

COVID-19 EPIDEMIOLOGICAL UPDATE

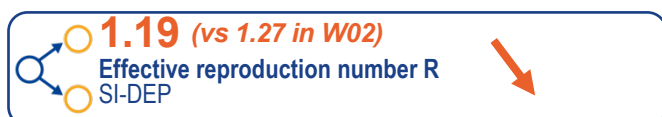
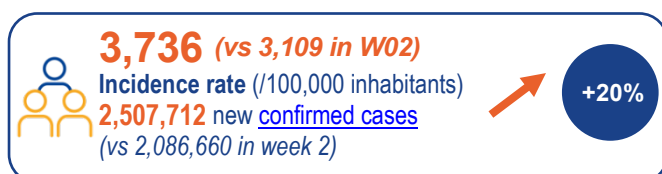
Weekly Report / Week 03 / 27 January 2022

As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners¹ as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 26 January 2022.

Key numbers

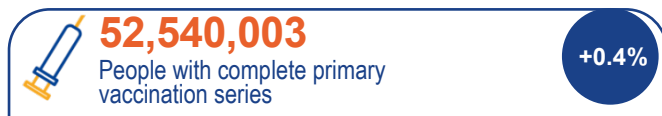
In week 3 (17-23 January 2022)

Compared to week 2 (10-16 January 2022)



On 25 January 2022

Compared to 18 January 2022



Key points

Epidemiological situation

In week 3, circulation of SARS-CoV-2 continued to progress at a very high level. The heavy strain on hospital services is increasing but the pressure on intensive care units is easing.

• Metropolitan France:

- Incidence rates very high (>2,500) and rising in all regions except Île-de-France
- In Île-de-France: situation starting to improve, virological and hospital indicators remain at high levels
- Increase in death rate affecting mainly adults aged 60+ in all regions

• Overseas France:

- In Reunion Island, incidence and hospital admission rates increasing and at much higher levels than those of previous waves
- Situation improved in Mayotte and French Guiana

Contact tracing

- 4-point increase in contaminations that may have taken place in long-term care facilities (including nursing homes) among people aged 75+, leading to heightened vigilance in these settings

Prevention

- Vaccination on 25 January 2022 (Vaccin Covid data):
 - 78.3% of the French population had received a complete primary vaccination series
 - 64.7% of the 18+ age group (representing 75.4% of those eligible) and 80.4% of the 65+ age group (88.9% of those eligible) had received a booster shot
- Importance of combining measures:
 - Complete vaccination series with a booster at 3 months
 - Compliance with prevention measures including wearing a mask and reducing contacts, along with other precautionary recommendations such as frequent ventilation of enclosed spaces, remote working and adherence to contact tracing

Dashboard

[InfoCovidFrance](#)

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

*Unconsolidated data from week 3.

¹Santé 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.

100th Epidemiological Update Editorial

Since 10 March 2020, the weekly publication of the national COVID-19 epidemiological update by Santé publique France, has become an almost metronomic 'ritual' to describe and comment the pandemic in France and give an overview of its evolution. This week's publication marks the 100th edition: a milestone that illustrates the extent to which this infectious disease, which emerged in Wuhan in 2019, has impacted the rhythm of our daily lives, in France and around the world. The dynamics of the epidemic, the surveillance tools and the public health response implemented by the public authorities have led the COVID-19 epidemiological update to evolve in both form and content. However, the objective remains the same as at the outset: to consistently report objective, reactive and transparent information to society and every citizen, on the evolution of the epidemic, its management and prevention, and on the impact of the containment measures, in addition to the numerous indicators published on our [website](#), on [TousAntiCovid](#) and in open-data on our platform [Géodes](#). These activities are essential public health functions.

Beyond reporting, it is the role of Santé publique France to put these figures into perspective for individual and collective action, all with the necessary objectivity made possible by contextualised scientific analysis and the available knowledge. It is, to some extent, an attempt to provide a fact-based indication of our direction each week, despite the numerous uncertainties that have marked the recent history of this pandemic; the will to mark a point in time despite the relentless events and ongoing pressure they create. This exercise requires strong collective and multidisciplinary involvement within the Agency, in connection with all of its partners in the national public health network, demanding both rigour and humility. The 100th issue of the COVID-19 Weekly Report allows us to look back and assess the distance travelled since the first cases were reported and to 'chronicle' this epidemic through its major stages, in both health and societal terms. This view includes different perspectives: spatial-temporal dynamics (successive waves, outbreaks/clusters, spread of variants, etc.); the impact on the healthcare system, the burden of morbidity and mortality at different ages, and mental health; heterogeneity across territories and population groups with disproportionate consequences for the most vulnerable and deprived; the evolution of prevention behaviours, indicators of contact-tracing, vaccination targets and progression, and their impact on the epidemic.

