

# COVID-19 EPIDEMIOLOGICAL UPDATE

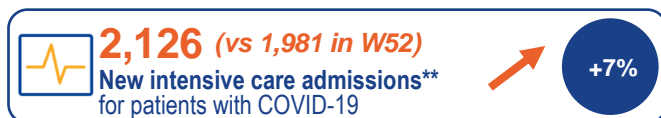
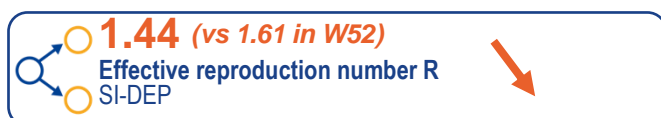
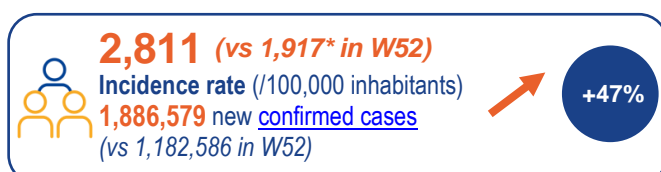
Weekly Report / Week 01 / 13 January 2022

As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners<sup>1</sup> as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 13 January 2022.

## Key numbers

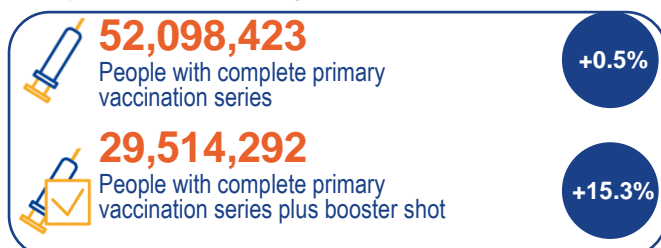
In week 1 (3-9 January 2022)

Compared to week 52 (27/12/2021-02/01/2022)



On 11 January 2022

Compared to 4 January 2022



## Key points

### Epidemiological situation

**Week 1: strong increase in the circulation of SARS-CoV-2 and a rise in new hospital and intensive care admissions, putting the hospital system under significant strain.**

- Metropolitan France:
  - Incidence rate highest among 20-29 year-olds (>5,200/100,000 inhabitants) and 10-19 year olds (>4,500)
  - Incidence rate >2,000 in all regions
  - New hospital and intensive care admissions increasing in most regions
  - Rise in hospital admissions less substantial in this wave, compared to the increase in incidence
  - Stable proportion of 0-17 year olds among patients hospitalised for COVID-19
- Overseas France:
  - Incidence rate >2,000 in all regions
  - Hospital admission rates very high in French Guiana, Mayotte and Reunion Island.

### Variants

- 89% of screened tests showed a profile compatible with the Omicron variant in week 1
- Omicron accounted for 65% of the interpretable sequences in the week 52 Flash Survey of 27 December 2021

### Prevention

- Vaccination on 11 January 2022 (Vaccin Covid data):
  - 77.6% of the French population had received a complete primary vaccination series
  - 55.7% of the 18+ age group (representing 66.8% of those eligible) and 76.4% of the 65+ age group (85.5% of those eligible) had received a booster shot
- Importance of combining measures:
  - Complete vaccination series with a booster at 3 months
  - Compliance with preventive measures including wearing a mask and reducing contacts, along with other precautionary recommendations such as frequent ventilation of enclosed spaces, working from home and adherence to contact tracing

[Dashboard](#)

[InfoCovidFrance](#)

Key figures and evolution of COVID-19 in France and worldwide

\*Rates corrected for the effect of the public holiday (1 January) \*\*Unconsolidated data for W01.

<sup>1</sup>Santé publique France acknowledges the large public health network that contributes to COVID-19 surveillance: healthcare professionals working in private practice and hospitals, emergency departments, hospital and private biology laboratories, learned societies for infectious diseases, resuscitation, and emergency medicine, CNAM, INSERM, and INSEE.

