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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, recommendations and restrictions

Situation update on coronavirus

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Corona map

See the confirmed coronavirus cases
thl.fi/coronamap

Starting from the 9th of November the situational review page will be updated on Mondays, Wednesdays and Fridays, on which days the hospital districts also report deaths associated with the disease and the number of patients in hospital and intensive care.

The corona map is updated daily at noon. The map has information on daily numbers of confirmed cases and tested samples as well as cumulative numbers of confirmed cases and deaths. The map also shows the incidence of the disease, and the number of cases and tests by hospital district and municipality.

Updated on Fri, 13 November at 13:40.

Finland's situation in brief

BACK TO MAIN PAGE

[Back to Coronavirus COVID-19 – Latest updates main page](#)

WHAT'S NEW

10 Nov 2020

[The FinHealth 2017 follow-up study examines the effects of the coronavirus epidemic on health and well-being – what has been changing?](#)

9 Nov 2020

- Reported cases in total: **18,858** (+513*)
 - On Thursday 12 November, 197 cases were reported.
 - On Friday 13 November, 316 cases were reported.
- Tested samples in total over **1,695,300** (+36,100*)
- A total of **369** (+4*) deaths associated with the disease have been reported.
- The number of people in hospital care in Finland is **73** (+0*)
- The number of people in intensive care in Finland is **15** (+1*)

* The information was updated on Friday 13 November and show the change compared to on Wednesday 11 November. The information on [the corona map](#) is updated every day. Case and sample volumes may be adjusted retrospectively as more information becomes available. Also see below for information on [Reporting of data](#).
- Information on the regional epidemic situation by hospital district:

[Regional restrictions and recommendations](#)
- Virus testing currently has a capacity is over **20,000** tests per day.
- An estimated 14,000 people have recovered, which is about 75% 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 11 November.

[Christmas is coming – remember to keep it safe at Christmas parties!](#)

5 Nov 2020


[Koronavilkku has been downloaded more than 2.5 million times – widespread use increases the app's effectiveness](#)

30 Oct 2020

[Growth rate of new COVID-19 cases appears to have levelled off – rapid developments in epidemic possible](#)

27 Oct 2020

[Recommendation to restrict group hobbies during the acceleration and spreading stage of coronavirus](#)

[See all news on Coronavirus](#) 

On this page

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- [Information by region](#)
- [Coronavirus-related deaths](#)
- [The current status of the epidemic in other countries](#)
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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).

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** (28 October – 10 November) compared to the previous 14-day monitoring period (14–27 October):

- Incidence has increased in 11/21 regions compared to the previous 14 days.
- The largest number of new cases have been recorded in the hospital districts of Helsinki and Uusimaa, Southwest Finland, North Ostrobothnia and Pirkanmaa.
- In the other regions where new cases have been diagnosed, there have been under a hundred new cases per region during the latest 14-day monitoring period.
- Incidence decreased or remained the same in 10/21 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:

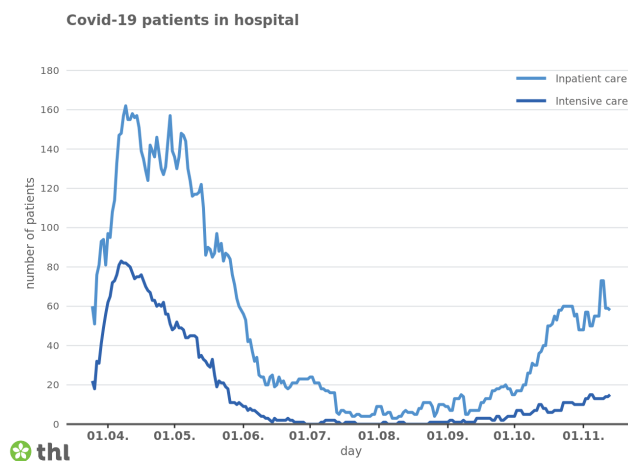
[Regional restrictions and recommendations](#)

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	39	7	46	291

Kuopio University Hospital catchment area	2	2	4	28
Oulu University Hospital catchment area	5	2	7	15
Tampere University Hospital catchment area	6	2	8	13
Turku University Hospital catchment area + Åland	6	2	8	22
Nationwide total	58	15	73	369

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 13 November



The graph shows the number of people in hospital care and intensive care in Finland. The figures are based on information reported by the hospital districts. The information was updated on 13 November.