Integrating these multiple dimensions within this weekly publication allows us to see the results and teachings gained through the immense efforts of the organisations, institutions and health professionals who have worked 7 days a week on managing and responding to the epidemic. It embodies the function of reporting and interpreting the data collected and produced by a national public health agency, while putting this data into perspective and using it to help evaluate public health measures. We hope that this weekly barometer of the epidemic has provided everyone with the information and key points necessary for them to understand the constraints that the epidemic has imposed on everyday life.

The regional and territorial dimension, which reports on the differentiated dynamics of the epidemic according to the living context of the populations and their social environment, is essential for regional management and proximity. This naturally motivated the regional offices of Santé publique France to produce weekly regional and overseas epidemiological updates, echoing the national epidemiological update.

While the Omicron variant has brought the epidemic to unprecedented incidence levels and despite ongoing uncertainty, it could also mark a new trajectory. This 100th edition is an opportunity to thank all of the staff at Santé publique France, along with its numerous partners, who work every day at the service of every individual and the community in the fight against the pandemic.

All of the teams responsible for the epidemiological update since March 2020

Week 3 (17 to 23 January 2022)

SITUATION UPDATE

In week 3, the circulation of SARS-CoV-2 remained very high with incidence rates on the rise. It stood at more than 3,000 cases per 100,000 inhabitants in most regions and was again on the rise in all age groups. A continued increase in new hospital admissions was also observed, maintaining significant pressure on hospitals. Nonetheless, for the last 2 weeks, the number of new intensive care admissions has reduced. The number of deaths has been increasing for several weeks, notably in adults over 60 years old, and there is a risk that it will continue to rise following the exponential growth in the number of cases since over 3 weeks. Data tracking for cases and contact tracing demonstrated that the number of cases possibly contracted in long-term care facilities was on the rise. This observation is consistent with the increases in the number of cases reported in long-term care facilities and in the incidence rate among older people. They invite greater vigilance in the weeks to come, in elderly people and particularly in residents of these establishments. On 25 January, 80.4% of people aged 65+ had received a COVID-19 booster shot. This proportion was just 72.4% in those aged 80 years and over. The sustained circulation of the virus and the high transmissibility of Omicron call for rigorous compliance with prevention measures (wearing a mask and reducing contacts). It remains essential to ventilate enclosed spaces frequently and to work remotely when possible in order to limit the number of contaminations and protect the most vulnerable. Intensified vaccination, including the 3-month booster, particularly in nursing homes, and compliance with all recommended measures in case of symptoms, a positive test or risk of exposure, are necessary to limit the impact on the healthcare system, which remains under considerable strain.

EPIDEMIOLOGICAL UPDATE

At national level, the incidence rate was 3,736 cases per 100,000 inhabitants, increasing by 20%, with more than 358,245 cases on average per day. It increased in all age groups and was highest among 10-19 year-olds (6,807, +23%). The most substantial increases were observed among 80-89 year-olds (850, +29%) and in the 90+ age group (1,380, +31%). The screening rate was altogether stable across all age groups, but reduced in 10-19 year-olds (-14%) and 0-9 year-olds (-23%). All ages combined, it was 11,777/100,000 (-8%) and reached 17,679 in 10-19 year-olds. The positivity rate saw a sharp increase at 31.7% (+7.4 points vs week 2), suggesting likely recourse to more frequent self-testing (not included in SI-DEP) confirmed by PCR or antigen test (included in SI-DEP).

In week 3, consultations for suspected COVID-19 increased at SOS Médecins facilities (8,951, +8%) and were stable in emergency departments (15,970, +3%).

The number of new hospital admissions was on the rise (16,256, +8%) while the number of intensive care admissions fell (1,745, -12%) for the second consecutive week (unconsolidated data). On 25 January, the number of patients hospitalised increased (30,256; +14%), but the figures for intensive care fell (3,754; -4%). The proportion of patients carrying SARS-CoV-2 who were hospitalised for reasons other than COVID-19 increased to 29% in week 3 vs 27% in week 2 for hospital admissions and 15% vs 14% for intensive care admissions. The number of deaths in hospitals and long-term care facilities (1,665) increased by 8% in week 3, despite the data being unconsolidated.

In metropolitan France, the incidence rate increased in all regions with the exception of Île-de-France (3,276, -11%). It was over 4,000/100,000 in Auvergne-Rhône-Alpes and Pays de la Loire. The rates of new hospital admissions were stable or increasing in most regions, except in Île-de-France, where a decline appeared to start in week 3.

