

# COVID-19 EPIDEMIOLOGICAL UPDATE

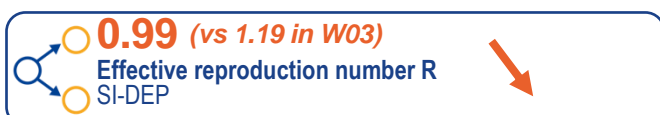
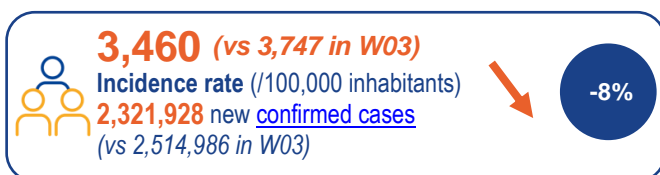
Weekly Report N° 101 / Week 04 / 3 February 2022

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 2 February 2022.

## Key numbers

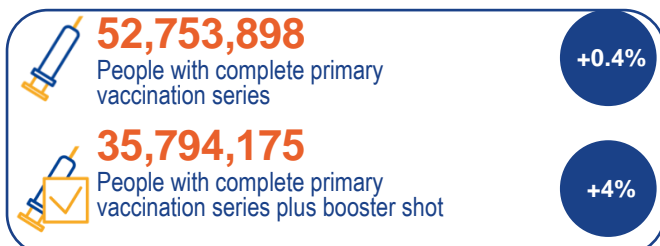
In week 4 (24-30 January 2022)

Compared to week 3 (17-23 January 2022)



On 1 February 2022

Compared to 25 January 2022



\*W04: unconsolidated data.

<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 4, circulation of SARS-CoV-2 slowed at national level but epidemiological and hospital indicators remain very high.

- Metropolitan France:
  - Incidence rate falling or stable in most regions, but rising in the 70+ age group.
  - New hospital and intensive care admissions stable or increasing in most regions.
  - Confirmation of the situation's improvement in Île-de-France
- Overseas France:
  - Highest incidence and hospitalisation rates in Reunion Island

### Contact tracing

- In the 75+ age group, almost one in five cases had frequented a long-term care facility (indicator increasing for the second consecutive week)

### Variants

- Omicron accounted for 97% of interpretable sequences in the Flash Survey of 17 January for week 3.
- BA.2 sub-lineage a small minority but increasing (2% on 17/01/22 vs 0.9% on 10/01/22)

### Prevention

- CoviPrev Survey (wave 31: 11–18 January 2022):
  - 33% of parents in favour of vaccinating their 5-11 year-old children
  - Mental health still poor, with one-third of respondents experiencing anxiety or depression
- Vaccination on 1 February 2022 (Vaccin Covid data):
  - 78.6% of the French population had received a complete primary vaccination series
  - 67.2% of the 18+ age group (representing 77.5% of those eligible) and 81.4% of the 65+ age group (89.7% 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, remote working and adherence to contact tracing

## Week 4 (24 to 30 January 2022)

### SITUATION UPDATE

In week 4, circulation of SARS-CoV-2 slowed down with an 8% drop in the national incidence rate. However, the incidence rate continued to rise in the 70+ age group with more than 3,000 cases per 100,000 inhabitants recorded in most regions. The heavy strain on hospitals continued, with indicators for admissions remaining at very high levels. The number of deaths of COVID-19 patients, mainly in the 65+ age group, continued to rise. Omicron's BA.2 sub-lineage, probably more transmissible, represented a small but growing minority (2% in week 3). Case and contact tracing data showed that the proportion of cases who may have been infected in a long-term care facility was again increasing this week. This observation, as well as the increase in infections among people aged 70+, calls for the utmost vigilance regarding the evolution of the epidemic among the elderly, particularly residents of care homes. As of 1 February, 81.4% of people aged 65+ had received a booster vaccination. This proportion was just 73.2% among those aged 80+. Strict compliance with prevention measures (wearing a mask and reducing contacts), frequent ventilation of enclosed spaces and remote working remain essential to limit the number of contaminations. Intensified vaccination, including the 3-month booster, particularly among the elderly population, and compliance with all recommended precautions in case of symptoms, a positive test or risk exposition, are necessary to limit the impact on the healthcare system, which is still under considerable strain.