## Week 1 (3 to 9 January 2022)

### SITUATION UPDATE

In week 1, the circulation of SARS-CoV-2 has strongly increased, with an incidence rate exceeding 2,000 cases per 100,000 inhabitants in all metropolitan and overseas regions. The increase in admissions to hospital and intensive care is putting the hospital system under considerable extra strain. The rise in hospital admissions is, however, less substantial in this wave when compared to the increase in incidence. This observation is linked to a less severe infection caused by Omicron, which is the predominant variant in the country with 89% of screened tests compatible in week 1. The incidence rate was highest among 20-29 year-olds (5,208, +44%) and 10-19 year-olds (4,520, +104%). On 11 January, 77.6% of the French population had completed a primary vaccination series. Among adults aged 18 and over, 55.7% had received a booster shot (76.4% in the 65+ age group). In this context of high viral circulation and increasing hospitalisations, strict adherence to all preventive measures, including wearing a mask and reducing contacts, as well as frequent ventilation of enclosed spaces and teleworking, is now more necessary than ever in order to curb the number of contaminations and protect the most vulnerable. Intensified vaccination, including the 3-month booster, and compliance with all recommended measures in case of symptoms, a positive test or risk exposition, are essential for limiting the impact on the healthcare system.

### EPIDEMIOLOGICAL UPDATE

**Nationally**, the incidence rate reached 2,811 cases per 100,000 inhabitants (vs 1,917 in week 52, +47%), representing more than 269,500 new cases per day on average. It exceeded 2,000 cases per 100,000 inhabitants among adults under 60 years and remained highest in the 20-29 age group (5,208, +44%). The increase was greatest among 0-9 year-olds (2,524, +132%) and 10-19 year-olds (4,520, +104%), as was the screening rate (19,237/100,000, +241% and 22,164, +87% respectively), reflecting the start of the new school term and the resumption of screening within schools. All ages combined, the screening rate was 14,166 per 100,000 inhabitants (+26%). Almost one in five tests was positive in week 1 (positivity rate equal to 19.8%, +2.7 points).

Although the number of consultations for suspected COVID-19 rose for the third consecutive week in SOS-Médecins associations (8,191, +39%) and in emergency departments (16,685 visits, +16%), these increases were less substantial than the increase in cases. The rate of patients admitted to hospital post-emergency department visit for COVID-19 has been decreasing in recent weeks (34% in week 1 vs. 49% in week 50), whereas the same rate for all other emergency department visits was stable.

The number of new hospital admissions (12,815, +17%) and intensive care admissions (2126, +7%) both increased this week (unconsolidated data). In children, these increases were mainly observed in infants under the age of 1 year, with no evidence of greater severity to date. The proportion of 0-17 year-olds among patients hospitalised for COVID-19 remained stable (between 3% and 5%). Furthermore, regardless of age, the proportion of symptomatic cases leading to hospitalisation for COVID-19 was lower than in previous waves. On 11 January, 23,437 COVID-19 patients were hospitalised, including 3,982 in intensive care.

The rate of [all-cause mortality](#), still in excess, seemed to stabilise in week 52. The regions with the highest excess mortality were Auvergne-Rhône-Alpes, Occitanie and Provence-Alpes-Côte d'Azur.

**In metropolitan France**, the incidence rate exceeded 2,000 in all regions and was highest in Île-de-France (4,044, +30%) and Auvergne-Rhône-Alpes (3,085, +47%). It was rising in all regions, except Corsica, where it remained stable (2,615, +2%). Rates of new admissions to hospital and intensive care units increased in the majority of regions.

**In overseas France**, the incidence rate had risen to over 2,000 in all regions. It reached 3,727 in French Guiana (+284%) and 3,451 in Guadeloupe (+194%). The highest rates of new hospital admissions were observed in French Guiana, Mayotte and Reunion Island.

### VARIANTS

In week 1, 89% of screened tests showed mutation profiles consistent with an Omicron variant (vs 75% in week 52). The Flash Survey of 27/12/21 confirms the predominance of Omicron in metropolitan France, with 65% of interpretable sequences in week 52 (unconsolidated data) vs 41% in week 51.

