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**INFECTIOUS DISEASES** AND **VACCINATIONS** 

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- CORONAVIRUS COVID-19 LATEST UPDATES
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**INFECTIOUS DISEASES AND VACCINATIONS** 

What's new

Coronavirus COVID-19 – Latest Updates

**Situation update** on coronavirus

Map application on corona cases

The COVID-19 epidemic: regional situation, recommendation s and restrictions

## Situation update on coronavirus



Updated on Thu, 15 October at 14:30.

The Finnish Institute for Health and Welfare (THL) is closely monitoring the development of the epidemic. The situational review page is updated on weekdays and the corona map daily. Hospital districts report deaths associated with the disease and the number of patients in hospital and intensive care three times a week on Mondays, Wednesdays and Fridays.

#### Finland's situation in brief

- Reported cases in total: **12,944** (+ 241\*)
- Tested samples in total over **1,266,300** (+ 35,800\*) \* The change in the total number of cases reported to the register compared to yesterday is 241 cases. All of these are new cases detected in the last two weeks. The number of tested samples describes the change in the

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#### **WHAT'S NEW**

14 Oct 2020

Study by THL and Welfare and the City of Helsinki: Antibodies elicited by coronavirus infection persist for at least four months

9 Oct 2020

The English version of Koronavilkku has been released

6 Oct 2020

total number of tests compared to yesterday. The number of tested samples may specify retrospectively. Also see below for information on Reporting of data.

- A total of **350** (+ 4\*\*) deaths associated with the disease have been reported.
- The number of people in hospital care in Finland is 48 (+ 2\*\*)
- The number of people in intensive care in Finland is
   8 (-2\*\*)
  - \*\* The information was updated on Wednesday, 14 October. The figures describe the change compared to the situation on Monday, 12 October.
- In relation to Finland's total population (5,543,233), the prevalence of cases is **234** cases per 100,000 people.
- During the most recent fourteen-day monitoring period (29 September - 12 October), 2771 new cases were diagnosed. The incidence of new cases in relation to the population was 50 cases per 100,000 inhabitants.
- During the previous fourteen-day monitoring period (15-28 September), the corresponding figures were 1,238 new cases, with an incidence of 22.3 cases per 100,000 inhabitants. Reporting delays can affect the numbers stated for the most recent monitoring period.
- Virus testing currently has a capacity is about 20,000 tests per day.
- An estimated 9,100 people have recovered, which is about 70% of reported cases. The estimate is based on the follow-up of the observed cases over a period of three weeks (21 days). A person is considered to have recovered, when they do not have any follow-up data related to the progress of the illness after 3 weeks have passed from diagnosis. The estimate is updated once a week on Wednesdays, the estimate was last updated on 14 October.

Impacts of the coronavirus epidemic on experiences of domestic violence and the use of services (KOVÄ)

2 Oct 2020

Users reported 600 infections through Koronavilkku in September - make sure you have the latest version of the application

17 Sep 2020

Impact of coronavirus epidemic on wellbeing among foreign born population (MigCOVID)

See all news on Coronavirus

## On this page

- Information by region
- Coronavirus-related deaths
- Hybrid Strategy indicators
- The current status of the epidemic in other countries
- Reporting of information

## Information by region

• The regional incidence will be monitored in the situation

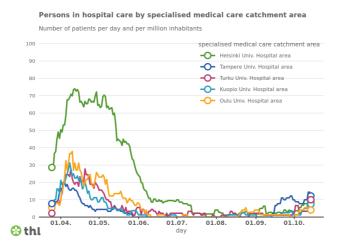
- review for 14-day monitoring periods. A comparison of 14 day monitoring periods will reflect changes in incidence and the status of the epidemic over a longer period of time.
- Regional incidence has changed as follows during the last 14 days (29 September - 12 October) compared to the previous 14-day monitoring period (15– 28 September):
- Incidence has increased in 17/21 regions compared to the previous 14 days.
  - The largest number of new cases have been recorded in the hospital districts of Helsinki and Uusimaa, Vaasa, Southwest Finland, Pirkanmaa, Central Finland, Kanta-Häme and South Ostrobothnia.
  - In the other regions where new cases have been diagnosed, there have been fewer cases, under fifty new cases per region during the latest monitoring 14-day monitoring period.
- Incidence decreased or remained the same in 4/21 hospital districts.
- New cases were diagnosed in every region during the most recent 14-day monitoring period.
  - Regional restrictions and recommendations (in Finnish)

## People hospitalised due to coronavirus and deaths associated with the disease

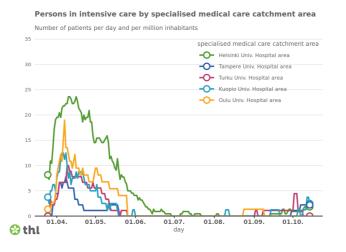
Catchment area	Inpatient care	In intensive care	Hospitalised, total number	Deaths (cumulative)
Helsinki University Hospital catchment area*	15	4	19	283
Kuopio University Hospital catchment area	4	2	6	25
Oulu University Hospital catchment area	3	0	3	14
Tampere University Hospital catchment area	9	2	11	8

Turku University Hospital catchment area + Åland	9	0	9	20
Nationwide total	40	8	48	350

The table shows the number of patients that have been hospitalised due to COVID-19 and the number of deaths associated with the disease by catchment area. The figures are based on information reported by the hospital districts. The patient situation is reported by catchment area to ensure patient privacy. Turku University Hospital catchment area also includes data for Åland. Information has been updated on 14 October.