The incidence (5,319, +37%) and hospital admission (44, +16%) rates were very high and rising in Reunion Island. They fell in French Guiana and Mayotte. In Guadeloupe, the incidence rate fell (3,563, -22%), but strain on hospitals remained high.

VARIANTS

Omicron was suspected in 98% of screened tests in week 3 and confirmed in 96% of interpretable sequences in the Flash Survey of week 2 (preliminary data). The BA.2 sub-lineage remained a small minority (less than 1% of interpretable sequences).

CONTACT TRACING

In week 3, the [proportion of cases](#) reporting no high-risk contacts increased, and those of cases reporting more than five high-risk contacts fell, suggesting better compliance with prevention measures, including social distancing, in response to the very high incidence rates recorded. In adults aged 65+, the proportion of cases who had visited a long-term care during the contagious period increased, particularly among those aged 75 years and older (+4 points).

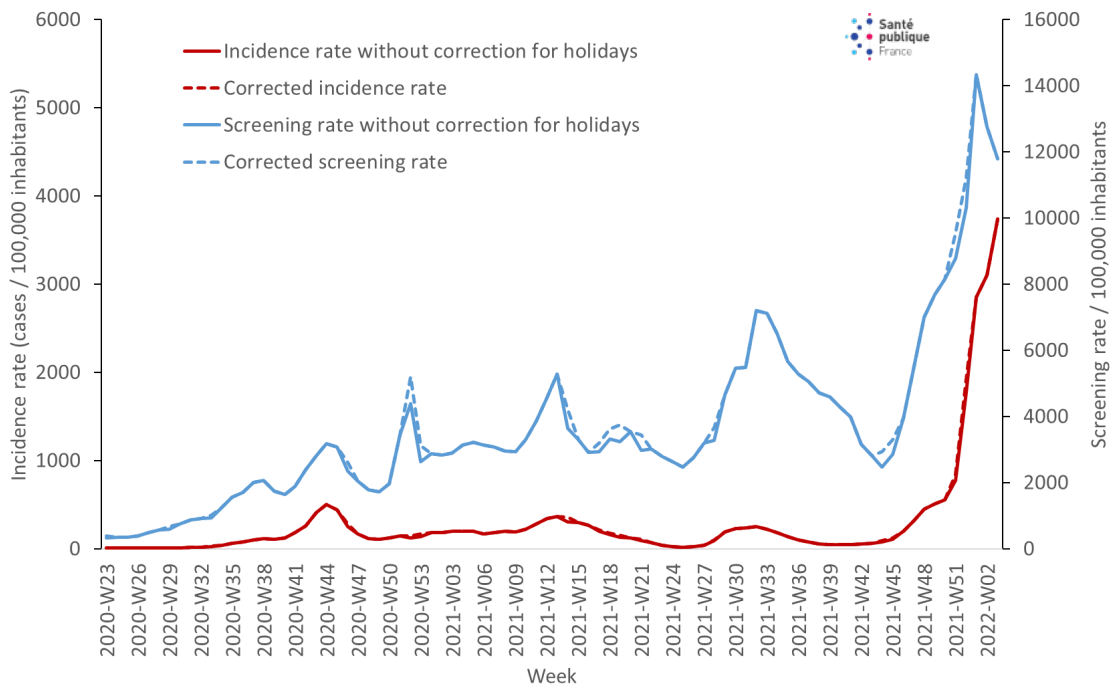
PREVENTION

On 25 January, 78.3% of the French population had completed a primary vaccination series. Among adults aged 18 years and over, 64.7% had received a booster shot (representing 75.4% of eligible people at that date), 80.4% among those aged 65 years and over (88.9% of eligible people at that date) and 72.4% among those aged 80 years and over.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) continued to increase, reaching 3,736 cases per 100,000 inhabitants in week 3 (vs 3,109 in week 2, +20%), as did the [positivity rate](#) (31.7%, +7.4 points). The [screening rate](#) had fallen (11,777/100,000 vs 12,782 in week 2, -8%). Among the 7,283,765 individuals tested who had reported their symptom status, 74% were asymptomatic, a proportion that has been declining for several weeks (79% in week 2 and 87% in week 51). A rise in the positivity rate was observed among both symptomatic (63% vs 57% in week 2) and asymptomatic people (21% vs 16%). The proportion of symptomatic positive cases increased (52% vs 47% in week 2).