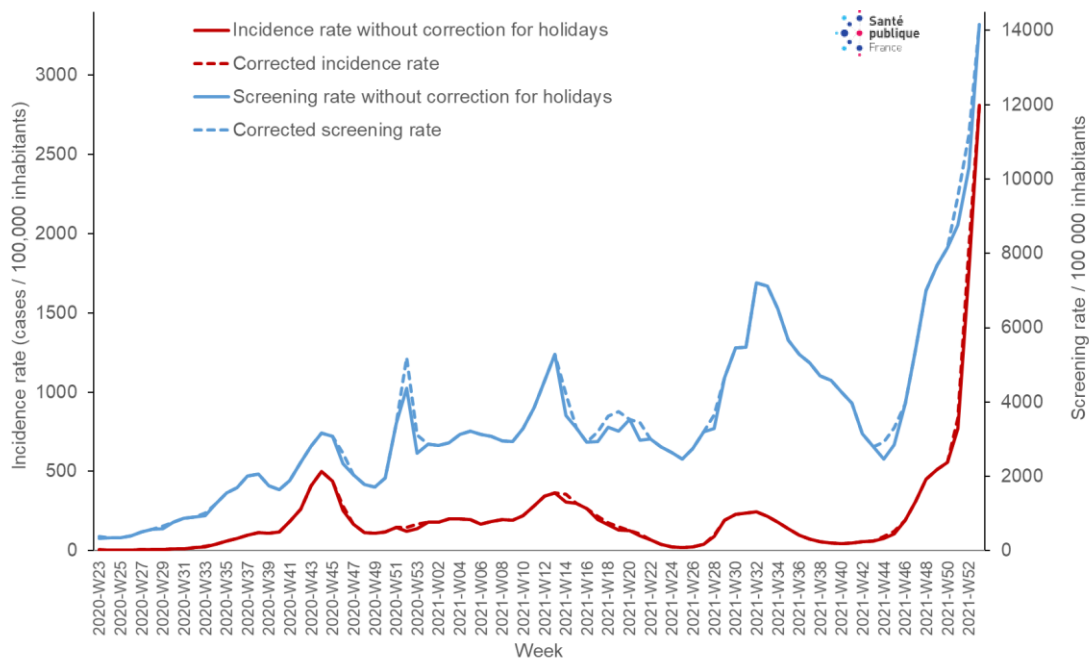
### PREVENTION

On 11 January, 77.6% of the French population had completed a primary vaccination series. Among adults aged 18 years and over, 55.7% had received a booster shot (representing 66.8% of eligible people at that date); this proportion reached 76.4% in the 65+ age group (85.5% of eligible people at that date).

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) continued to increase, reaching 2,811 cases per 100,000 inhabitants in week 1 (vs 1,917 in week 52, +47%). The [screening rate](#) was also on the rise (14,166/100,000 vs 11,203 in week 52, +26%), as was the [positivity rate](#) (19.8%, +2.7 points). Among the 8,718,069 tested individuals who had given details about their symptoms, 81% were asymptomatic, a decrease from previous weeks (82% in week 52 and 87% in week 51). A rise in the positivity rate was observed among both symptomatic (49% vs 45% in week 52) and asymptomatic cases (13% vs 11%). Among people that tested positive, the proportion experiencing symptoms remained unchanged at 47%.

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23, 2020, France (up to 12 January 2022)



Source: SI-DEP, data processing by Santé publique France

### Incidence and screening rates by age group

In week 1, the [incidence rate](#) rose in all age groups, but to a lesser extent among 60-89 year-olds. The greatest increases were observed among 0-9 year-olds (2,524, +132%) and 10-19 year-olds (4,520, +104%). The incidence rate exceeded 3,000 cases per 100,000 inhabitants among 10-49 year-olds and reached 5,208 among 20-29 year-olds. The [screening rate](#) was higher or stable in most age groups. In the context of the new school term, a sharp increase was observed among 0-9 year-olds (19,237, +241%) and 10-19 year-olds, where it was at its highest (22,164, +87%). It was over 10,000 per 100,000 for the under-60s and over-90s. The [positivity rate](#) was on the rise in all age groups, except among 0-9 year-olds, where it decreased (13.1%, -6.2 points). It exceeded 20% among 10-49 year-olds and reached 27.0% among 20-29 year-olds. In school children, the incidence rate was highest among 15-17 year-olds, reaching 5,332 (+132%), with a screening rate of 25,695 (+94%) and a positivity rate of 20.7% (+3.4 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 42-2021, France (data on 12 January 2022)