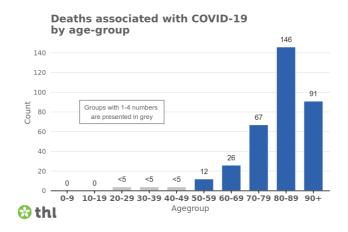
The graph shows the number of people in hospital care due to having contracted COVID-19 in relation to a million residents by catchment area. Graph updated on 14 October.



The graph shows the number of people in intensive care due to having contracted COVID-19 in relation to a million residents by catchment area. The graph is updated on business days. Graph updated on 14 October.

#### Coronavirus-related deaths

 Thus far, the National Infectious Diseases Register has accumulated information on 350 fatalities and more detailed information is available on these. Of them, 47 percent were men and 53 percent were women. The median age of the deceased is 84.



The graph shows the age distribution of the deceased whose deaths were related to COVID-19. The protection of privacy has been taken into account in the breakdown of age groups. For example, if there are 1–4 cases, the number is reported in the statistic as <5, and is shown in the graph with a light grey of a standard size. No further information will be given on these cases. Data source Infectious Diseases Register. The information is updated once a week on Wednesdays. The information has been updated on 14 October.

- More detailed information on where the deceased had been treated immediately prior to their death has been collected from hospital districts on all 350 individuals:
  - Of the deceased, 21 per cent were in specialised medical care, 35 per cent in primary health care units, 43 per cent in social welfare 24-hour units and 1 per cent at home or elsewhere.
- The majority (over 95 percent) of the deceased persons for whom more detailed health information is available had one or more long-term illnesses.
- The coronavirus epidemic has not increased total mortality in Finland. Deaths of working-age people are very rare, and no deaths of children and young people have been diagnosed in Finland.

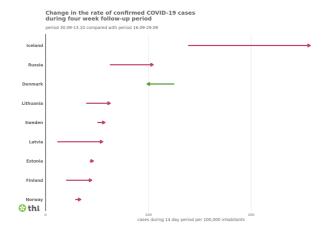
# Indicators on the effectiveness of Finland's hybrid strategy

 The effectiveness of Finland's hybrid strategy in combating the coronavirus epidemic is monitored using epidemiological, medical, and functional indicators.

- The monitoring report by the Situational Picture and Modelling Working Group appointed by the Ministry of Social Affairs and Health is published once a week on the THL website:
  - Monitoring of the coronavirus (in Finnish)
  - Situation assessment report, 7 October 2020 (pdf, 1.3 MB, in Finnish)

## The current status of the epidemic in other countries

- We update the current status of the epidemic in other countries once a week on Wednesday. You can look at the global situation daily from the links below.
- Globally, the incidence of new cases is currently highest on the American continents, in Europe and in Asia. During the past month, Europe has reported a steep increase in cases while a gradual decline has been reported in Southeast Asia.
- In Europe, the largest number of new cases in relation to population have been reported in Andorra, Spain, Czech Republic, France, Belgium, the Netherlands and Montenegro. Many new cases in relation to population have also been reported in Great Britain, Iceland and Luxemburg.
- In Finland's neighbouring areas, incidence rates have risen in nearly all countries, mostly in Iceland and Russia.
- A total of more than 162,000 cases of coronavirus and approximately 7,200 deaths associated with the disease have been reported in the Nordic countries.
- Number of cases in different countries (WHO)
- Coronavirus disease (COVID-19) outbreak (WHO)
- Numbers of cases in European countries (WHO)
- A summary of cases diagnosed in Europe on the ECDC website.
- COVID-19 (ECDC)



The graph shows the incidence of diagnosed COVID-19 cases in the Nordic countries, Baltic states and Russia for the two previous 14-day monitoring periods. The direction and colour of the arrow indicate a decrease (Green) or an increase (Red) in incidence. If the incidence has remained the same, it is shown in the graph with a green arrowhead. The graph's cases have been listed according to their reporting date based on publicly available information the European Centre for Disease Prevention and Control (ECDC). The graph is updated once a week on Wednesdays for the situation update. Graph updated on 14 October.

### Reporting of information

- Hospital districts report the numbers for patients in hospital care and deaths associated with the disease.
- New cases are reported to the National Infectious
   Diseases Register according to the date the sample was
   taken.
  - The reported new cases can be spread over several days due to reporting delays. Delays can be related to, for example, the recording of samples and data transfer.
  - The National Infectious Diseases Register
    automatically combines physician's reports and
    laboratory reports concerning the same person
    into a single case. As data is combined, daily case
    numbers may change and become more specific,
  - Information may also change regionally, if more background information is available on persons and the cases are then recorded in another area.
  - All confirmed COVID-19 cases are reported to the National Infectious Diseases Register regardless of where the cases are treated.
  - The National Infectious Diseases Register (NIDR)
    retrieves information on deaths from the
    Population Information System on all cases
    recorded in the NIDR. It is estimated that COVID-19
    has been involved in the chain of events leading to
    the death, if a person with a positive COVID-19 test

result has died within one month after the initial sample collection. The estimated total number of deaths associated with the disease recorded in the National Infectious Diseases Register may differ from the numbers reported by hospital districts.

- Tested samples are reported according to their date of analysis.
  - Laboratories report the number of tested samples to the Finnish Institute for Health and Welfare by hospital district. Data on sample numbers may also change when these are checked and specified retrospectively.

#### See also

- THL corona map
- More information on the corona map.
- THL symptoms map
- More information on the Symptoms Map

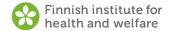
#### Research

- THL is researching the spread of the coronavirus epidemic in the population and regionally. For more information on studies, see below:
  - Weekly report on the serological population study of the coronavirus epidemic
  - Monitoring of coronavirus at wastewater treatment plants



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Administrative sector of the Ministry of Social Affairs and Health



THL studies population health and welfare, effectiveness of health and welfare policies and services, environmental health as well as social problems.