



# Declining COVID-19 morbidity and case fatality in Germany: the pandemic end?

Ulf Dennler<sup>1</sup> · Fabian Geisler<sup>2</sup> · Christoph D. Spinner<sup>2</sup>

Received: 10 May 2022 / Accepted: 9 June 2022 / Published online: 18 June 2022  
© The Author(s) 2022

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) caused the 2019 global Coronavirus disease (COVID-19) pandemic. A high disease burden, increasing hospitalization rates, and daily mortality numbers were reported in many countries during the initial waves of the pandemic. In the absence of specific prevention and therapy, non-pharmaceutical public health interventions targeted social distancing, contact reduction and universal masking to contain infections [1]. Subsequently, different COVID-19 vaccines became licensed, resulting in effective prevention of infection and disease [2]. Shortly after the global vaccines became available, reports showed waning vaccine efficacy, necessitating a booster vaccination [3]. Furthermore, novel variants challenged the effectiveness of the vaccines. The Omicron variant was described first in November 2021 and was simultaneously associated with an increased likelihood of transmission but reduced morbidity and mortality in vaccinated patients [4, 5]. As a result, it remains unclear whether the infection prevention strategy is still adequate to reduce morbidity and mortality.

Publicly available data on reported infections, deaths, and vaccinations were analyzed to study this question in the German population (eRef 1). Infections and vaccinations were recorded cumulatively as a proportion over time. Case fatality (CF) over time was calculated from the 7-day

average data for infections and deaths. This was compared with the cumulative course for the first, second, or booster vaccination and infection rates.

Ultimately, the German vaccination campaign was initiated focusing on vulnerable persons and healthcare workers (HCWs) on December 27, 2020. Within the following 8 months, 60% of the population received at least one vaccination, while a CF reduction from 4.5% to approximately 0.5% was observed. While from September to November 2021, an increase in CF to 1% was observed, from September 2021 onwards, a national booster campaign was carried out, focusing on vulnerable persons at risk of severe COVID-19 and the HCWs.

Between mid and end of December 2021, the Omicron spread increased to 70%, while at the same time, CF decreased from 0.75% to 0.5%. With Omicron infections rising rapidly thereafter, CF dropped to 0.1% simultaneously (Fig. 1).

In conclusion, parallel to the initial vaccination campaign CF dropped by 90% in the pre-Omicron era. Very likely associated with increased immune competence of more than 80% by vaccinations or convalescence and the parallel emergence of Omicron, CF and vaccination rates became independent in twice vaccinated or convalesced people. Public health measures should be carefully re-evaluated and focus on morbidity and mortality instead solely infection prevention.

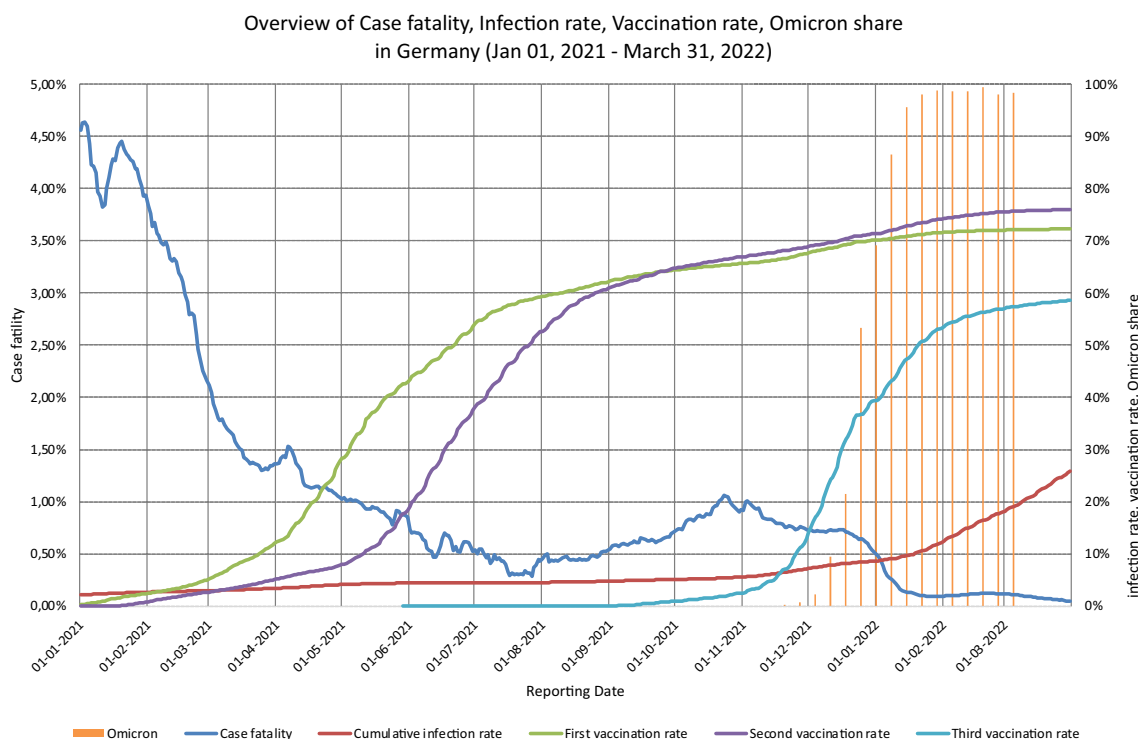
✉ Ulf Dennler  
ulf.dennler@uniklinik-ulm.de