### EPIDEMIOLOGICAL UPDATE

At the national level, after 15 weeks of increase, the incidence rate decreased by 8% in week 4, reaching 3,460 cases per 100,000 inhabitants, which is still more than 331,000 cases on average per day. It was decreasing among the under-50s and increasing for those aged 70 and over. The greatest increase was in the 90+ age group (1,667, +19%). It remained highest among 10-19 year-olds (6,212, -9%).

The screening rate was falling for the third consecutive week (10,082/100,000, -14%). It was stable among 80-89 year-olds (5,152, -2%) and in the 90+ age group (8,949, -1%), and decreased in the other age groups, particularly among the under-60s. The highest rate was again observed among 10-19 year-olds (14,601, -17%).

The positivity rate continued to increase but less markedly than in the previous week (34.3%, +2.5 points vs +7.4 points in week 3), probably suggesting that self-testing (not included in SI-DEP) remains in more frequent use, with results subsequently confirmed by PCR or antigenic test.

The number of consultations for suspected COVID-19 declined in SOS Médecins organisations (7,359 consultations, -18%) and in emergency departments (14,540 consultations, -10%). However, there was a moderate increase observed in the 75+ age group.

The number of new hospital admissions was slightly lower (16,352, -7%) while the number of intensive care admissions stabilised (1,818, -3%) (unconsolidated data). The share of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 increased to 32% in week 4 for hospital admissions (vs 30% in week 3) and 18% (vs 16%) for intensive care admissions. The number of deaths in hospitals and long-term care facilities continued to rise (1,897, +9%). [The excess all-cause mortality](#) observed since week 47-2021 particularly concerns 65-84 year-olds.

In metropolitan France, the incidence rate was stable or falling in all regions. The greatest decline was in Île-de-

France, the region with the lowest rate in week 4 (2,303, -30%). Hospital admission rates were stable or increasing in most regions. The decrease observed in Île-de-France in week 3 was confirmed this week.

In overseas France, the incidence and hospital admission rates decreased in all regions, but less markedly in Reunion Island, where the incidence rate remained above 5,000 (5,152, -5%) and the hospitalisation rate above 40/100,000 (-11%).

### VARIANTS

Omicron accounted for 97% of interpretable sequences in the Flash Survey for week 3 (preliminary data). The BA.2 sub-lineage remained a very small minority but increased significantly (2% of interpretable sequences in week 3 vs 0.9% in week 2 and 0.2% in week 1).

### CONTACT TRACING

In week 4, a decrease in the average number of contacts identified per case called was observed, which could be explained by a less effective identification of contacts by the cases, or by a higher proportion of persons with a [history of infection less than two months old](#) (and therefore excluded by definition from the contacts). In the 75+ age group, the proportion of cases called who had frequented a long-term care facility increased for the second consecutive week (20%, vs 16% in week 3 and 12% in week 2), calling for vigilance regarding the epidemic in this population.

### PREVENTION

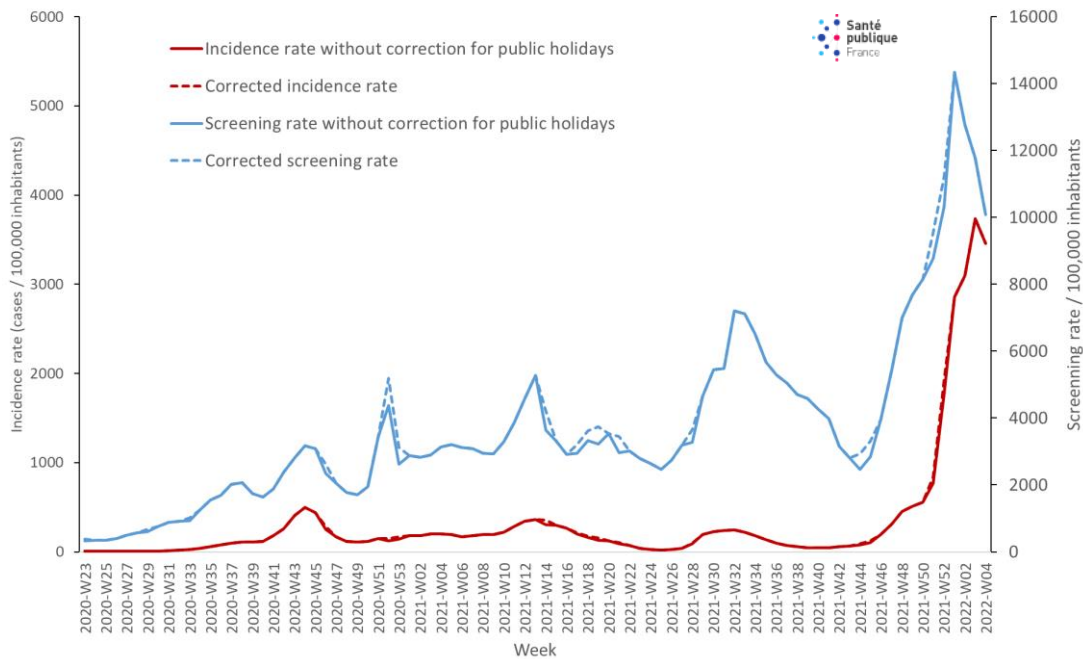
The CoviPrev survey of 11-18 January (wave 31) shows an increase in adherence to prevention measures and the booster shot. 33% of parents were in favour of vaccinating their 5-11 year-old children (79% for parents of 12-17 year-olds).

