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Map application on corona cases

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

Situation update on coronavirus

Suomeksi / På svenska



Updated on Fri, 23 October at 16:45.

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: 14 474 (+219*)
- Tested samples in total over **1 362 000** (+10 400*)
 - * The change in the total number of cases from the previous day is 219 cases. Of these, 216 are new cases

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WHAT'S NEW

22 Oct 2020

Age and underlying conditions multiply risk of hospitalisation or death among those who have COVID-19

14 Oct 2020

Study by THL and Welfare and the City of Helsinki: detected in the last two weeks. The number of samples tested also describes the change in the total number of tests compared to the previous day. Sample counts may be adjusted retroactively to a more specific figure. Also see below for information on Reporting of data.

- A total of **353** (-2**) deaths associated with the disease have been reported.
- The number of people in hospital care in Finland is 70 (+5**)
- The number of people in intensive care in Finland is 11 (+4**)
 - ** The information was updated on Friday 23 October. The figures describe the change compared to the situation on Wednesday 21 October. The number of deaths has been modified after checking of data. Three deaths related to the disease have been removed from the statistics in Turku University Hospital catchment area. One new death related to the disease has been reported in Helsinki University Hospital catchment area.
- In relation to Finland's total population (5,543,233), the prevalence of cases is **261** cases per 100,000 people.
- During the most recent fourteen-day monitoring period (7–20 October) 2,671 new cases were diagnosed. The incidence of new cases in relation to the population was 48.2 cases per 100,000 inhabitants.
- During the previous fourteen-day monitoring period (23 September–6 October), the corresponding figures were 2,186 new cases, with an incidence of 39.4 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 9,800 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 21 October.

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

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

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** (7–20 October) compared to the previous 14-day monitoring period (23 September–6 October):

- Incidence has increased in 10/21 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,
 Central Finland, Southwest Finland, Pirkanmaa, North Ostrobothnia and Kanta-Häme.
- 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 11/21 hospital districts.
- New cases were diagnosed in all regions during the most recent 14-day monitoring period.

For more information on the regional epidemic situation by hospital district:

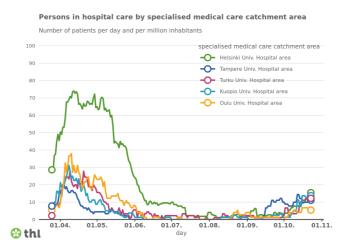
Regional restrictions and recommendations

People hospitalised due to coronavirus and deaths associated with the disease

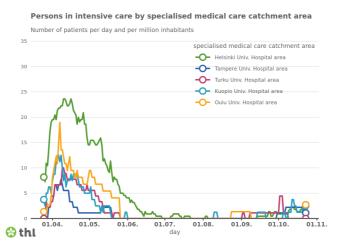
Catchment area	Inpatient care	In intensive care	Hospitalised, total number	Deaths (cumulative)
Helsinki University Hospital catchment area*	28	6	34	284
Kuopio University Hospital catchment area	9	2	11	25
Oulu University Hospital catchment area	2	2	4	14

Tampere University Hospital catchment area	9	1	10	9
Turku University Hospital catchment area + Åland	11	0	11	21
Nationwide total	59	11	70	353

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 23 October.



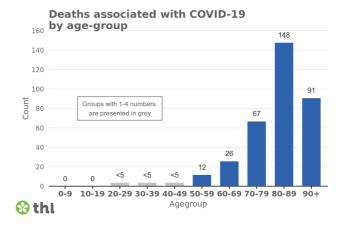
The graph shows the number of people in hospital care due to having contracted COVID-19 in relation to a million residents by catchment area. Graph updated on 23 October.



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 23 October.

Coronavirus-related deaths

 Thus far, the National Infectious Diseases Register has accumulated information on 352 fatalities and more detailed information is available on these. Of them, 48 percent were men and 52 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 21 October.

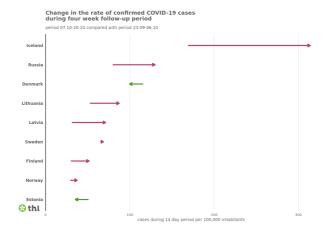
- More detailed information on where the deceased had been treated immediately prior to their death has been collected from hospital districts on all 353 individuals:
 - Of the deceased, 21 per cent were in specialised medical care, 35 per cent in primary health care units, 42 per cent in social welfare 24-hour units and 2 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, 21 October 2020 (pdf, 1.4 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 and in Europe and Russia. 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 Czech Republic, Belgium, the Netherlands, France, Slovenia and Spain. Many new cases in relation to population have also been reported in Great Britain, Iceland, Luxemburg and Slovakia.
- In Finland's neighbouring areas, incidence rates have risen in nearly all countries, mostly in Iceland, Russia and Latvia.
- A total of more than 173,000 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 21 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

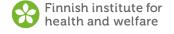
THL is researching the spread of the coronavirus epidemic in the population and regionally. For more information on studies, see below:

- 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.