

# COVID-19 EPIDEMIOLOGICAL UPDATE

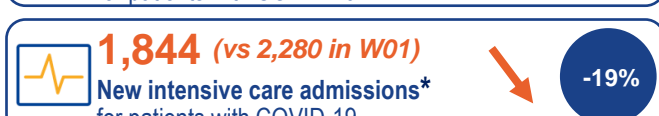
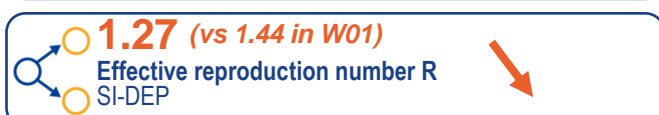
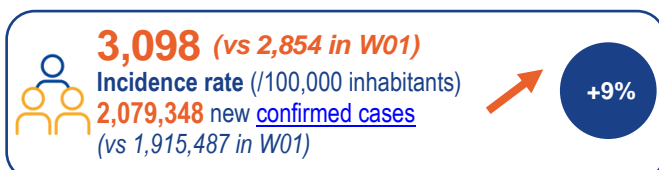
Weekly Report / Week 02 / 20 January 2022

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 19 January 2022.

## Key numbers

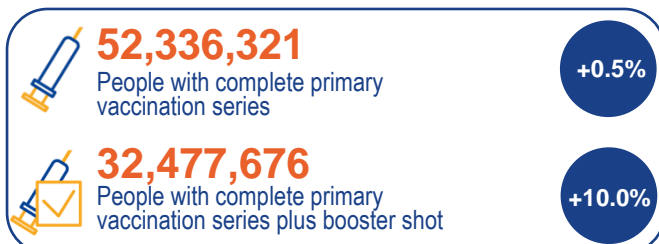
In week 2 (10-16 January 2022)

Compared to week 1 (3-9 January 2022)



On 18 January 2022

Compared to 11 January 2022



\*Unconsolidated data from W02

<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.

## Key points

### Epidemiological situation

In week 2, circulation of SARS-CoV-2 remained very intense; although the increase in new cases was less substantial, hospital services remain under heavy strain.

- Metropolitan France:
  - Incidence rates highest among 10-19 year-olds (>5,500/100,000 inhabitants) and 30-39 year olds (>4,200)
  - Screening rate declining and positivity rate still very high
  - Strong disparities in hospitalisation rates at regional level
- Overseas France:
  - High incidence rates in Guadeloupe (>4,500) and Reunion Island (>3,800)
  - High rate of new hospital admissions in French Guiana

### Contact tracing

- 97% of cases are contacted by the Health Insurance on the day of their identification or the following day (by SMS in 91% of cases)
- Among the cases called, there was a decrease in the number of contacts identified per case

### Variants

- 96% of screened tests showed a profile compatible with the Omicron variant in week 2
- Omicron accounted for 80% of interpretable sequences in the week 1 Flash Survey on 3 January 2022 (preliminary data)

### Prevention

- Vaccination on 18 January 2022 (Vaccin Covid data):
  - 78.0% of the French population had received a complete primary vaccination series
  - 61.2% of the 18+ age group (representing 72.2% of those eligible) and 78.8% of the 65+ age group (87.6% 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](#)