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 26 January 2022)



Incidence and screening rates by age group

In week 3, the [incidence rate](#) increased in all age groups. It increased the most in the elderly population: +31% among those aged 90 and over (1,380). +29% among 80-89 year-olds (850) and +27% among 70-79 year-olds (964). The incidence rate exceeded 4,000 cases per 100,000 inhabitants among people aged under 50 and reached 6,807 (+23%) among 10-19 year-olds. The [screening rate](#) was stable or falling in all age groups. The greatest reductions were observed in children: -23% among 0-9 year-olds (14,675) and -14% among 10-19 year-olds (17,679). It was above 13,000 per 100,000 among people aged under 50 and highest among 10-19 year-olds. The [positivity rate](#) was on the rise in all age groups, particularly under 20 year-olds where it increased by more than 10 points. It exceeded 30% among people under 50 years of age and reached 38.5% in the 10-19 age group.

Evolution of the incidence rates (per 100,000 inhabitants) by week and by age group, from week 44-2021, France (data on 26 January 2022)

55	79	109	143	214	227	229	289	712	869	1052	1380	90 yrs +
56	66	86	118	148	154	155	200	636	684	660	850	80-89 yrs
80	98	134	184	224	214	204	253	787	850	758	964	70-79 yrs
81	107	155	239	314	326	318	399	1076	1183	1093	1336	60-69 yrs
84	115	178	278	392	432	459	670	1763	2121	2085	2419	50-59 yrs
110	144	225	375	550	635	677	981	2287	3078	3516	4356	40-49 yrs
132	179	270	423	631	732	844	1375	2939	3829	4284	5250	30-39 yrs
105	149	218	321	457	553	792	1781	3641	5295	4161	4520	20-29 yrs
81	111	195	345	531	637	670	909	2231	4600	5520	6807	10-19 yrs
66	105	211	391	580	637	581	531	1097	2570	4024	4861	0-9 yrs
91	124	194	312	450	511	556	839	1933	2862	3109	3736	All ages
W44*	W45*	W46	W47	W48	W49	W50	W51*	W52*	W01	W02	W03	

*rates corrected for the effect of public holidays



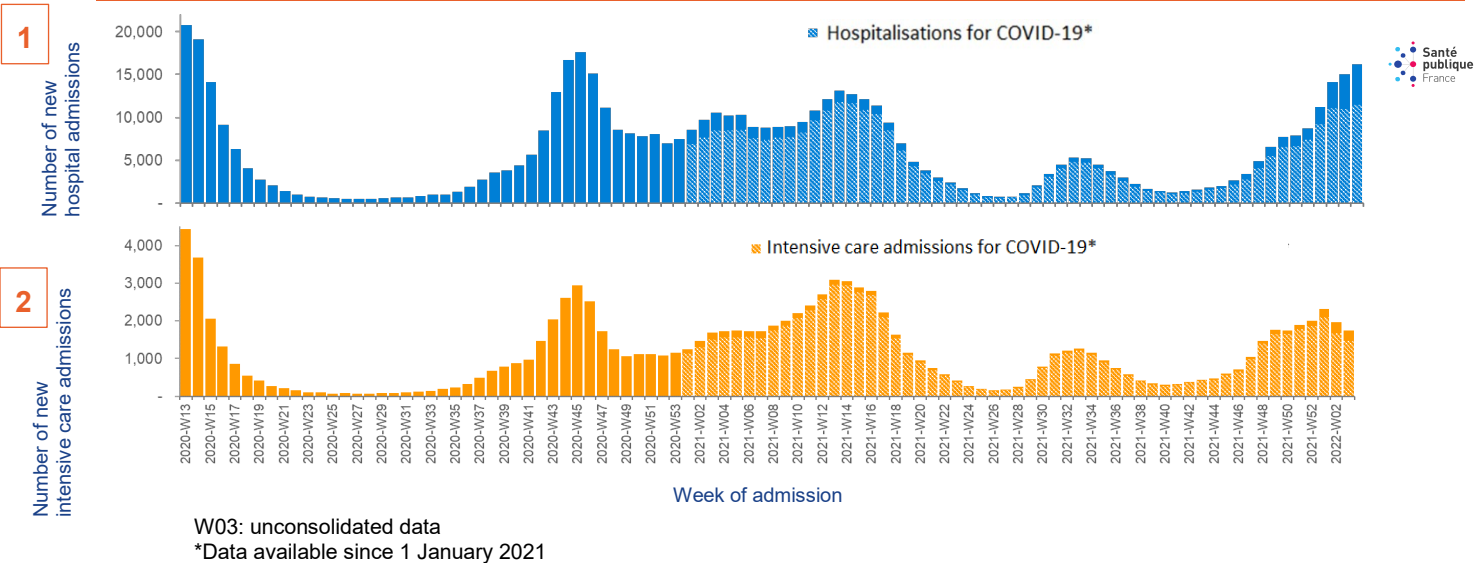
Hospitalisations, intensive care admissions, and deaths

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 hospitals and health and social care establishments) are analysed by date of occurrence. **Data for week 3, collected until 25/01/2022, are not yet consolidated and may be underestimated.**

On 25 January 2022, 30,256 COVID-19 patients were hospitalised in France (vs 26,593 on 18 January, +14%), including 3,754 in intensive care units (vs 3,894 on 11 January, -4%).

