most cases no later than 5 days after symptoms appear.

Talk to your family GP about whether treatment is indicated in your case.

COVID-19 protective vaccination

Restrictions to public and private life, such as contact restrictions and lockdowns, are short-term measures. They serve to limit the spread of the virus, to protect the health care system from being overburdened, and to prevent deaths. The longterm goal, however, is that SARS-CoV-2 can no longer spread uncontrolled, and that COVID-19 no longer has severe health consequences. This can be achieved through protective vaccination.

The vaccines against COVID-19 developed to date are intended to prevent progression to severe disease and death in particular. They also reduce the probability of infecting others, but not reliably. Moreover, after base immunisation (normally 2 vaccination doses), this limited form of protection against infection wanes considerably over time. The protective effect of base immunisation against severe disease also seems to decrease over time. However, protection against severe disease is high again after booster vaccination, and remains so for at least six months. Seven COVID-19 vaccines are currently approved for use in Germany. They have become known by the names of their manufacturers:

Comirnaty[®] (by BioNTech/Pfizer, basic immunisation: two doses 3 to 6 weeks apart, from age 12; for children from 5 years of age with existing medical conditions or contact with at-risk individuals, or upon request and after receiving medical advice, two vaccine doses of the age-appropriate formulation 3 to 6 weeks apart; for all healthy

children between ages 5 and 11, one dose of the age-appropriate formulation; recommended for children with pre-existing health conditions and aged between 6 months and 4 years: 3 Comirnaty vaccine doses of the age-appropriate formulation at weeks 0, 3, and 8 (minimum intervals between doses)

- Spikevax[®] (by Moderna, basic immunisation: two doses 4 to 6 weeks apart, recommended from age 30, but not for pregnant persons)
- Vaxzevria[®] (by AstraZeneca, two doses 4 weeks apart, recommended from age 60; currently however, an mRNA vaccine is recommended instead of Vaxzevria[®] for the second dose)
- Jcovden® (by Johnson&Johnson, single dose, recommended from age 60; persons vaccinated with a single dose of Jcovden® must receive an additional vaccine dose to achieve basic immunisation. Recommended is an mRNA vaccine from 4 weeks after the previous dose)
- Nuvaxovid® by the US-based pharmaceutical company Novavax (basic immunisation: two doses at least 3 weeks apart; approved from age 12, generally not recommended while pregnant or breastfeeding; approved as a booster vaccine for persons from the age of 18 years).

- Valneva® COVID-19 vaccine by manufacturer Valneva (base immunisation: two vaccine doses at intervals of at least 4 weeks; approved for ages 18 to 50 years, generally not recommended while pregnant or breastfeeding)
- VidPrevtyn Beta® by French manufacturer Sanofi Pasteur (approved as a booster vaccine from the age of 18 years since mid-November 2022; adapted to the Beta variant; currently no recommendation issued by the Standing Committee on Vaccination.)

Since the end of September and mid-October 2022 respectively, four vaccines adapted to the Omicron variant have been approved for use in persons from the age of 12 years:

- Comirnaty Original/Omicron BA.1 (vaccine by BioNTech/Pfizer, adapted to the Omicron variant BA.1)
- Comirnaty Original/Omicron BA.4-5 (vaccine by BioNTech/Pfizer, adapted to Omicron variants BA.4 and BA.5)
- Spikevax bivalent Original/Omicron BA.1 (vaccine by Moderna, adapted to the Omicron variant BA.1)
- Spikevax bivalent Original/Omicron BA.4-5 (vaccine by Moderna, adapted to Omicron variants BA.4 and BA.5)

Since mid-November 2022, a vaccine adapted to the predominant Omicron variant has also been approved in the age-appropriate formulation as a booster vaccine for children aged 5 to 11 years:

• Comirnaty Original/Omicron BA.4-5 (5/5 μg) (vaccine by BioNTech/Pfizer, adapted to Omicron variants BA.4 and BA.5) Comirnaty[®] (BioNTech/Pfizer) and Spikevax[®] (Moderna) are mRNA vaccines. This type of vaccine does not transport any virus, only the blueprint (mRNA) for one component of its outer envelope (the 'spike protein') into the cells of the human body. These will then manufacture the spike protein for a short time. Our immune system recognises the protein as foreign and creates antibodies and immune cells as a defence. If the vaccinated person then comes into contact with the real SARS-CoV-2 later, the immune system recognises the spike protein on its outer surface, and can fight back against the virus immediately using the already existing antibodies. It can also rapidly produce large amounts of additional antibodies. This makes an infection with progression to severe disease unlikely.