## Week 2 (10 to 16 January 2022)

### SITUATION UPDATE

In week 2, circulation of SARS-CoV-2 continued at a very high level, although the increase in incidence rate was lower than in previous weeks. It remained above 2,000 cases per 100,000 inhabitants in all metropolitan regions was highest among 10-19 year-olds (5,506, +20%) and 30-39 year-olds (4,269, +12%). While hospital indicators seemed to be stabilising, there were strong territorial disparities. The share of patients with SARS-CoV-2 admitted to hospital for reasons other than COVID-19 was significantly increasing. On 18 January, 78.0% of the French population had completed a primary vaccination series. In the population aged 18 years and over, 61.2% had received a booster shot (78.8% among people aged 65 and over). Data on contact tracing show a drop in the number of contacts identified per case, probably linked in part to fewer family gatherings after the holiday season. In view of the high viral circulation and the high transmissibility of Omicron, which is the predominant variant in the country with 96% of screened tests compatible in week 2, rigorous compliance with preventive measures such as wearing a mask and reducing contacts remains crucial. It is also essential to ventilate enclosed spaces frequently and favour teleworking in order to limit 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 exposure, are necessary to limit the impact on the healthcare system, still under heavy strain.

### EPIDEMIOLOGICAL UPDATE

**Nationally**, the incidence rate reached 3,098 cases per 100,000 inhabitants (vs 2,854 in week 1, +9%), representing more than 297,000 new cases per day on average. It was again over 2,000/100,000 among people aged under 60 and was highest this week in the 10-19 age group (5,506, +20%). It is in this age group and among 0-9 year-olds (4,012, +56%) that the biggest increase has occurred, along with those aged 90 and over (1,034, +20%). Children and young people also had the highest screening rate: 20,633 among 10-19 year-olds (-8%) and 19,082 among 0-9 year-olds (-2%). The screening rate was falling in all age groups. All ages combined, it was 12,766/100,000 (-11%). As for the positivity rate, it continued to climb with almost one in four tests returning positive in week 2 (24.3%, +4.4 points).

After several weeks of increase, there was a slowdown in the progression of consultations for suspected COVID-19 in SOS Médecins associations (8,278, +1%) and emergency departments (15,326, -11%). The situation was nevertheless contrasted: consultations for children were rising in both networks, while for adults they were stable in emergency departments and decreasing in the SOS Médecins associations.

The number of new hospitalisations (13,787, -1%) stabilised at a high level, while intensive care admissions (1,844, -19%) decreased (unconsolidated data). In total, on 18 January 2022, 26,593 COVID-19 patients were hospitalised, including 3,894 in intensive care. The share of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 had increased: 26% in week 2 vs 21% in week 1 for hospitalisations and 13% vs 9% for intensive care admissions. The [all-cause mortality rate](#) remained in excess in week 1, although it has decreased slightly since week 52. A marked increase in deaths is observed in Reunion Island since week 1.

In **metropolitan France**, the incidence rate again exceeded 2,000 in all regions, remaining highest in Île-de-France (3,679, -11%) and Auvergne-Rhône-Alpes (3,461, +11%). It climbed in all regions, except in Île-de-France and Corsica, where it fell (2,285, -16%). New hospitalisations were stable or slightly increasing in most regions.

In **overseas France**, the incidence rate was very high and rising in Guadeloupe (4,534, +25%) and Reunion Island (3,828, +44%). Rates of new hospitalisations remained highest in French Guiana.

### VARIANTS

In week 2, 2022, 96% of screened tests showed mutation profiles consistent with Omicron (vs 89% in week 1). The Flash Survey of 03/01/22 confirms the predominance of this variant in metropolitan France, with 80% of interpretable sequences in week 1 (preliminary data) vs 70% in week 52.

### CONTACT TRACING

Due to the high incidence, contact tracing has evolved over the last month: the majority of positive cases (91% in week 2) receive isolation recommendations by SMS and have to inform their contacts themselves. Among the cases called, the number of [contacts](#) identified per case has been decreasing for the last 2 weeks (1.3 vs 2.0 in week 52), partly linked to fewer large gatherings taking place among family and friends after the end-of-year celebrations. This is supported by the fact that fewer of the cases called reported having attended a private gathering or having travelled outside their region of residence.

### PREVENTION

On 18 January, 78.0% of the French population had completed a primary vaccination series. Among adults aged 18 years and over, 61.2% had received a booster shot (representing 72.2% of eligible people at that date); this proportion reached 78.8% among those aged 65 years and over (87.6% of eligible people at that date).