✉ Christoph D. Spinner  
christoph.spinner@tum.de

Fabian Geisler  
fabian.geisler@mri.tum.de

<sup>1</sup> Staff Office Strategic Medical Controlling, University Hospital Ulm, Faculty of Medicine, University of Ulm, Albert-Einstein-Allee 29, 89081 Ulm, Germany

<sup>2</sup> Department of Internal Medicine II, University Hospital Rechts der Isar, Technical University of Munich, School of Medicine, Ismaninger Str.22, 81675 Munich, Germany



**Fig. 1** Covid-19 case fatality based on 7-day average of cases and deaths; cumulative rates of vaccinations, infections, and Omicron share in Germany (complete data sources of this herein presented generated graph: eRef 1)

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s15010-022-01873-0>.

**Funding** Open Access funding enabled and organized by Projekt DEAL. No project specific funding has been obtained.

## Declarations

**Conflict of interest** UD and FG do not report any conflict of interest. CDS reports grants, personal fees from AstraZeneca, individual fees and non-financial support from BBraun Melsungen, personal fees from BioNtech, grants, personal fees and non-financial support from Gilead Sciences, grants and personal fees from Janssen-Cilag, personal fees from Eli Lilly, personal fees from Formycon, personal fees from Roche, other from Apeiron, grants and personal fees from MSD, grants from Cepheid, personal fees from GSK, personal fees from Molecular partners, other from Eli Lilly, personal fees from SOBI during the conduct of the study; personal fees from AbbVie, personal fees from MSD, personal fees from Synairgen, grants and personal fees from ViiV Healthcare, outside the submitted work.

**Ethics committee statement** According to local law, no ethics committee statement had to be obtained, as only anonymized publicly available data have been processed.

**Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes

were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

## References

1. Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ; COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet* 2020;395(10242):1973–87.
2. Lin DY, Gu Y, Wheeler B, Young H, Holloway S, Sunny SK, Moore Z, Zeng D. Effectiveness of covid-19 vaccines over a 9-month period in North Carolina. *N Engl J Med*. 2022;386:933–41.
3. Eyre DW, Taylor D, Purver M, et al. Effect of COVID-19 vaccination on transmission of alpha and delta variants. *N Engl J Med*. 2022;386:744–56.
4. Collie S, Champion J, Moultrie H, Bekker LG, Gray G. Effectiveness of BNT162b2 vaccine against omicron variant in South Africa. *N Engl J Med*. 2022;386:494–6.
5. Ulloa AC, Buchan SA, Daneman N, Brown KA. Estimates of SARS-CoV-2 omicron variant severity in Ontario, Canada. *JAMA*. 2022;327:1286–8.