mRNA vaccines adapted to Omicron variants: the adapted COVID-19 vaccines fundamentally work in the same way as the already approved vaccines of the respective companies. Special about these new, adapted vaccines is that they not only protect against the original SARS-CoV-2 virus type, but also cover the Omicron subvariants BA.1, and BA.4 and 5 respectively. Their effectiveness is based on the principle that the body becomes better able to protect itself from infection with SARS-CoV-2 virus particles. The aim of adapting the vaccines is to extend protection to a range of SARS-CoV-2 subvariants. If, after vaccination, the body comes into contact with subvariants of the SARS-COV-2 virus, the immune system will recognise the virus and can fight it immediately. The adapted COVID-19 vaccines are only used in people from the age of 12 years who have at least received COVID-19 base immunisation.

An information fact sheet for COVID-19 vaccination (mRNA vaccines) in more than 20 languages is available at <u>rki.de/DE/Content/Infekt/Impfen/Materialien/</u> <u>COVID-19-Aufklaerungsbogen-Tab.html</u> The vaccine by Novavax (Nuvaxovid[®]), in contrast, contains **spike proteins** manufactured in the laboratory, which are injected together with an adjuvant (a substance that increases the immune response). These proteins are recognised by the immune system at the injection site and stimulate the production of antibodies. The influenza vaccines that have been in use for many years are based on the same mechanism.

VidPrevtynBeta®, like the Nuvaxovid vaccine, is a protein-based vaccine that targets the spike protein of the Beta variant of SARS-CoV-2 and contains an adjuvant. This vaccine has been approved for booster vaccinations.

Information fact sheet for COVID-19 vaccination (protein-based vaccines) in more than 20 languages available at www.rki.de/DE/Content/Infekt/Impfen/ Materialien/COVID-19-Proteinimpfstoff-Tab.html

Vaxzevria® by AstraZeneca and Jcovden® by Johnson&Johnson are **vector-based vaccines.** They also don't transport the coronavirus itself, only the genetic material for its spike protein, into the human body. The developers of this vaccine type use a virus that is harmless to humans, and unable to multiply, as a means of transport (vector). Here, too, our own body cells manufacture the spike protein for a short time. The immune system then has suitable antibodies ready to act as a defence against SARS-CoV-2.

An information fact sheet on COVID-19 vaccines (vector-based vaccines) in more than 20 languages is available at <u>rki.de/DE/Content/Infekt/Impfen/</u> <u>Materialien/COVID-19-Vektorimpfstoff-Tab.html</u>

Valneva® contains whole SARS-CoV-2 virus (entire virus particles), which has been killed and thus rendered inactive, and is therefore classed as a whole virus vaccine. The vaccine also contains two adjuvants, which increase the immune reaction mediated by the vaccination. When the vaccine enters the body, the immune system recognises it as foreign. It responds by making antibodies, which neutralise the virus particles.



In Germany, the Paul-Ehrlich-Institute (PEI) constantly monitors the safety, efficacy, and the duration of the protective effect of all vaccines used. The Standing Commission on Vaccination (Ständige Impfkommission, STIKO) of the Robert Koch-Institute (RKI) regularly issues updated vaccination recommendations for Germany, which the local health care system uses as a standard.

As with all vaccinations, localised reactions and side effects can occur. Complaints usually appear within hours or days. They rarely last longer than three days. The most common reaction is pain at the injection site. Other possible reactions are fatigue, headache, chills, and fever. If these complaints last longer than three days, you should seek medical advice. Severe side effects such as allergic reactions, facial paralysis, and thrombosis or coagulation disorders are very rare.

The reason for the age recommendation '30 years and older' for the Spikevax vaccine by Moderna are very rare occurrences of inflammation of the heart muscle and pericardium, especially in boys and young men, within 14 days of vaccination. Most cases of these heart muscle or pericardial inflammations were mild or moderate. Because these cases were observed more frequently with the Spikevax than with the Comirnaty vaccine, the Standing Committee on Vaccination recommends the use of Comirnaty for persons under 30 years of age. No increased risk of heart muscle or pericardial inflammation exists for people over the age of 30 years vaccinated with Spikevax. The reason for the recommended age limit 'from age 60' for the vaccines by AstraZeneca and Johnson&Johnson is a very rare but severe side effect (cerebral venous thrombosis) in vaccinated persons younger than 60 years. Adults below age 60 can ask their doctors to provide them with comprehensive advice and risk counselling, and to vaccinate them with these vaccines if they accept their own individual risk and provide their express consent.