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) continued to increase, reaching 3,098 cases per 100,000 inhabitants in week 2 (vs 2,854 in week 1, +9%), as did the [positivity rate](#) (24.3%, +4.4 points). The [screening rate](#) had fallen (12,766/100,000 vs 14,341 in week 1, -11%). Among the 7,882,165 tested individuals who had reported their symptom status, 79% were asymptomatic, a decrease compared to the previous week (81% in week 1). A rise in positivity rate was observed among both symptomatic (56% vs 49% in week 1) and asymptomatic people (16% vs 13%). Among those 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 (data up to 19 January 2022)



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

### Incidence and screening rates by age group

In week 2, the [incidence rate](#) was on the rise among people aged under 20 years, 30-49 years and over 90 years. It was falling or stable in other age groups. The greatest rise was observed among 0-9 year-olds (4,012, +56%) and the greatest decline among 20-29 year-olds (4,149, -21%). The incidence rate exceeded 3,000 cases per 100,000 inhabitants among people under 50 years of age and reached 5,506 (+20%) among 10-19 year-olds. The [screening rate](#) decreased in all age groups. The greatest decline was observed among 20-29 year-olds (15,048, -23%). It exceeded 10,000/100,000 among people aged under 50 and was highest among 10-19 year-olds (20,633, -8%) and 0-9 year-olds (19,082, -2%). The [positivity rate](#) was on the rise in all age groups. It exceeded 20% among people under 60 years of age and reached 29.4% in the 30-39 age group. Among school children, the incidence rate was highest for 15-17 year-olds, reaching 5,971 (+10%), with a screening rate of 22,694 (-13%) and a positivity rate of 26.3% (+5.5 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 43-2021, France (data on 19 January 2022)

48	55	79	109	143	214	227	229	289	708	863	1034	90 yrs +
43	56	66	86	118	148	154	155	200	634	680	654	80-89 yrs
63	80	98	134	184	224	214	204	253	783	846	754	70-79 yrs
57	81	108	155	239	314	326	318	399	1072	1178	1087	60-69 yrs
58	84	115	178	278	392	432	459	670	1757	2114	2076	50-59 yrs
72	110	144	225	375	550	635	677	981	2278	3068	3503	40-49 yrs
85	132	180	270	423	631	732	844	1375	2931	3817	4269	30-39 yrs
69	105	150	218	321	457	553	792	1781	3632	5280	4149	20-29 yrs
58	81	111	195	345	531	637	670	909	2225	4590	5506	10-19 yrs
44	66	105	211	391	580	637	581	531	1093	2566	4012	0-9 yrs
62	91	124	194	312	450	511	556	839	1926	2854	3098	All ages
W43	W44*	W45*	W46	W47	W48	W49	W50	W51*	W52*	W01	W02	