On 1 February, 78.6% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 81.4% in the 65+ age group (representing 89.7% of those eligible at that date) and 73.2% in the 80+ age group.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower compared to the previous week (3,460 per 100,000 inhabitants vs 3,747 in week 3, -8%), as was the [screening rate](#) (10,082/100,000 vs 11,791 in week 3, -14%). In contrast, the [positivity rate](#) was again on the rise, reaching 34.3% (+2.5 points). Among the 6,227,774 tested individuals who had reported their symptom status, 70% were asymptomatic, a proportion that has been decreasing for several weeks (74% in week 3 and 82% in week 52-2021). There was a slight rise in the positivity rate among both symptomatic people (64% vs 63% in week 3) and asymptomatic people (23% vs 21% in week 3). The proportion of symptomatic individuals among positive cases had risen (55% vs 52%).

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23, 2020, France (data on 2 February 2022)



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

### Incidence and screening rates by age group

In week 4, the [incidence rate](#) was lower among people aged under 50 years, stable among 50-69 year-olds, and higher among people aged over 70. These increases ranged from 19% in the 90+ age group (1,667/100,000 inhabitants) to 15% in the 80-89 age group (988) and 11% in the 70-79 age group (1,073). The incidence rate exceeded 3,000 cases per 100,000 inhabitants among people aged under 50 years and reached 6,212 in the 10-19 age group (-9%). The [screening rate](#) was down in most age groups and stable among those aged 80 years and over. The steepest declines were observed in the youngest age groups: -18% for 0-9 year-olds (11,974/100,000) and 20-29 year-olds (11,495), -17% for 10-19 year-olds (14,601), where it was highest. It was over 11,000 per 100,000 for the under-50s. The [positivity rate](#) was on the rise in all age groups. It exceeded 30% among people under 50 years and reached 42.5% in the 10-19 age group (+4.0 points). Among school-aged children, the highest incidence rate was observed in the 11-14 age group (6,920, -7%), with a screening rate of 15,493 (-15%) and a positivity rate of 44.7% (+4.0 points).

### Evolution of the incidence rates per 100,000 inhabitants by week and by age group, from week 45-2021, France (data on 2 February 2022)

79	109	143	214	227	229	289	712	872	1058	1406	1667	90 yrs +
66	86	118	148	154	155	200	636	687	662	860	988	80-89 yrs
98	134	184	224	214	204	253	787	853	760	970	1073	70-79 yrs
107	155	239	314	326	318	399	1076	1187	1095	1342	1390	60-69 yrs
115	178	278	392	432	459	670	1763	2127	2089	2427	2340	50-59 yrs
144	225	375	550	635	677	981	2287	3087	3521	4369	4132	40-49 yrs
179	270	423	631	732	844	1374	2939	3839	4290	5265	4795	30-39 yrs
149	218	321	457	553	792	1781	3640	5305	4167	4531	3826	20-29 yrs
111	195	345	531	637	670	909	2230	4607	5525	6820	6212	10-19 yrs
105	211	391	580	637	581	531	1097	2574	4027	4873	4371	0-9 yrs
123	194	312	450	511	556	839	1932	2869	3113	3747	3460	All ages
W45*	W46	W47	W48	W49	W50	W51*	W52*	W01	W02	W03	W04	