About intensive care

- A national office for the coordination of intensive care headed by the Kuopio University Hospital (KUS) maintains the national [situational picture on intensive](#)

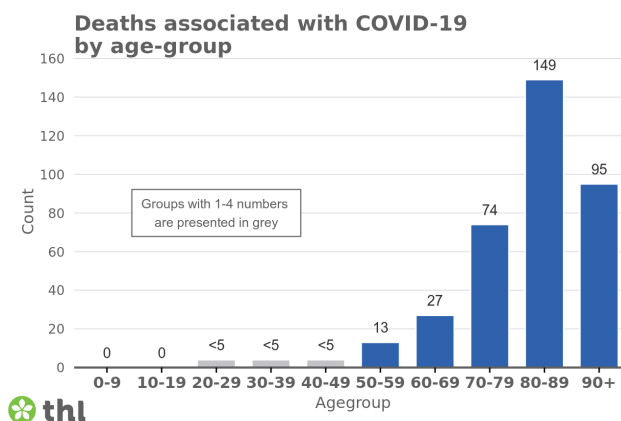
[care \(in Finnish\)](#).

- Monthly reports provide more information on intensive care capacity, treatment periods, age and gender distribution and on the previous health status of patients.

[Situation update on intensive care on 28/10/2020 \(Office coordinating intensive care, in Finnish\)](#)

Coronavirus-related deaths

- Until Wednesday 11 November, the National Infectious Diseases Register has accumulated information on 364 fatalities and more detailed information is available on these. Of them, 49 percent were men and 51 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 11 November. The corona map shows the age distribution of deaths for age groups with more than 4 deaths. The graph is updated every day.

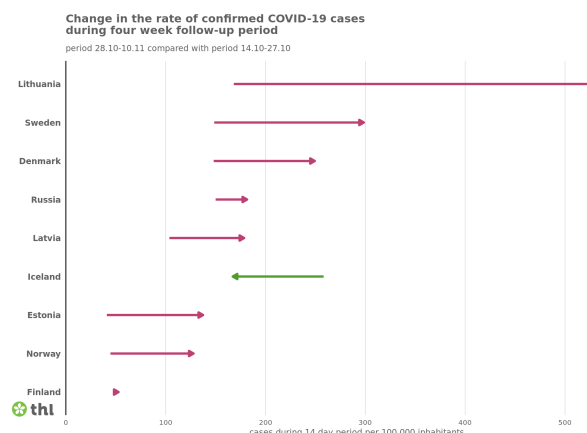
- More detailed information on where the deceased had been treated immediately prior to their death has been collected from hospital districts on all 369 individuals: Of the deceased, 22 per cent were in specialised medical care, 36 per cent in primary health care units, 41 per cent in social welfare 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 overall mortality in Finland. Deaths among working-age people are very rare and no deaths related to coronavirus

disease in children and adolescents have been reported in Finland.

- [The corona map](#) has also information on deaths related to COVID-19 according to the date of death, and on the age distribution of the deceased.

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 in Europe and Russia and on the American continents. During the past month, especially Europe has reported an increase in cases.
- In Europe, the largest number of new cases in relation to population have been reported in Czech Republic, Luxemburg, Belgium, Liechtenstein and Slovenia.
- In Finland's neighbouring areas, incidence rates have risen considerably in almost all countries, mostly in Lithuania and Sweden.
- A total of more than 250,000 cases of coronavirus and approximately 7,400 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 11 November.

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:

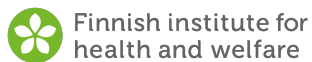
- [Weekly report on the serological population study of the coronavirus epidemic](#)
- [Monitoring of coronavirus at wastewater treatment plants](#)



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Administrative sector of the Ministry of Social
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THL studies population health and welfare, effectiveness of health and welfare policies and services, environmental health as well as social problems.