\*rates corrected for the effect of public holidays



Source: SI-DEP

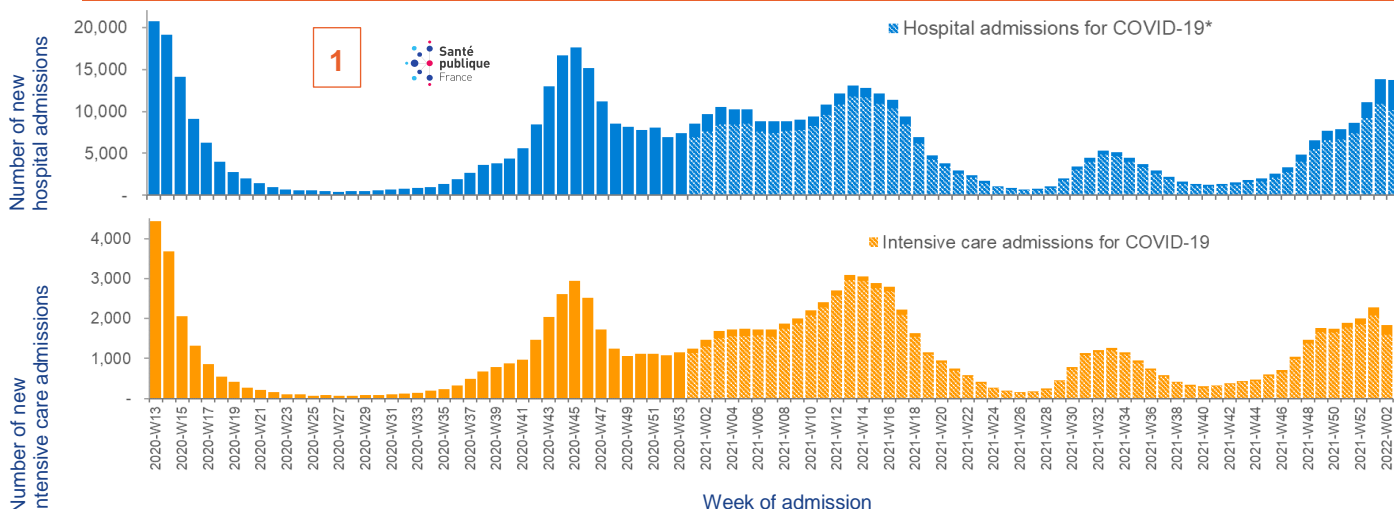
# Hospitalisations, intensive care admissions, and deaths

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 for week 2, collected until 18 January 2022, are not yet consolidated and may be underestimated.**

On 18 January 2022, 26,593 COVID-19 patients were hospitalised in France (vs 23,437 on 11 January, +13%), including 3,894 in intensive care units (vs 3,982 on 11 January, -2%).

At national level, [new hospitalisations](#) were stable in week 2 (13,787, -1% vs +25% between week 52 and week 1). New admissions to intensive care units were lower (1,844, -19% vs +14% between week 52 and week 1). In week 2, 10,150 patients were hospitalised for COVID-19 and 3,549 for other reasons (-7% and +20%, respectively, compared to week 1). Regarding intensive care units, 1,589 patients were admitted for COVID-19 in week 2 and 243 for other reasons (-23% and +17% compared to week 1).

**Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 23 March 2020, France (data on 18 January 2022)**



W02: unconsolidated data  
\*Data available since 1 January 2021

In week 2, weekly rates of new hospital admissions were stable or lower among adults aged 20-79 years but higher in the younger and older age groups, particularly among those aged over 90 years (1,439 hospitalisations, +18%) and 0-9 years (930 hospitalisations, +20%). New intensive care admissions were stable or lower in the majority of age groups. However, they continued to rise among 80-89 year-olds (200 admissions vs 170 in week 1) and 0-9 year-olds (104 vs 88 in week 1).

**Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 47-2021 to week 2-2022, France**

Age group	Hospital admissions (1)								Intensive care admissions (2)							
	W47	W48	W49	W50	W51	W52	W01	W02	W47	W48	W49	W50	W51	W52	W01	W02
90 yrs +	56.7	71.1	75.9	79.2	89.7	113.1	133.8	157.7	1.9	1.9	2.1	1.9	2.6	2.3	3.2	3.5
80-89 yrs	31.4	40.8	46.3	48.6	50.4	61.7	76.6	82.3	2.7	3.3	2.9	3.7	3.7	3.9	5.2	6.2
70-79 yrs	17.9	24.7	26.9	27.1	28.0	33.3	41.4	40.0	5.3	7.0	8.5	7.3	7.6	8.1	9.6	7.9
60-69 yrs	9.8	14.7	17.3	17.4	18.6	20.6	24.9	21.9	3.4	5.5	6.2	6.3	6.7	6.7	7.6	5.5
50-59 yrs	6.5	8.6	11.0	11.1	11.8	13.5	15.4	12.8	1.9	2.8	4.0	3.8	4.1	4.3	4.5	3.2
40-49 yrs	3.8	5.2	6.6	6.7	7.7	9.3	10.9	9.7	1.2	1.5	1.9	2.1	2.5	2.4	2.3	1.7
30-39 yrs	3.4	4.4	6.1	6.2	8.0	12.5	15.6	14.7	0.7	0.9	1.0	1.2	1.3	1.5	1.6	1.0
20-29 yrs	2.0	2.7	3.3	3.4	5.1	9.7	13.8	13.7	0.2	0.4	0.5	0.6	0.5	0.6	0.9	0.8
10-19 yrs	0.6	0.7	0.8	1.1	1.4	2.5	4.6	5.1	0.1	0.1	0.1	0.1	0.1	0.4	0.4	0.5
0-9 yrs	1.8	1.8	2.7	2.5	3.4	7.2	9.9	12.0	0.2	0.3	0.3	0.4	0.5	0.9	1.1	1.3
All ages	7.3	9.8	11.5	11.7	13.0	16.6	20.7	20.5	1.6	2.2	2.6	2.6	2.8	3.0	3.4	2.7

In week 2 (unconsolidated data), 1,380 deaths in hospital were recorded nationwide (+1% compared to week 1). In the previous week, this number had increased by 5% compared to week 52. There were also 80 deaths recorded in long-term care facilities (vs 69 in week 1 and 73 in week 52).

## 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 (-16%) and Île-de-France (-11%). It was again above 2,000 cases per 100,000 inhabitants nationwide and exceeded 3,000 in Île-de-France, Auvergne-Rhône-Alpes and Provence-Alpes-Côte d'Azur. The positivity rate was rising in all regions and varied from 19% in Corsica to 29% in Auvergne-Rhône-Alpes. The screening rate decreased in all regions but remained above 10,000/100,000 inhabitants in almost the entire country. It was highest in Île-de-France (14,710, -19%) and Provence-Alpes-Côte d'Azur (14,087, -4%). In week 2, the incidence rate was above 3,000 in 26 departments (vs 15 in week 1). The highest rates were observed in Rhône (4,180, +18), Haute-Savoie (4,008, -3%), Savoie (3,991, -2%) and Val-d'Oise (3,959, -13%).

**In overseas France**, the incidence rate increased in Guadeloupe (4,534, +25%), Reunion Island (3,828, +44%) and Martinique (2,906, +29%). It decreased in French Guiana (2,873, -24%) and Mayotte (1,138, -55%).

### Evolution of the incidence, positivity, and screening rates by region since week 49-2021, France (data on 19 January 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)		Screening rate per 100,000 inhabitants		
	W49	W50	W51*	W52*	W01	W02	W02 vs W01 (%)	W02	W02 vs W01 (points)	W02	W02 vs W01 (%)
Auvergne-Rhône-Alpes	683	736	1021	2103	3127	3461	11	28.7	5.9	12,066	-12
Bourgogne-Franche-Comté	558	506	609	1302	2198	2579	17	24.9	6.0	10,365	-11
Brittany	302	294	460	1381	2136	2476	16	24.5	6.2	10,095	-13
Centre-Val de Loire	348	335	452	1335	2166	2438	13	25.2	5.1	9,693	-10
Corsica	635	653	1068	2609	2709	2285	-16	19.1	1.9	11,950	-24
Grand Est	485	470	599	1482	2265	2523	11	21.2	4.1	11,889	-10
Hauts-de-France	449	437	507	1383	2307	2841	23	21.6	4.6	13,137	-3
Île-de-France	509	681	1438	3232	4123	3679	-11	25.0	2.4	14,710	-19
Normandy	270	303	481	1515	2334	2551	9	23.6	5.0	10,794	-14
Nouvelle-Aquitaine	441	394	543	1320	2121	2477	17	24.0	5.3	10,340	-9
Occitanie	586	592	733	1445	2306	2832	23	23.0	5.1	12,341	-4
Pays de la Loire	395	369	508	1466	2279	2816	24	26.8	6.7	10,511	-7
Provence-Alpes-Côte d'Azur	768	909	1112	1895	2697	3167	17	22.5	4.1	14,087	-4
Guadeloupe	52	66	209	1159	3636	4534	25	26.4	4.3	17,179	4
French Guiana	102	120	192	1042	3782	2873	-24	34.7	-5.3	8,286	-12
Martinique	173	189	271	807	2251	2906	29	17.4	1.1	16,702	21
Mayotte	31	38	117	1078	2548	1138	-55	25.6	-13.2	4,450	-32
Reunion Island	392	580	674	1604	2653	3828	44	32.0	5.1	11,955	22