\*rates corrected for the effect of public holidays



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

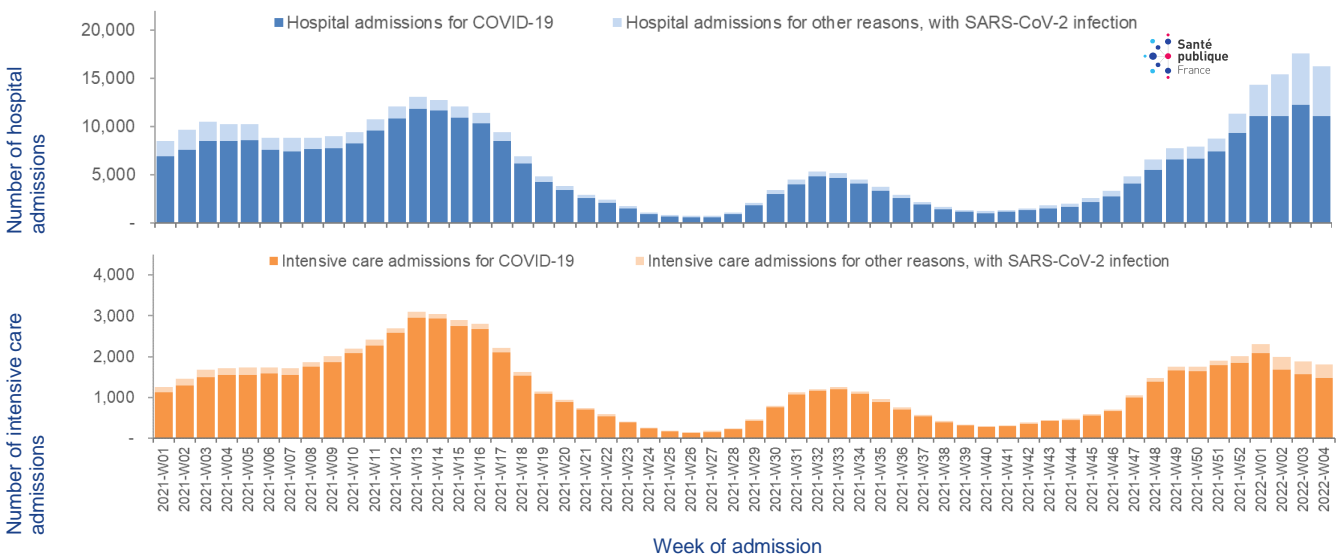
# Hospitalisations, intensive care admissions, and deaths

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 4, collected until 1 February 2022, are not yet consolidated and may be underestimated.

On 1 February 2022, 32,961 COVID-19 patients were in hospital in France (vs 30,256 on 25 January, +9%), including 3,764 in intensive care units (vs 3,754 on 25 January, +0.3%).

At national level, [hospital admissions](#) were slightly lower in week 4 (16,352, -7% vs +14% between week 2 and week 3), and new intensive care admissions were stable (1,818, -3% vs -6% between week 2 and week 3). In week 4, 11,122 patients with SARS-CoV-2 were hospitalised for management of COVID-19 and 5,151 were hospitalised for another reason (-9% and -7%, respectively, compared to week 3). Regarding intensive care units, 1,485 patients were admitted for COVID-19 in week 4 and 325 for other reasons (-6% and +7%, respectively, compared to week 3).

## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 1 February 2022)



W04: unconsolidated data

In week 4, weekly rates of new hospitalisations were stable or decreasing in all age groups. This trend was similar for intensive care admissions in most age groups. However, there was an increase in the 60-69 age group (457 admissions, +11%) and in the 80+ age group, but numbers remained low with 216 admissions (+6%) in the 80-89 age group and 48 admissions (+33%) in the 90+ age group.

## Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 49-2021 to week 4-2022, France

Age Group	W49	W50	W51	W52	W01	W02	W03	W04
90 yrs +	77.1	80.5	91.0	118.0	141.5	183.9	229.2	211.8
80-89 yrs	47.1	49.2	51.4	64.2	80.3	95.3	117.9	111.3
70-79 yrs	27.1	27.2	28.4	34.1	43.1	45.1	51.4	48.6
60-69 yrs	17.3	17.6	18.7	20.9	25.8	24.5	25.3	24.7
50-59 yrs	11.1	11.2	11.8	13.8	15.8	14.5	15.6	13.7
40-49 yrs	6.6	6.7	7.8	9.5	11.1	10.7	10.9	10.0
30-39 yrs	6.2	6.3	8.1	12.6	15.7	16.0	18.4	15.9
20-29 yrs	3.3	3.5	5.1	9.8	14.0	15.0	15.7	13.3
10-19 yrs	0.8	1.1	1.4	2.6	4.8	5.6	6.7	6.3
0-9 yrs	2.7	2.5	3.5	7.3	10.1	13.0	14.3	14.0
All ages	11.6	11.8	13.1	17.0	21.4	23.1	26.3	24.4

Age Group	W49	W50	W51	W52	W01	W02	W03	W04
90 yrs +	2.1	1.8	2.6	2.4	3.4	3.7	3.9	5.3
80-89 yrs	2.9	3.7	3.7	3.9	5.6	6.6	6.3	6.7
70-79 yrs	8.5	7.3	7.6	8.3	9.8	8.6	7.8	7.5
60-69 yrs	6.2	6.3	6.8	6.7	7.7	5.9	5.2	5.7
50-59 yrs	4.0	3.8	4.2	4.3	4.6	3.4	3.4	3.0
40-49 yrs	1.9	2.1	2.5	2.4	2.3	1.8	1.9	1.4
30-39 yrs	1.0	1.2	1.4	1.5	1.6	1.1	1.1	0.8
20-29 yrs	0.5	0.6	0.5	0.6	0.9	0.9	0.8	0.7
10-19 yrs	0.1	0.2	0.1	0.4	0.4	0.6	0.6	0.6
0-9 yrs	0.3	0.4	0.6	0.9	1.1	1.5	1.5	1.3
All ages	2.6	2.6	2.8	3.0	3.5	3.0	2.8	2.7

In week 4 (unconsolidated data), 1,769 deaths in hospital were recorded nationwide (+9% compared to week 3). In the previous week, this number had increased by 10% compared to week 2. Patients aged over 60 years represented 93% of these deaths. There were also 128 deaths recorded in long-term care facilities (vs 118 in week 3 and 81 in week 2).

## Situation at the regional level

### Incidence, positivity, and screening rates

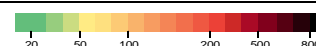
In **metropolitan France**, the incidence rate was stable or falling in all regions, except Nouvelle-Aquitaine (3,990/100,000, +12%) and Brittany (3,475, +5%), where it was rising. The screening rate declined nationwide to varying degrees, from -4% in Nouvelle-Aquitaine to -27% in Île-de-France. It was highest in Provence-Alpes-Côte d'Azur (11,288/100,000) and Hauts-de-France (11,153). The positivity rate increased in all regions, except in Île-de-France, where a slight decrease was observed (27%, -1.0 point). It varied from 26% in Corsica to 42% in Pays de la Loire. In week 4, the incidence rate was above 4,000 in 12 departments (vs 19 in week 3). The highest rates were seen in Haute-Garonne (4,783, -5%), Pyrénées-Atlantiques (4,622, +7%), Haute-Vienne (4,480, +19%) and Tarn (4,417, +8%).

In **overseas France**, the incidence rate was falling in all territories. The decrease ranged from -5% in Reunion Island (5,152) to -74% in Mayotte (98). The screening rate was also down in most territories, except Reunion Island where it was stable (-1%).