38	48	55	79	109	143	214	227	229	289	700	844	90 yrs +
43	43	56	66	86	118	148	154	155	200	628	668	80-89 yrs
56	63	80	98	134	184	224	214	204	252	777	833	70-79 yrs
47	57	81	108	155	239	314	326	318	398	1064	1159	60-69 yrs
46	58	84	115	178	278	392	432	459	668	1745	2081	50-59 yrs
61	72	110	145	225	375	550	635	677	978	2264	3022	40-49 yrs
72	85	132	180	270	423	631	732	844	1371	2916	3760	30-39 yrs
57	69	105	150	218	321	457	553	792	1777	3618	5208	20-29 yrs
58	58	81	111	195	345	531	637	670	907	2218	4520	10-19 yrs
52	44	66	106	211	391	580	637	581	530	1089	2524	0-9 yrs
55	62	91	124	194	312	450	511	556	837	1917	2811	All ages
W42	W43	W44*	W45*	W46	W47	W48	W49	W50	W51*	W52*	W01	

Source: SI-DEP



\*rates corrected for the effect of public holidays

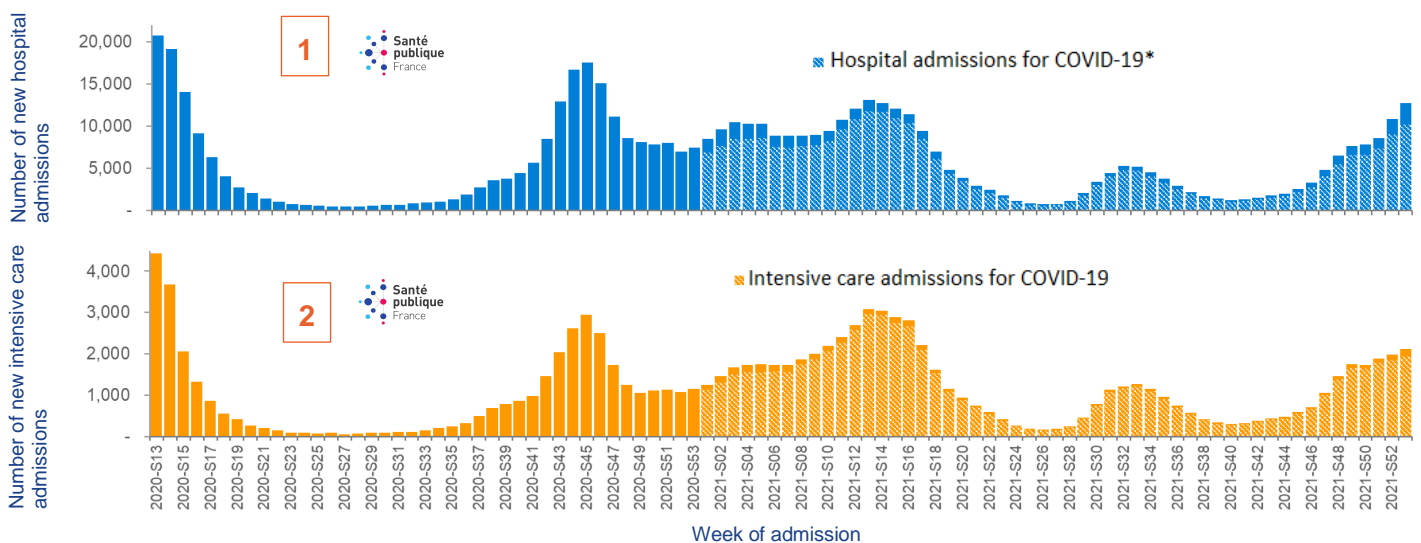
# Hospitalisations, intensive care admissions, and deaths

For a better interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data from week 1, collected until 11 January 2022, are not yet consolidated and may be underestimated.**

On 11 January 2022, 23,437 COVID-19 patients were hospitalised in France (vs 20,252 on 4 January, +16%), including 3,982 in intensive care (vs 3,678 on 4 January, +8%).

At national level, the number of [new hospitalisations](#) had risen in week 1 (12,815, +17% in week 1 vs +27% between weeks 51 and 52) as were new admissions to intensive care units, albeit to a lesser extent (2,126, +7% in week 1 vs +5% between weeks 51 and 52) (data for week 1 not consolidated). In week 1, 10,257 patients were hospitalised for COVID-19 and 2,558 for other reasons (vs 9,087 and 1,852 respectively in week 52, 2021) Regarding intensive care units, 1,955 patients were admitted for COVID-19 in week 1 and 171 patients for other causes (vs 1,845 and 136 in week 52)

**Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 23 March 2020, France (data on 11 January 2022)**



W01: unconsolidated data  
\*Data available since 1 January 2021

In week 1, a rise in weekly rates of new hospital admissions was observed across all age groups. New intensive care admissions were stable or increasing in all age groups. The number of paediatric cases in intensive care units remained low, although it has been rising for the past 3 weeks.

**Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 46-2021, to week 1-2022, France**

Age group	New hospital admissions (1) per 100,000 inhabitants								Intensive care admissions (2) per 100,000 inhabitants							
	W46	W47	W48	W49	W50	W51	W52	W01	W46	W47	W48	W49	W50	W51	W52	W01
90 yrs +	44.3	56.4	70.8	75.8	78.3	88.6	110.2	121.0	1.2	1.9	1.9	2.0	1.9	2.5	2.3	2.7
80-89 yrs	22.6	31.2	40.6	46.2	48.3	49.6	59.7	69.2	2.3	2.7	3.3	2.9	3.6	3.7	3.8	4.7
70-79 yrs	11.6	17.8	24.7	26.8	26.8	27.5	32.6	38.4	3.4	5.3	7.0	8.4	7.3	7.5	8.0	8.9
60-69 yrs	6.9	9.8	14.8	17.2	17.3	18.5	20.2	23.4	2.3	3.4	5.5	6.2	6.3	6.7	6.7	7.1
50-59 yrs	4.2	6.4	8.6	10.9	11.1	11.7	13.4	14.4	1.4	1.9	2.8	4.0	3.8	4.1	4.3	4.3
40-49 yrs	2.5	3.8	5.2	6.6	6.7	7.7	9.2	10.3	0.7	1.2	1.5	1.9	2.1	2.5	2.4	2.1
30-39 yrs	2.1	3.4	4.4	6.1	6.2	8.0	12.3	14.2	0.4	0.7	0.9	1.1	1.2	1.3	1.5	1.5
20-29 yrs	1.3	2.0	2.7	3.3	3.3	5.1	9.6	12.6	0.2	0.2	0.4	0.5	0.6	0.5	0.6	0.9
10-19 yrs	0.3	0.6	0.7	0.8	1.1	1.4	2.5	4.1	0.0	0.1	0.1	0.1	0.1	0.1	0.4	0.4
0-9 yrs	1.4	1.8	1.8	2.7	2.5	3.4	7.2	9.3	0.2	0.2	0.3	0.3	0.4	0.5	0.9	1.0
All ages	5.0	7.2	9.8	11.4	11.6	12.8	16.3	19.1	1.1	1.6	2.2	2.6	2.6	2.8	3.0	3.2

Nationwide, there were 1,299 deaths in hospital in week 1 (+1% from week 52). In the previous week, this number had increased by 9% compared to week 51. There were also 58 deaths in long-term care facilities (vs 70 in week 52 and 49 in week 51).



## Situation at the regional level

### Incidence, positivity, and screening rates

In metropolitan France, the incidence rate was on the rise in all regions except Corsica (stable), and was highest in Île-de-France, Auvergne-Rhône-Alpes and Provence-Alpes-Côte-d'Azur. It exceeded 2,000/100,000 for the whole territory. The same applies to the positivity rate, which varied from 17% in Corsica, Haut-de-France and Grand Est to 23% in Auvergne-Rhône-Alpes and Île-de-France. The screening rate increased in all regions except Corsica (-3%). It exceeded 10,000/100,000 inhabitants throughout the territory and was highest in Île-de-France (17,890). In week 1, the incidence rate was above 3,000 in 15 departments (compared to 8 in week 52). The highest rates were observed in Val-d'Oise (4,457, +38%), Essonne (4,274, +18%) and Seine-Saint-Denis (4,245, +39%).

In overseas France, the incidence rate has risen sharply in all departments compared to week 52: +284% in French Guiana (3,727), +194% in Guadeloupe (3,451), +158% in Mayotte (2,514), +150% in Martinique (2,084) and +82% in Reunion Island (2,636).