\*Data corrected for the effect of public holidays (25 December 2021 and 1 January 2022)

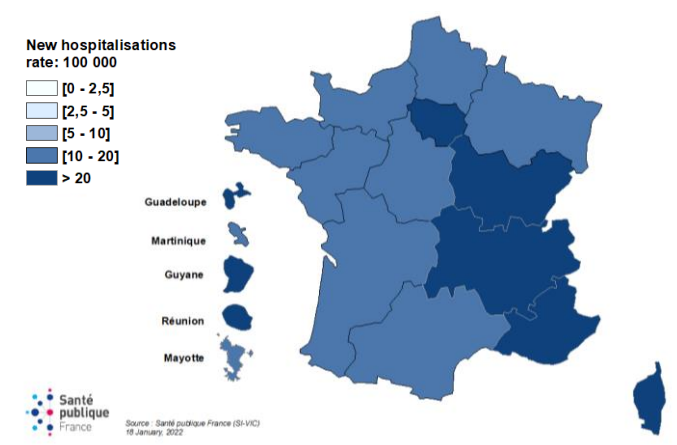


### Hospital and intensive care admissions by date of admission

In metropolitan France in week 2, the weekly rates of [new hospitalisations](#) were stable or slightly higher in the majority of regions. Île-de-France and Provence-Alpes-Côte d'Azur had the highest rates. New intensive care admissions were lower or stable in all regions.

In overseas France, the highest rates of new hospitalisations were in French Guiana, followed by Reunion Island and Guadeloupe. They had increased again in Guadeloupe and Reunion Island (+73% and +20%, respectively). The rate of new intensive care admissions was highest and slightly rising in French Guiana.