At national level, [new hospital admissions](#) continued to increase in week 3 (16,256, +8% vs +6% between week 1 and week 2). New admissions to intensive care units remained lower (1,745, -12% vs -15% between week 1 and week 2). In week 3, 11,500 patients carrying SARS-CoV-2 were hospitalised for management of COVID-19 and 4,672 for other reasons (+5% and +8%, respectively, compared to week 2). Regarding intensive care units, 1,469 patients were admitted for management of COVID-19 in week 3 and 269 for other reasons (-12% and -6%, respectively, compared to week 2).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 23 March 2020, France (data on 25 January 2022)



In week 3, weekly rates of new hospital admissions were stable or slightly increasing depending on the age group. The most noteworthy increases were in 10-19 year-olds (524 hospitalisations, +14%), 30-39 year-olds (1,447 hospitalisations, +10%) and those aged 80 years and over (3,455 hospitalisations in the 80-89 age group and 1,891 in the 90+ age group, or +17% and +18%). New intensive care admissions were lower or stable in all age groups.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 48-2021 to week 3-2022, France

Age Group	W48	W49	W50	W51	W52	W01	W02	W03
90 yrs +	71.3	76.5	79.9	90.1	115.5	138.9	175.8	207.2
80-89 yrs	41.0	46.8	49.1	51.1	63.1	79.1	91.4	106.5
70-79 yrs	24.8	27.0	27.2	28.2	33.8	42.6	44.1	46.9
60-69 yrs	14.8	17.3	17.5	18.7	20.8	25.6	24.0	23.1
50-59 yrs	8.7	11.0	11.1	11.8	13.7	15.6	14.1	14.3
40-49 yrs	5.2	6.6	6.7	7.8	9.4	11.1	10.5	10.3
30-39 yrs	4.4	6.2	6.2	8.1	12.5	15.7	15.9	17.4
20-29 yrs	2.7	3.3	3.4	5.1	9.8	13.9	14.9	14.9
10-19 yrs	0.7	0.8	1.1	1.4	2.5	4.7	5.5	6.3
0-9 yrs	1.8	2.7	2.5	3.5	7.3	10.1	12.9	13.7
All ages	9.8	11.5	11.8	13.1	16.8	21.2	22.5	24.2

Age Group	W48	W49	W50	W51	W52	W01	W02	W03
90 yrs +	1.9	2.1	1.8	2.6	2.4	3.4	3.7	3.5
80-89 yrs	3.3	2.9	3.7	3.7	3.9	5.5	6.4	5.8
70-79 yrs	7.0	8.5	7.3	7.6	8.2	9.8	8.5	7.3
60-69 yrs	5.5	6.2	6.3	6.7	6.8	7.7	5.8	4.8
50-59 yrs	2.8	4.0	3.8	4.2	4.3	4.6	3.4	3.1
40-49 yrs	1.5	1.9	2.1	2.5	2.4	2.3	1.8	1.7
30-39 yrs	0.9	1.0	1.2	1.4	1.5	1.6	1.1	1.0
20-29 yrs	0.4	0.5	0.6	0.5	0.6	0.9	0.9	0.7
10-19 yrs	0.1	0.1	0.2	0.1	0.4	0.4	0.6	0.6
0-9 yrs	0.3	0.3	0.4	0.6	0.9	1.1	1.5	1.4
All ages	2.2	2.6	2.6	2.8	3.0	3.4	2.9	2.6

In week 3 (unconsolidated data), 1,565 deaths in hospital were recorded nationwide (+7% compared to week 2). In the previous week, this number had increased by 6% compared to week 1. Of these deaths, 93% of patients were over the age of 60. There were also 100 deaths recorded in long-term care facilities (vs 79 deaths in week 2 and 69 in week 1).

Situation at the regional level

Incidence, positivity, and screening rates

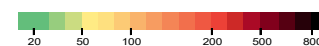
In **metropolitan France**, the incidence rate was on the rise in all regions except Île-de-France (-11%). It was over 3,500 cases per 100,000 inhabitants in eight regions (vs 1 in week 2). The positivity rate has increased in all regions and varied from 24% in Corsica to 38% in Pays de la Loire. The screening rate was lower or stable throughout the country, and exceeded 10,000/100,000 in 11 regions. It was highest in Provence-Alpes-Côte d'Azur (13,498, -4%) and in Hauts-de-France (13,027, -1%). In week 3, the incidence rate was above 3,500 in 39 departments (vs 16 in week 2). The highest rates were observed in Haute-Garonne (5,040, +32%), Rhône (4,609, +10%), Loire (4,488, +19%) and Haute-Loire (4,465, +51%).