### Evolution of the incidence, positivity, and screening rates by region since week 51-2021, France (data on 2 February 2022)

Regions	Incidence rate per 100,00 inhabitants						W04 vs W03 (%)	Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W51*	W52*	W01	W02	W03	W04		W04	W04 vs W03 (point)	W04	W04 vs W03 (%)
Auvergne-Rhône-Alpes	1020	2103	3141	3474	4052	3454	-15	37.9	1.1	9,122	-17
Bourgogne-Franche-Comté	609	1261	2204	2589	3586	3473	-3	38.6	3.3	8,991	-11
Brittany	460	1389	2153	2486	3311	3475	5	39.2	4.7	8,864	-8
Centre-Val de Loire	452	1337	2185	2445	3193	3056	-4	37.6	3.0	8,119	-12
Corsica	1067	2618	2713	2293	2696	2499	-7	25.9	1.8	9,662	-14
Grand Est	599	1478	2269	2531	3508	3541	1	32.7	3.4	10,831	-10
Hauts-de-France	507	1386	2317	2853	3837	3602	-6	32.3	2.9	11,153	-15
Île-de-France	1438	3274	4149	3697	3285	2303	-30	27.2	-1.0	8,462	-27
Normandy	482	1507	2345	2563	3296	3229	-2	35.9	3.2	8,989	-11
Nouvelle-Aquitaine	542	1323	2131	2490	3548	3990	12	41.0	6.1	9,731	-4
Occitanie	733	1441	2312	2841	3872	3874	0	35.6	3.6	10,882	-10
Pays de la Loire	508	1465	2293	2826	4063	4107	1	41.8	3.8	9,822	-8
Provence-Alpes-Côte d'Azur	1112	1907	2708	3189	3957	3489	-12	30.9	1.6	11,288	-17
Guadeloupe	209	1164	3675	4570	3584	2252	-37	25.1	-3.5	8,990	-28
French Guiana	193	1052	3806	2904	1427	677	-53	21.0	-7.0	3,222	-37
Martinique	271	808	2297	2949	3139	2773	-12	20.7	0.0	13,394	-11
Mayotte	117	1114	2610	1171	382	98	-74	6.3	-5.4	1,567	-52
Reunion Island	674	1615	2661	3912	5399	5152	-5	38.0	-1.6	13,557	-1

\*Data corrected for the effect of public holidays (25/12/21 and 01/01/22)

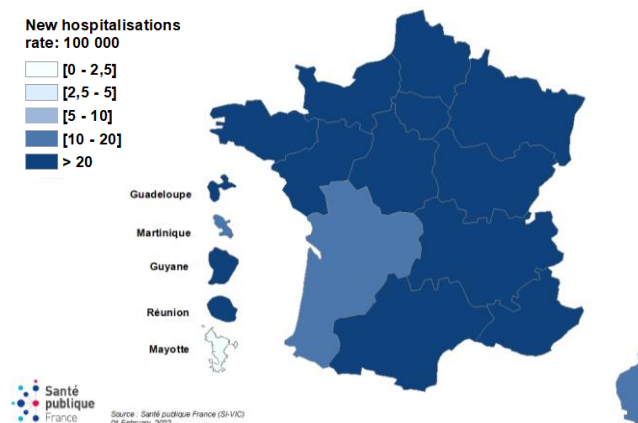


### Hospital and intensive care admissions by date of admission

In metropolitan France in week 4, the weekly rates of [new hospitalisations](#) were stable or increasing in the majority of regions. However, they decreased in Île-de-France (-27%) and in Corsica (-31%). The rates remained highest in Provence-Alpes-Côte d'Azur (34.3/100,000), Normandy (29.7) and Bourgogne-Franche-Comté (28.1). The rates of new admissions to intensive care units were stable or increasing in the majority of regions. In contrast, they were decreasing in Île-de-France (-22%).

In overseas France, the rates of new hospital and intensive care admissions were lower or stable in all regions. The highest rates of hospital admissions were in Reunion Island (41.0), French Guiana (31.0) and Guadeloupe (26.3). The rate of new admissions to intensive care units was highest in Reunion Island (5.5).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 4-2022, France