Important: The protein-based vaccine by Novavax, like the mRNA vaccines, does not contain SARS-CoV2 virus components capable of replication. This means that this new COVID-19 vaccine is also an inactivated (killed) vaccine.

The whole virus vaccine by Valneva, too, contains virus particles that are unable to replicate. This COVID-19 vaccine is a classic killed vaccine.

COVID-19 booster vaccination

The Standing Committee on Vaccination recommends a COVID booster vaccination for all persons 12 years and older, to be given in general from the sixth full month after base immunisation has been completed.

An Omicron-adapted mRNA vaccine should preferably be used for the booster vaccination. All persons under 30 years of age and those who are pregnant should only receive the Comirnaty[®] vaccine for this purpose.

All three currently available mRNA vaccines (Corminaty[®] and Spikevax[®]) are considered suitable for booster vaccinations in people over 30 years of age. Persons with immune deficiency are recommended a booster vaccination at least three months after the previous dose or recovery from SARS-CoV-2 infection.

The recommendation for a COVID-19 booster vaccination also applies to pregnant persons from the second trimester, and to persons under 12 years who have already had SARS-CoV-2 infection and have received one vaccine dose afterwards.

A **second booster vaccination** is recommended for persons exposed to particularly high health risks (people from age 60, residents and care recipients of care facilities, people with weakened immune systems from 5 years of age) as well as for personnel in medical and care facilities. For persons with this risk profile, the second booster vaccination is generally recommended no earlier than six months after the first booster vaccination.

In persons with immune deficiency, booster vaccination is recommended at least three months after the last dose or recovery from SARS-CoV-2 infection.

Persons who have received at least two doses of one of the vaccines that have not been approved for use in the EU (CoronaVac by Sinovac, Covilo by Sinopharm, Covaxin by Bharat Biotech International Ltd., and Sputnik V by Gamaleja) receive a single booster vaccination with an mRNA vaccine at least six months after the last dose.

However, persons who have been vaccinated with other vaccines not approved in the EU, or who have received only one dose of one of the non-EUapproved vaccines mentioned above (CoronaVac, Covilo, Covaxin, Sputnik V), will require a complete new set of vaccinations with one of the vaccines approved in the EU, including a booster dose.

Vaccination recommendations by population group

- Persons from the age of 6 months with preexisting health conditions including immune deficiency: general vaccination recommendation (base immunisation, and, from the age of 5 years, two booster vaccinations)
- Persons aged 6 months to 4 years: according to individual risk assessment in consultation with the doctor: base immunisation for healthy children in whose social environment close contact persons with a high risk of severe COVID-19 illness are present who themselves cannot be securely protected by vaccination.
- Persons aged 5 to 11 years: general vaccination recommendation using one initial dose for all healthy children; upon individual risk assessment in consultation with the doctor: base immunisation for healthy children in whose social environment close contact persons with a high risk of severe COVID-19 illness are present who themselves cannot be securely protected by vaccination, or upon individual request by children and parents/legal guardians.
- Persons aged 12 to 17 years: general vaccination recommendation (base immunisation and one booster vaccination)
- Persons aged 18 to 59: general vaccination recommendation (base immunisation and one booster vaccination)
- Persons aged 60 years and older: general vaccination recommendation (base immunisation and two booster vaccinations)

- Pregnant women from the 2nd trimester and breastfeeding women: general vaccination recommendation (base immunisation and one booster vaccination)
- Residents of care facilities and persons at increased risk of severe disease in integration assistance (Eingliederungshilfe) facilities: general vaccination recommendation (base immunisation and two booster vaccinations)
- Personnel in medical and care facilities, especially those who are in direct contact with patients/ residents: workplace-related, indicator-based vaccination recommendation (base immunisation and two booster vaccinations)

Notes on entering the Federal Republic of Germany

Certain provisions apply to people entering Germany. These depend on the level of risk in the region of origin.

Certain regions may be designated virus variant areas. For these, strict regulations regarding registration, proof, and quarantine continue to apply, and short-term transportation bans to Germany may be put in place. Information about the countries and regions designated as virus variant areas is available from the regularly updated RKI website at <u>rki.de/DE/Content/InfAZ/N/Neuartiges_</u> <u>Coronavirus/Risikogebiete_neu.html</u>

A general obligation to provide proof of health status when entering Germany no longer applies (effective 31/05/2022).