In **overseas France**, the incidence rate increased in Reunion Island (5,319, +37%) and in Martinique (3,122, +6%), but reduced in Guadeloupe (3,563, -22%), in French Guiana (1,411, -51%) and in Mayotte (379, -67%).

Evolution of the incidence, positivity, and screening rates by region from week 50-2021, France (data on 26 January 2022)

Regions	Incidence rates per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W50	W51*	W52*	W01	W02	W03	W03 vs W02 (%)	W03	W03 vs W02 (point)	W03	W03 vs W02 (%)
Auvergne-Rhône-Alpes	736	1021	2103	3136	3470	4042	16	36.8	8.0	10,998	-9
Bourgogne-Franche-Comté	506	609	1261	2203	2585	3581	39	35.3	10.4	10,132	-2
Brittany	294	460	1389	2143	2484	3302	33	34.4	9.8	9,591	-5
Centre-Val de Loire	335	452	1337	2177	2444	3185	30	34.6	9.4	9,211	-5
Corsica	653	1068	2619	2711	2292	2682	17	24.0	4.8	11,196	-6
Grand Est	470	599	1478	2267	2529	3503	39	29.2	8.0	11,978	1
Hauts-de-France	437	507	1386	2312	2850	3827	34	29.4	7.7	13,027	-1
Île-de-France	681	1438	3274	4135	3692	3276	-11	28.2	3.1	11,609	-21
Normandy	303	482	1506	2342	2560	3289	28	32.7	9.0	10,057	-7
Nouvelle-Aquitaine	394	542	1324	2128	2487	3537	42	34.8	10.8	10,163	-2
Occitanie	592	733	1441	2310	2838	3862	36	31.9	8.9	12,097	-2
Pays de la Loire	369	508	1465	2288	2823	4054	44	37.9	11.1	10,690	2
Provence-Alpes-Côte d'Azur	909	1112	1907	2704	3184	3940	24	29.2	6.6	13,498	-4
Guadeloupe	66	209	1163	3665	4559	3563	-22	28.5	2.0	12,511	-27
French Guiana	120	193	1052	3802	2897	1411	-51	27.8	-7.0	5,076	-39
Martinique	189	271	808	2277	2943	3122	6	20.7	3.1	15,106	-10
Mayotte	38	117	1113	2606	1159	379	-67	11.6	-14.1	3,265	-28
Reunion Island	580	674	1615	2657	3894	5319	37	39.2	6.8	13,561	13

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

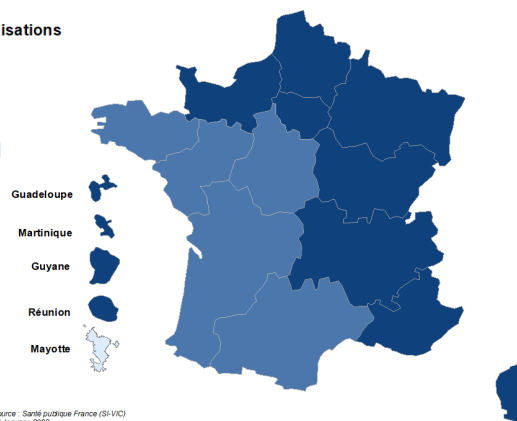
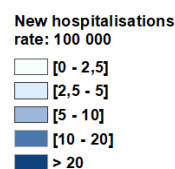


Hospital and intensive care admissions by date of admission

In metropolitan France in week 3, the weekly rates of [new hospital admissions](#) were stable or slightly higher in the majority of regions. However, they reduced in Île-de-France (-14%). The rates remained highest in Provence-Alpes-Côte d'Azur (35.3), in Île-de-France (28.2) and in Auvergne-Rhône-Alpes (27.6). New intensive care admissions were lower or stable in all regions, except in Pays de la Loire, where they were on the rise (1.8, +24%).