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

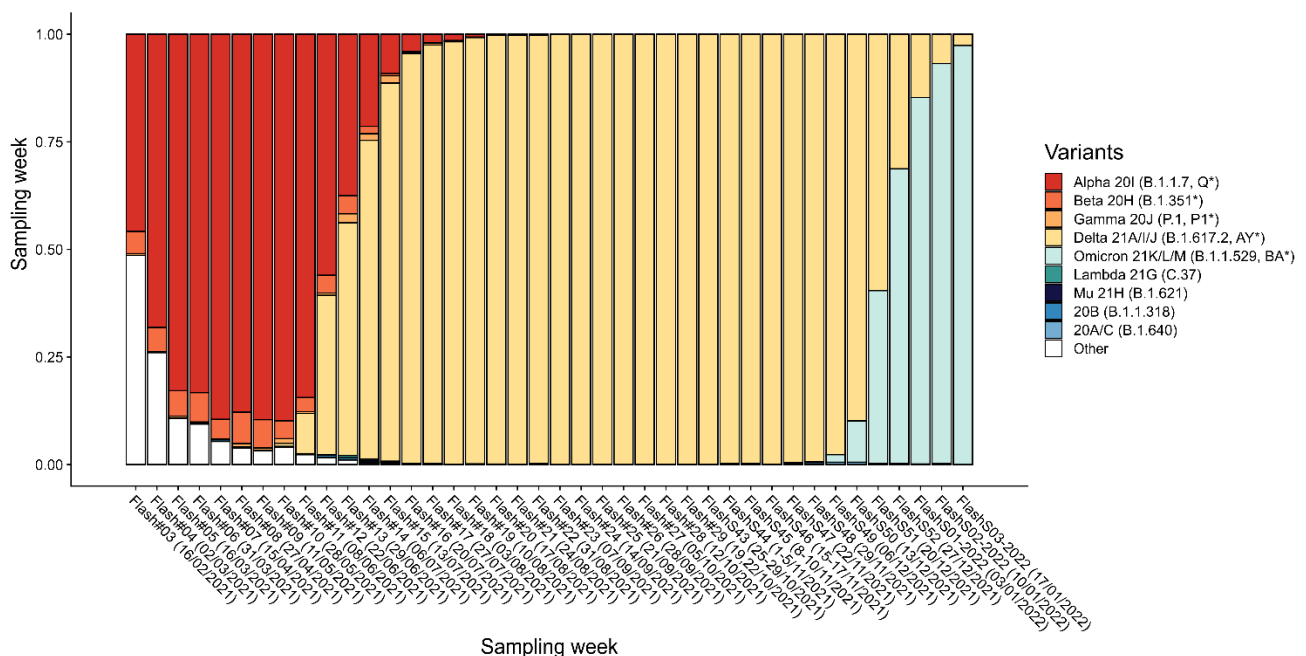
## Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that affect the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular 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 also available as open data on [Géodes](#) and [data.gouv](#) with a [methodological note](#) explaining their revision on 6 January 2022.

In week 4, the proportion of samples with an **A0C0** screening result (absence of E484K and L452R mutations, suggesting Omicron) was **99.4%**, compared to 98.5% in week 3 (out of 426,682 and 462,263 interpretable results, respectively). A screening result indicating the presence of one of the Omicron target mutations (coded **D1**, strong suspicion of Omicron) was identified in **98.9% of interpretable results in week 4** (vs 98.1% in week 3, out of 461,713 and 475,959 results). The proportion of Omicron-compatible screening results was very high in **all regions of metropolitan and overseas France**, with the proportion of A0C0 samples exceeding 98% and the proportion of D1 samples exceeding 97% (except in Corsica, where the proportion of D1 was 93%). By contrast, the proportion of screened positive samples with the L452R mutation (primarily carried by the Delta variant) was very low, with 0.6% in week 4 vs 1.4% in week 3 (out of 459,604 and 498,236 samples with an interpretable result). These various indicators are consistent and illustrate that **Omicron is dominant throughout the country**.

In addition, the [sequencing data](#) also confirm the replacement of Delta by **Omicron in metropolitan France**: it represented **85% of interpretable sequences in the Flash Survey of week 1** (03/01/2022, based on 2,022 interpretable sequences), **93% in the Flash Survey of week 2** (10/01/2022, based on 2,069 interpretable sequences) and **97% in the Flash Survey of week 3** (17/01/2022, based on 1,310 interpretable sequences; unconsolidated data). To date, the **vast majority of Omicron variants** identified in France belong to the **BA.1 sub-lineage**. Among the interpretable sequences of the Flash Surveys, the proportion of BA.1 and BA.2 was 81% and 0.2% respectively in week 1 (five BA.2 sequences), 92% and 0.9% in week 2 (20 BA.2 sequences), and 95% and 2% in week 3 (30 BA.2 sequences). Preliminary international data suggest an advantage in transmissibility of BA.2 over BA.1, but their severity and ability to evade the immune response would be similar. A full analysis is available in the [variants risk analysis of 26/01/2022](#).