### Evolution of the incidence, positivity, and screening rates by region since week 48-2021, France (data on 12 January 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	S48	S49	S50	S51*	S52*	S01	S01 vs S52* (%)	S01	S01 vs S52 (point)	S01	S01 vs S52* (%)
Auvergne-Rhône-Alpes	604	683	736	1021	2106	3085	47	22.8	3.4	13,537	25
Bourgogne-Franche-Comté	489	558	506	613	1468	2178	48	18.9	2.8	11,535	27
Brittany	298	302	294	459	1386	2108	52	18.3	2.7	11,512	30
Centre-Val de Loire	311	348	335	451	1328	2140	61	20.0	2.9	10,710	38
Corsica	447	635	653	1057	2568	2615	2	16.9	0.8	15,482	-3
Grand Est	449	485	470	599	1504	2245	49	17.1	2.4	13,146	28
Hauts-de-France	418	449	437	507	1384	2269	64	16.9	1.8	13,412	46
Île-de-France	449	509	681	1427	3121	4044	30	22.6	2.0	17,890	18
Normandy	238	270	303	483	1580	2301	46	18.5	1.9	12,424	31
Nouvelle-Aquitaine	427	441	394	542	1315	2089	59	18.5	2.9	11,263	34
Occitanie	495	586	592	735	1479	2282	54	17.8	3.1	12,788	27
Pays de la Loire	370	395	369	509	1481	2257	52	20.1	3.2	11,241	28
Provence-Alpes-Côte d'Azur	590	768	909	1109	1866	2642	42	18.3	2.9	14,464	19
Guadeloupe	38	52	66	210	1172	3451	194	22.0	8.3	15,710	83
French Guiana	91	102	120	190	969	3727	284	39.9	18.3	9,331	109
Martinique	176	173	189	269	835	2084	150	15.7	6.6	13,247	46
Mayotte	25	31	38	114	973	2514	158	39.0	11.8	6,450	80
Reunion Island	312	392	580	668	1450	2636	82	26.9	5.9	9,799	42

Source: SI-DEP

\*Data corrected for the effect of public holidays (25 December and 1 January)



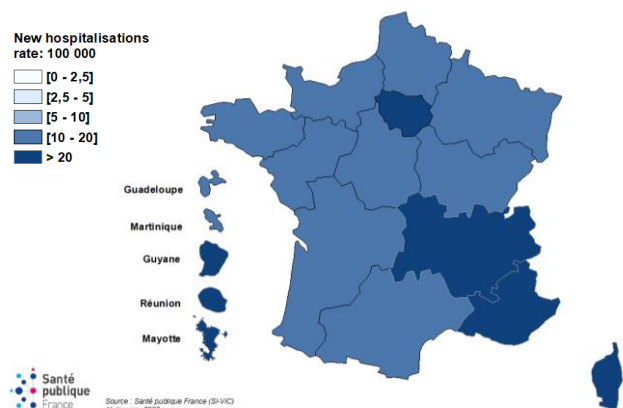
### Hospital and intensive care admissions by date of admission

In metropolitan France in week 1, the weekly rates of [new hospital admissions](#) increased in almost all regions. The highest rates were observed in Île-de-France, followed by Provence-Alpes-Côte d'Azur, Corsica and Auvergne-Rhône-Alpes.

Rates of new admissions to intensive care units increased in the majority of regions. They were down in Occitanie (-19%) and Grand-Est (-13%) compared to week 52.

In overseas France, the highest rates of new hospitalisations were in French Guiana, followed by Mayotte and Reunion. They had risen across all departments, except Martinique where they fell. New intensive care admissions remained highest in Martinique.