In overseas France, the highest rates of new hospital admissions were in French Guiana (49.9), followed by Reunion Island (43.6) and Guadeloupe (41.4). They increased in Reunion Island and Martinique (+16% and +14% respectively). The rate of new intensive care admissions was highest in Reunion Island (5.8).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 3-2022, France



Santé publique France
Source: Santé publique France (SI-VIC)
25 January 2022

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

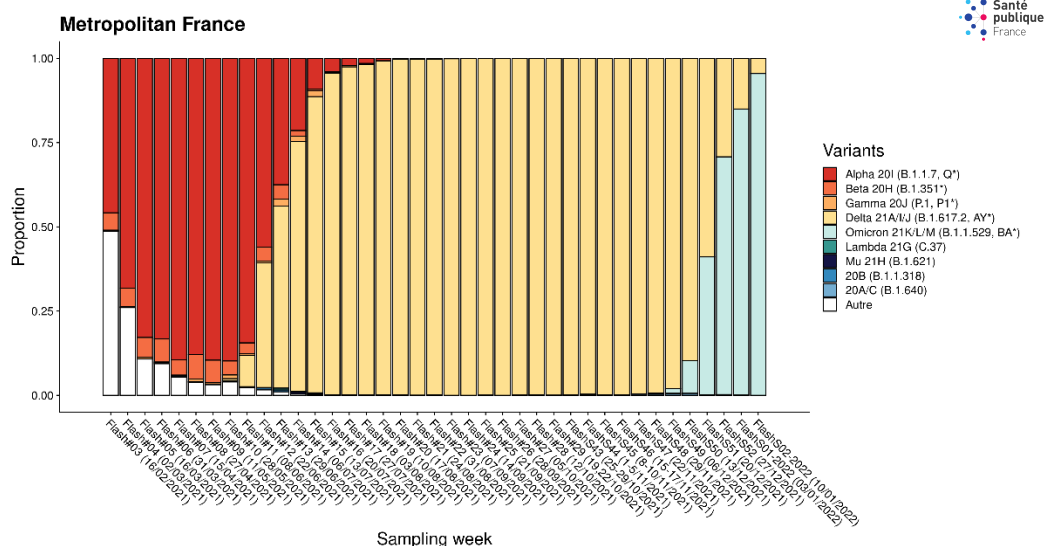
Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations affecting transmissibility, severity or immunity-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 [risk assessment of 05/01/2022](#). The screening indicators are also 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 3, the proportion of samples with an **A0C0** screening result (absence of E484K and L452R mutations, suggesting Omicron) continued to increase: it was **98%** compared to 96% in week 2 (out of 416,881 and 350,999 interpretable results). In metropolitan France, the proportion of A0C0 in week 3 was **over 95% in all regions**, with a minimum of 97% in Provence-Alpes-Côte d'Azur (vs 93% in week 2) and a maximum of 99% in Île-de-France (vs 98%). The proportion of A0C0 also exceeded 95% in overseas France with 99% in Guadeloupe, Mayotte and Martinique, followed by 96% in French Guiana and 95% in Reunion Island. A screening result indicating the presence of one of the targeted mutations of Omicron (coded **D1**, strong suspicion of Omicron) was identified in **98% of interpretable results in week 3** (vs 96% in week 2, out of 430,199 and 303,670 results). Conversely, the decrease in proportion of screened positive samples showing the L452R mutation (primarily carried by the Delta variant) continued: it was 1.4% (out of 452,226 samples with interpretable results) vs 4% in week 2 (out of 364,893 interpretable results). These various indicators are consistent and illustrate the continued **rapid replacement of Delta by Omicron throughout the country**.

Furthermore, the [sequencing data](#) confirm that **Omicron is the dominant variant in metropolitan France**: it represented **71% of interpretable sequences in the week 52 Flash Survey** (27/12/21, based on 5,319 interpretable sequences), **85% in the week 1 Flash survey** (03/01/22, based on 1,466 interpretable sequences) and **96% in the week 2 Flash survey** (10/01/22, based on 845 interpretable sequences, unconsolidated data). The Omicron variants identified in France belonged in the vast majority to the **BA.1 sub-lineage**, with just **60 BA.2 sequences identified** by sequencing since week 51. Of the interpretable sequences in the Flash surveys, the proportions of BA.1 and BA.2 were 66% and 0.03% in week 52 respectively (2 BA.2 sequences), 68% and 0.26% in week 1 (4 BA.2 sequences), 94% and 1% in week 2 (9 BA.2 sequences). Given that 5.2 million new cases of SARS-CoV-2 infection were reported between week 52 and week 2, the number of BA.2 infections in this period is estimated at 9,900 (confidence interval 4,900-14,900), versus 3.6 million for BA.1 (confidence interval 3.55-3.66 million). The spread of the BA.2 sub-lineage in certain countries may suggest **higher transmissibility** compared to BA.1, but the preliminary data indicate **similar severity**. The evolution of the proportion of BA.2 and knowledge of this sub-lineage will continue to be closely monitored over the coming weeks.