A negative PCR test result is required when entering Germany after a previous stay in a virus variant area; proof of vaccination or recovery is not sufficient in this case. Antigen tests are insufficient. The PCR test must, if testing was carried out abroad, be no older than 48 hours. Those entering Germany after staying in a virus variant area abroad must also observe compulsory quarantine, see below for details.

When entering Germany from a virus variant area, proof of a negative PCR test result may be requested by Federal Police or another responsible authority during controls of cross-border traffic into Germany. The authorities conduct random checks of these forms of proof. If you have stayed in a virus variant area within the last 10 days, you must fill in a digital entry registration form (digitale Einreiseanmeldung, DEA) before entering Germany. You must register your intention to enter Germany by completing the electronic form online at <u>einreiseanmeldung.de/#/</u>

If digital entry registration is not possible in exceptional circumstances, the person must carry a completed paper replacement form. Exceptions from compulsory entry registration apply in certain circumstances. The Ministry for Health provides information on this topic at www.bundesgesundheitsministerium.de/coronavirus/infos-reisende/faq-tests-einreisende.html

In addition, **compulsory quarantine** generally applies if you have stayed in a virus variant area during the 10 days before entering Germany. Compulsory quarantine means that, from the time you enter Germany, you must keep separate at home, in principle 14 days. In certain cases, the duration of quarantine is shortened. Exceptions from compulsory quarantine apply in certain circumstances. The Federal Ministry of Health (Bundesgesundheitsministerium) provides information about this at <u>www.bundesgesundheitsministerium.de/</u> <u>coronavirus/infos-reisende/faq-tests-einreisende.</u> <u>html</u>

If you suspect that you may have been infected with the coronavirus, (see ,Signs of SARS-CoV-2 infection'), go and get tested immediately (see ,Coronavirus testing').

Sources of further information

For Bavaria:

Bayerisches Staatsministerium für Gesundheit und Pflege stmgp.bayern.de/coronavirus

Bayerisches Landesamt für Gesundheit und Lebensmittelsicherheit Igl.bayern.de/gesundheit/infektionsschutz/ infektionskrankheiten a z/coronavirus/faq.htm

Bayerisches Staatsministerium des Innern – Katastrophenschutz (civil protection) corona-katastrophenschutz.bayern.de

Kassenärztliche Vereinigung Bayern – Arztsuche für Test (search for doctors who provide testing) dienste.kvb.de/arztsuche/app/suchergebnisse.htm?hashwert=a126d5d04b692b-87be6ccbe3b2717826&lat=48.1351253&lng=11.5819805&zeigeKarte=true

Integrationsbeauftragte der Bayerischen Staatsregierung – multilingual information <u>https://integrationsbeauftragte.bayern.de/</u> infos-und-downloads/#Corona-Downloads

Germany-wide:

Robert Koch-Institut (RKI) – Pandemie aktuell (pandemic updates) <u>rki.de/DE/Home/homepage_node.html</u>

Robert Koch-Institut (RKI) – Impfinformation zu mRNA-Impfstoffen in mehr als 20 Sprachen (vaccination information regarding mRNA vaccines in more than 20 languages) <u>rki.de/DE/Content/Infekt/Impfen/Materialien/</u> <u>COVID-19-Aufklaerungsbogen-Tab.html</u>

Robert Koch-Institut (RKI) – Impfinformationen zu Vektorimpfstoffen in mehr als 20 Sprachen (vaccination information regarding vector-based vaccines in more than 20 languages) <u>rki.de/DE/Content/Infekt/Impfen/Materialien/</u> <u>COVID-19-Vektorimpfstoff-Tab.html</u>

Das Auswärtige Amt – Sicherheit von Reisenden (travel security advice) <u>auswaertiges-amt.de/de/ReiseUndSicherheit</u>

Bundesministerium für Gesundheit – Einreiseanmeldung (online registratoion for entry into Germany) <u>einreiseanmeldung.de/#/</u>

Bundesministerium für Gesundheit – Zusammen gegen Corona (together against coronavirus) zusammengegencorona.de

Integrationsbeauftragte der Bundesregierung – multilingual information integrationsbeauftragte.de/ib-de/staatsministerin/ corona/coronavirus-wir-informieren-in-mehrerensprachen-deutsch--1874222

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