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 1-2022, France



Source: SI-VIC, data processing by Santé publique France

For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

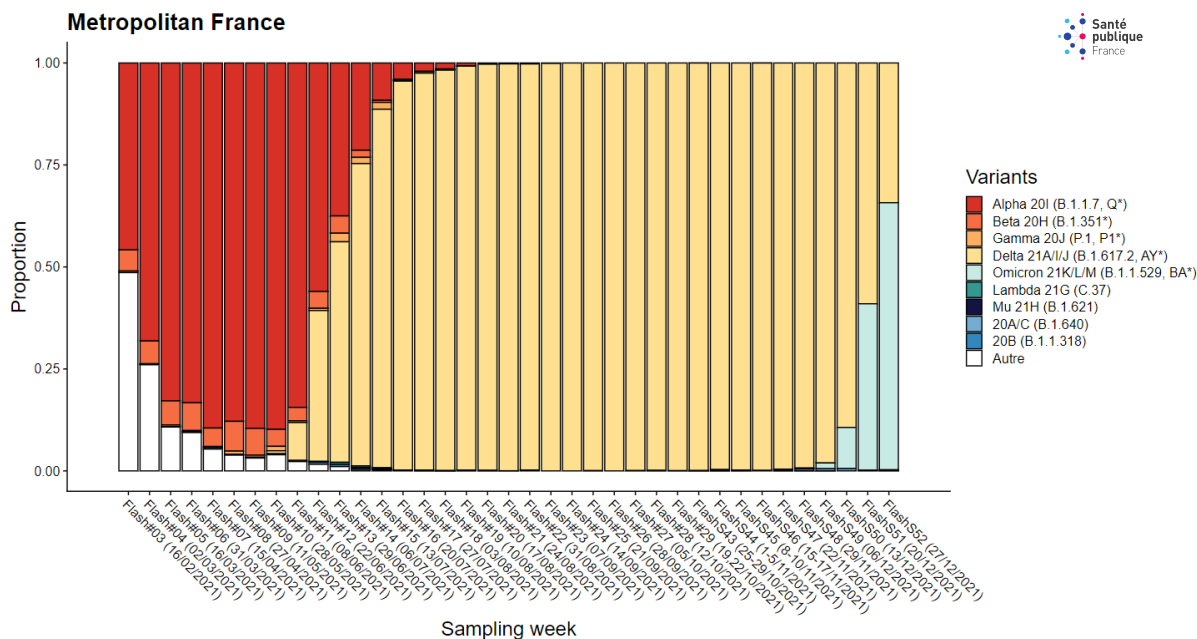
## Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations related to transmissibility, severity or immune escape. Certain mutation profiles suggest the presence of specific variants. A summary on how this strategy evolves to accommodate circulating variants is available in the [variants risk assessment of 05/01/2022](#). The screening indicators are available as open data on [GEODES](#) and [data.gouv](#) with a [methodological note](#) explaining the update of these indicators on 6 January 2022.

In week 1, the proportion of samples with an **A0C0** screening result (absence of E484K and L452R mutations, suggesting Omicron) continued to increase: it was **89% in week 1**, compared to 75% in week 52 (out of 350,968 and 397,639 interpretable results, respectively). In metropolitan France, the proportion of A0C0 in week 1 was above 80% in all regions, with a minimum of 81% in Provence-Alpes-Côte d'Azur (vs 55% in week 52) and a maximum of 95% in Île-de-France (vs 90% in week 52). The proportion of A0C0 also exceeded 80% in Martinique (84%), French Guiana (88%) and Mayotte (99%). However, this was not the case in Guadeloupe and Reunion Island, where the proportion of A0C0 was 68% (vs 70% in week 52) and 65% (vs 35% in week 52) respectively. A screening result indicating the presence of one of the Omicron target mutations (coded **D1**, strong suspicion of Omicron) was identified in 183,765 samples in week 1, representing **88% of interpretable results** (vs 77% in week 52). Conversely, the decrease in the proportion of screened positive samples showing the L452R mutation (primarily carried by the Delta variant) continued: it was 11% (out of 319,375 samples with interpretable results) vs 25% in week 52 (out of 309,629 interpretable results). These various indicators are consistent and illustrate the continued **rapid replacement of Delta by Omicron throughout the country**.

In addition, the [sequencing data](#) also confirm a **rapid increase in the diffusion of Omicron** in metropolitan France: it represented **41% of the interpretable sequences in the Flash Survey of week 51** (20/12/21, based on 3,210 interpretable sequences) and **65% in the Flash Survey of week 52** (27/12/21, based on 1,512 interpretable sequences; unconsolidated data). This rapid increase in the proportion of Omicron is observed in other countries, especially in Europe. A full update on current knowledge about Omicron and its circulation in France and internationally is available in the [variants risk assessment](#) of 05/01/2022.

### Evolution of the proportion of classified variants (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 10 January 2022; Flash Surveys from weeks 50, 51 and 52 unconsolidated)



Source: EMERGEN database, data processing by Santé publique France

\*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.

The **Delta variant** was still identified in **34% of 1,512 interpretable sequences in the week 52 Flash Survey** from 27/12/21 (unconsolidated data), although this proportion had decreased rapidly from 59% in the week 51 Flash Survey (on 20/12/21, out of 3,210 interpretable sequences) and 89% in the week 50 Flash Survey (on 13/12/21, out of 4,375 interpretable sequences).