Evolution of the proportion of classified variants (VOC, VOI, and VUM) in Flash Surveys, metropolitan France (data on 24 January 2022; unconsolidated data from Flash Surveys W01-2022 and W02-2022)



*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.
Flash Survey W01-2022 (03/01/2022) and Flash week 2-2022: unconsolidated data

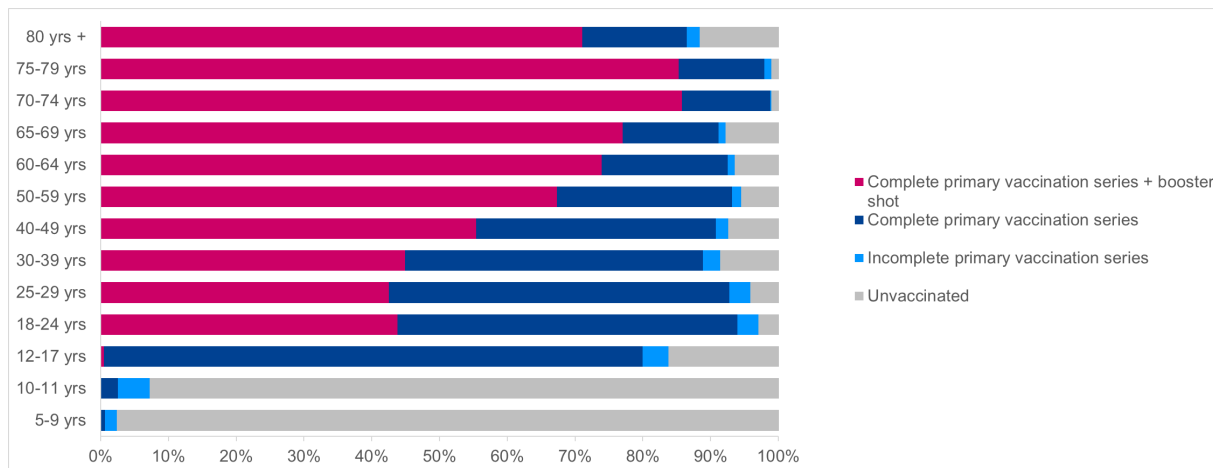
The **Delta variant** was identified in **4.5% of the 845 interpretable sequences in the week 2 Flash Survey** on 10/01/22 (unconsolidated data). This proportion continued its rapid decline, from 15% in the week 1 Flash Survey (on 03/01/22, out of 1,466 interpretable sequences) and 29% in the week 52 Flash Survey (on 27/12/22, out of 5,319 interpretable sequences). As for the **B.1.640 variant**, classified **VOI*** since [the risk assessment of 05/01/22](#), it continued to circulate at low levels in metropolitan France: **0.2% for the week 52 Flash Survey**, **0.1% for the week 1 Flash Survey** and undetected in the week 2 Flash Survey (although the number of interpretable sequences remained low).

Source: EMERGEN database, data processing by Santé publique France

Vaccination

On 25/01/2022, vaccination coverage in the general population according to Vaccin Covid was 78.3% for a complete primary vaccination series* and 51.2% for the booster shot. Among adults aged 18 years and older, 64.7% had received a booster shot, representing 75.4% of those eligible for the booster** at the time. In the 65+ age group, 80.4% had received a booster shot, representing 88.9% of those eligible for it at the time. In addition, 7.2% of children aged 10-11 years had received a first dose of vaccine (2.4% for 5-9 year-olds).

Vaccination coverage, by age group, France (data on 25 January 2022)



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

Vaccination coverage for the booster shot and percentage of the eligible population who received the booster, by age group, France (data on 25 January 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population having received a booster shot
18-24	49.0	58.5
25-29	47.4	58.0
30-39	49.2	61.9
40-49	59.5	70.8
50-59	71.0	80.1
60-64	76.6	85.9
65-69	79.0	89.1
70-74	87.5	90.7
75-79	86.6	90.6
80+	72.4	85.9

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

On 25/01/2022, 93.3% of **nursing home** and long-term care facility residents had completed a primary vaccination series and 70.2% had received a booster shot. Among residents who were eligible for the booster, 75.9% had already received it (75.3% on 18/01/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 69.4% (vs 65.3% on 18 January) for those working in nursing homes or long-term care facilities, 81.4% (vs 79.5%) for professionals in private practice and 68.2% for employees in healthcare institutions (vs 64.6%).

In parallel, 77.8% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (73.9% on 18/01/2022). This percentage was 86.3% for professionals in private practice (85.0% on 18/01/2022) and 76.9% for healthcare employees (73.7% on 18/01/2022).

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 once 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

Report on monitoring of [cases of paediatric inflammatory multisystem syndrome](#)
 Latest results from [monitoring of COVID-19 cases among health professionals](#)

To find out more about COVID-19, monitoring systems 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](#)