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 2-2022, France



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

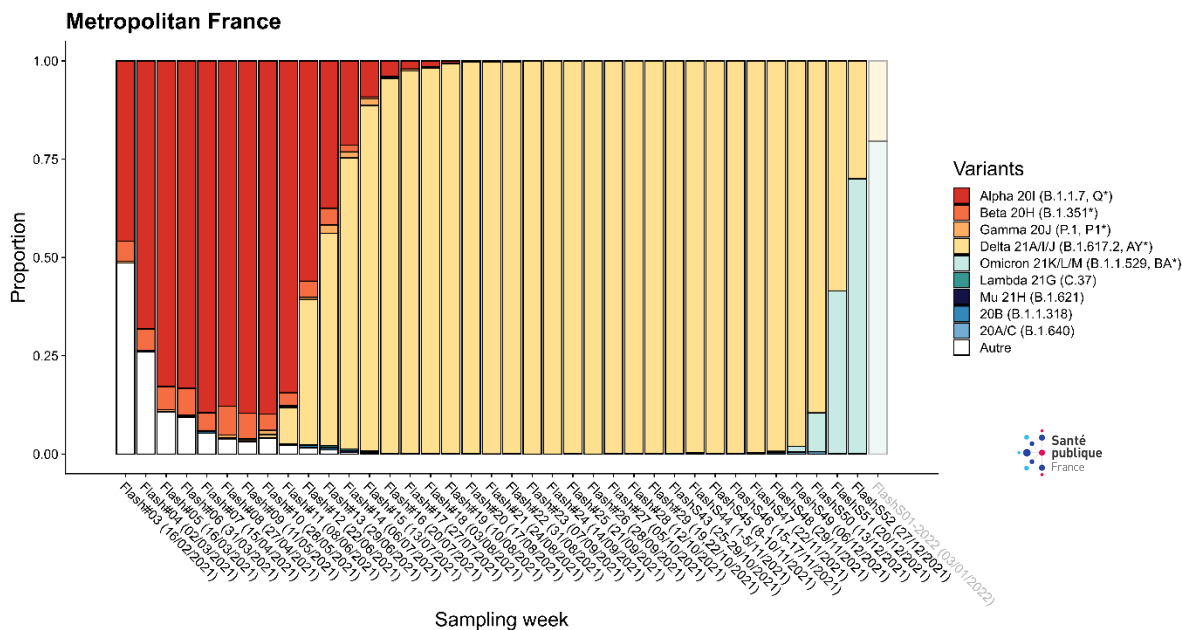
## Variants

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 analysis of 05/01/2022](#). The screening indicators are available as open data on [Géodes](#) and [data.gouv](#) with a [methodological note](#) explaining the update of these indicators on 6 January 2022.

In week 2, the proportion of samples with an **A0C0** screening result (absence of E484K and L452R mutations, suggesting Omicron) continued to increase: it was **96%** compared to 89% in week 1 (out of 309,983 and 435,423 interpretable results, respectively). In metropolitan France, the proportion of A0C0 in week 2 was above 90% in all regions, with a minimum of 93% in Provence-Alpes-Côte d'Azur (vs 83% in week 1) and a maximum of 98% in Île-de-France (vs 96% in week 1). The proportion of A0C0 had also exceeded 90% in Guadeloupe (99.6%), Mayotte (99.5%), French Guiana (98.9%) and Martinique (94%). This was not yet the case in Reunion Island, where the proportion of A0C0 was 86% in week 2 (vs 65% in week 1). A screening result indicating the presence of one of the Omicron target mutations (coded **D1**, strong suspicion of Omicron) was identified in 250,320 samples in week 2, representing **95% of interpretable results** (vs 88% in week 1). Conversely, the decrease in proportion of screened positive samples showing the L452R mutation (primarily carried by the Delta variant) continued: it was 4% (out of 323,387 samples with interpretable results) vs 11% in week 1 (out of 443,853 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 spread of Omicron** in metropolitan France: it represented **41% of interpretable sequences in the Flash Survey of week 51** (20/12/2021, based on 3,590 interpretable sequences), **70% in the Flash Survey of week 52** (27/12/2021, based on 3,305 interpretable sequences) and **80% in the Flash Survey of week 1** (03/01/2022, based on 382 interpretable sequences; preliminary 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 analysis](#) of 05/01/2022.

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, Metropolitan France (data on 20 January 2021; Flash Surveys from weeks 51, 52, and 01 unconsolidated)