The **B.1.640 variant** is now classified as **VOI\*** since the [risk assessment of 05/01/2022](#) based on its continued circulation in France and preliminary *in vitro* data indicating a decrease in the effectiveness of neutralisation by vaccine or post-infection antibodies, and thus a possible escape from the immune response. Circulation of B.1.640 continues at low levels in mainland France: 0.1% and 0.2% in Flash Surveys from weeks 51 and 52, respectively (unconsolidated data).

## Vaccination

On 11 January 2022, **vaccination coverage** in France based on Vaccin Covid was estimated at 77.6% for a complete primary vaccination series\* and 44.0% for the booster shot. Among the population aged 12 years and older, 90.1% had received a complete primary vaccination series. In adults aged 18 years and older, 55.7% had received a booster shot, representing 66.8% of those eligible for the booster\*\* at the time. In the 65+ age group, 76.4% had received a booster shot, representing 85.5% of those eligible for it at the time. In addition, 4.2% of children aged 10-11 years had received a first dose of vaccine (1.3% for 5-9 year-olds).

### Vaccination coverage for the booster shot and percentage of the eligible population that has received the booster, by age group, France, 11 January 2022

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	35.7	44.6
25-29	34.9	44.6
30-39	38.1	50.1
40-49	48.7	59.8
50-59	61.3	70.9
60-64	69.4	79.2
65-69	73.8	84.4
70-74	83.3	87.3
75-79	83.3	88.0
80+	69.3	83.3

On 11 January 2022, 93.1% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 68.6% had received a booster shot. Among residents who were eligible for the booster, 74.6% had actually received it.

As regards **health professionals**, vaccination coverage for the booster shot was 58.4% (vs. 49.2% on 4 January) for those working in nursing homes or long-term care facilities, 76.2% (vs 71.5%) for professionals in private practice and 58.5% for employees in healthcare institutions (vs 50.2%).

In parallel, 67.4% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had received it. This percentage was 82.5% for professionals in private practice and 67.9% for healthcare employees.

Vaccination coverage of the booster shot among residents in nursing homes and long-term care facilities and among health professionals may be underestimated due to the date the cohorts were assembled (March 2021).

Data on vaccination coverage by department are published on [Géodes](#) for metropolitan France. In overseas France, vaccination coverage in the general population remains lower, except in Saint-Barthélemy, than that observed in mainland France (see following table).

### Vaccination coverage, including booster shot, by region and overseas territory, 10 January 2022

	Vaccination coverage: single dose (%)	Complete primary vaccination series (%)	Complete primary vaccination series + booster shot (%)
Guadeloupe	37.4	35.5	12.1
French Guiana	31.6	28.2	8.0
Reunion Island	64.2	62.3	23.4
Martinique	39.4	37.3	14.1
Mayotte	55.0	46.6	5.6
Saint Barthélemy	80.9	77.6	32.6
Saint Martin	37.4	34.8	10.4

\*The definition of a complete primary vaccination series has been previously [published](#).

\*\*Objectives and calculation methods for indicators of booster vaccination coverage and percentage of the eligible population that has received a booster shot have been previously [described](#). As of December 28, 2021, the booster shot is recommended 3 months after a complete vaccination series with the Pfizer-BioNTech, Moderna or AstraZeneca vaccines, and 4 weeks after a single dose of the Janssen vaccine (booster with mRNA vaccine). In order to allow time for eligible individuals to organise their injection, the measurement point is taken to be at least 4 months after the last injection of a complete primary vaccination series with Pfizer-BioNTech, Moderna and AstraZeneca, and at least 2 months after a dose of Janssen. **By taking this reduced period into account, the percentages obtained cannot be compared with those previously estimated (on 6- and 2-month intervals).**

## This week's surveys

Update on [the epidemiological situation related to COVID-19 in 0-17 year-olds](#)  
 Latest results from [monitoring of COVID-19 cases among health professionals](#)

For more information on COVID-19, the surveillance systems in place, and vaccination, consult the websites of [Santé publique France](#) and [Vaccination Info Service](#)  
 For more information on the regional data, see the [Regional Epidemiological Updates](#).  
 Find all the open access data on [Géodes](#)