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 31 January 2022; Flash Surveys from weeks 2- and 3-2022 unconsolidated)



Source: EMERGEN database, data processing by Santé publique France

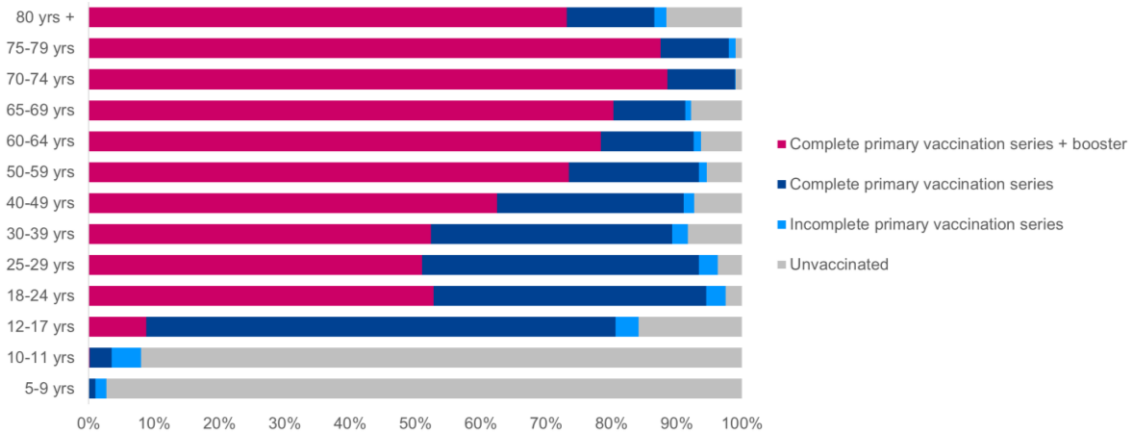
\*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.

The **Delta variant** was only identified in **2.6% of 1,310 interpretable sequences in the week 3 Flash Survey** (on 17/01/22, unconsolidated data), although this proportion was at 7% in the week 2 Flash Survey (on 10/01/21, out of 2,069 interpretable sequences) and 15% in the week 1 Flash Survey (on 03/01/21, out of 2,022 interpretable sequences). As for the **B.1.640 variant**, classified **VOI\*** since the [risk assessment of 05/01/2022](#), it seems to maintain a presence, although at very low levels. In metropolitan France, it represented **0.15% of interpretable sequences in the week 1 Flash Survey, 0.14% for the week 2 Flash Survey**, and was not detected in the week 3 Flash Survey (based on a number of sequences that is still low).

# Vaccination

On 1 February 2022, vaccination coverage in France based on Vaccin Covid was estimated at 78.6% for a complete primary vaccination series\* and 53.3% for the booster shot. Among adults aged 18 years and older, 67.2% had received a booster shot, representing 77.5% of those eligible for the booster\*\* at the time. In the 65+ age group, 81.4% had received a booster shot, representing 89.7% of those eligible for it at the time. In addition, 8.0% of children aged 10-11 years had received a first dose of vaccine (2.7% for 5-9 year-olds).

## Vaccination coverage, by age group, France (data on 1 February 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 (data on 1 February 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	52.8	62.2
25-29	51.0	61.6
30-39	52.4	65.1
40-49	62.5	73.6
50-59	73.5	82.3
60-64	78.4	87.4
65-69	80.3	90.2
70-74	88.6	91.5
75-79	87.5	91.2
80+	73.2	86.5

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

On 1 February 2022, 93.3% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 70.6% had received a booster shot. Among residents who were eligible for the booster, 76.1% had already received it (vs 75.9% on 25/01/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 72.3% (vs 69.4% on 25/01/2022) for those working in nursing homes or long-term care facilities, 83.0% (vs 81.4%) for professionals in private practice and 70.9% for employees in healthcare institutions (vs 68.2%).

In parallel, 80.4% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (77.8% on 25/01/2022). This percentage was 87.4% for professionals in private practice (86.3% on 25/01/2022) and 79.2% for healthcare employees (76.9% on 25/01/2022).

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](#).

\*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 [compliance with prevention measures](#) and [mental health \(CoviPrev survey, wave 31\)](#)  
 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](#)