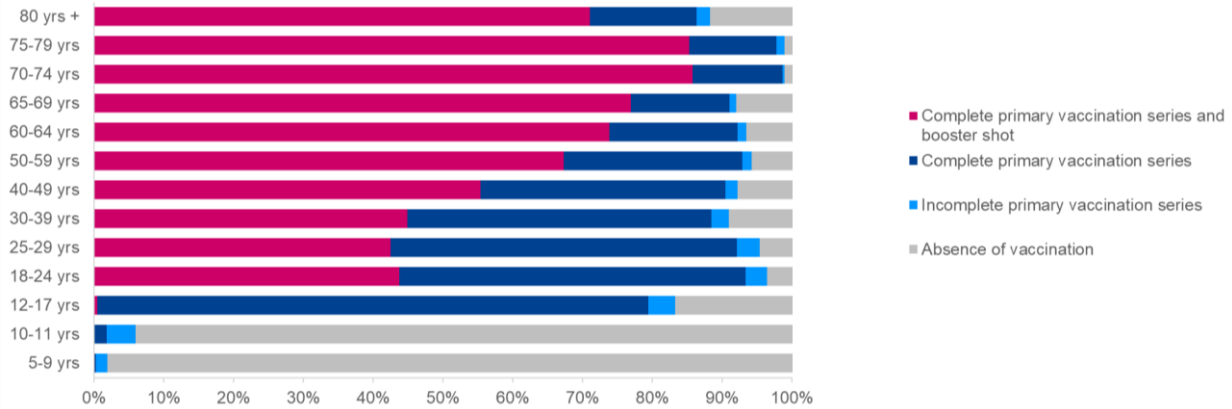
\*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.  
Flash Survey W01-2022 (03/01/2022): preliminary data

The **Delta variant** was identified in **20% of the 382 interpretable sequences in the week 1 Flash Survey** on 03/01/2022 (preliminary data). This proportion continued its rapid decline, from 30% in the week 52 Flash Survey (on 27/12/2021, out of 3,305 interpretable sequences) and 59% in the week 51 Flash Survey (on 20/12/2021, out of 3,590 interpretable sequences). The **B.1.640 variant**, classified **VOI\*** since [the risk assessment of 05/01/2022](#) continues to circulate at low levels in metropolitan France: **0.1% in Flash Surveys from weeks 51 and 52**, not detected in the week 1-2022 Flash Survey (on a very small number of sequences).

# Vaccination

On 18 January 2022, vaccination coverage in France based on Vaccin Covid was estimated at 78.0% for a complete primary vaccination series\* and 48.4% for the booster shot. Among adults aged 18 years and older, 61.2% had received a booster shot, representing 72.2% of those eligible for the booster\*\* at the time. In the 65+ age group, 78.8% had received a booster shot, representing 87.6% of those eligible for it at the time. In addition, 6.0% of children aged 10-11 years had received a first dose of vaccine (1.9% for 5-9 year-olds).

## Vaccination coverage, by age group, France, 18 January 2022



Source: Vaccin Covid, CNAM, data processing by Santé publique

## Vaccination coverage for the booster shot and percentage of the eligible population that has received the booster, by age group, France, 18 January 2022

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	43.8	53.2
25-29	42.5	52.9
30-39	44.9	57.5
40-49	55.4	66.7
50-59	67.3	76.7
60-64	73.9	83.5
65-69	77.0	87.4
70-74	85.8	89.4
75-79	85.3	89.5
80+	71.1	84.8

Source: Vaccin Covid, CNAM, data processing by Santé publique

On 18 January 2022, 93.2% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 69.5% had received a booster shot. Among residents who were eligible for the booster, 75.3% had already received it (vs 74.6% on 11/01/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 65.3% (vs 58.4% on 11/01/2022) for those working in nursing homes or long-term care facilities, 79.5% (vs 76.2%) for professionals in private practice and 64.6% for employees in healthcare institutions (vs 58.5%).

In parallel, 73.9% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (67.4% on 11/01/2022). This percentage was 85.0% for professionals in private practice (82.5% on 11/01/2022) and 73.7% for healthcare employees (67.9% on 11/01/2022).

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 that the cohorts were assembled (March 2021).

Data on vaccination coverage by department are published on [Géodes](#). Since 19 January 2022, the data for overseas France are again available on Géodes.

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

\*\*The objectives and calculation methods used for indicators concerning booster vaccination coverage and percentages of the eligible population with a booster shot have been [described](#) previously. The percentage of people eligible for the booster shot does not take into account the postponement accorded to those recently infected.

### This week's surveys

Update on [reported nosocomial SARS-CoV-2 infections](#)  
 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](#)