

COVID-19 EPIDEMIOLOGICAL UPDATE

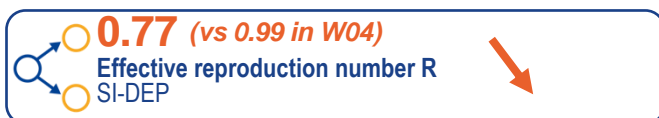
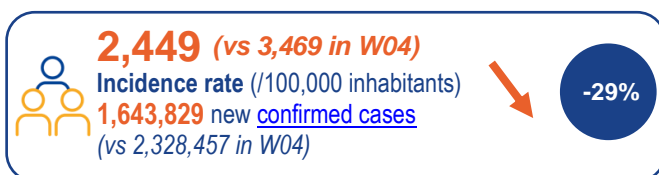
Weekly Report N° 102 / Week 05 / 10 February 2022

As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners¹ as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 9 February 2022.

Key numbers

In week 5 (31 January-6 February 2022)

Compared to week 4 (24-30 January 2022)



On 8 February 2022

Compared to 1 February 2022



Key points

Epidemiological situation

In week 5, circulation of SARS-CoV-2 continued to decline in France, with a lower number of new admissions to hospital, but indicators remained at high levels.

- Metropolitan France:
 - Incidence rates falling in all regions
 - Positivity rates still increasing in the 60+ age group
 - Hospital indicators starting to drop in most regions
 - Excess all-cause mortality observed in France since November, linked to the magnitude of the fifth wave
- Overseas France:
 - Virological and hospital indicators decreasing but remain high in Reunion Island

Contact tracing

- Decrease in number of cases and persons identified through contacts
- Number of contacts reported per case called stable and very low (value of 1.1)

Variants

- Omicron accounted for 98.8% of interpretable sequences in the week 4 Flash Survey of 24 January.
- BA.2 sub-lineage remains a minority but is increasing (5.4% on 24/01/22 vs 1.9% on 17/01/22)

Prevention

- Vaccination on 8 February 2022 (Vaccin Covid data):
 - 78.9% of the French population had completed a primary vaccination series
 - 69.3% of the 18+ age group (representing 79.4% of those eligible) and 82.3% of the 65+ age group (90.3% 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

[Dashboard](#)
[InfoCovidFrance](#)

*W05: unconsolidated data.

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.

Week 5 (31 January to 6 February 2022)

SITUATION UPDATE

In week 5, circulation of SARS-CoV-2 continued to decline in France, with a 29% decrease in the national incidence rate. This improvement was observed across all regions and all age groups, but to a lesser extent in the 60+ age group, where the positivity rate continued to rise. Although hospital admissions also seemed to be falling, the pressure on services remained high this week. The BA.2 sub-lineage of Omicron continued to gain ground but still represented a minority (5.4% in week 4). Contact tracing data indicated that the proportion of contacts who developed into confirmed cases was decreasing, probably due to the wider use of self-testing without routine PCR confirmation or to recently acquired post-infection immunity. As of 8 February, 82.3% of the population aged 65+ and 73.9% of the population aged 80+ had received a booster shot. Strict compliance with prevention measures (wearing a mask and limiting contacts), frequent ventilation of enclosed spaces and remote working remain essential to consolidate the current epidemic trend. Maintaining vaccination efforts, especially for the 3-month booster, particularly among vulnerable and elderly populations, and complying with all recommended measures in the event of symptoms, a positive test, or risk exposure are necessary to prevent severe forms of illness and limit the impact on the healthcare system, which remains under strain.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate was down again in week 5 (-29%), falling to 2,449 cases per 100,000 inhabitants, which is still more than 234,800 cases on average per day. It had fallen across all age groups but primarily among the under-60s, where the decrease exceeded 20%. It remained highest among 10-19 year-olds (3,950, -37%). The screening rate decreased for the fourth consecutive week (7,476/100,000, -26%). This decline concerned all age groups and in particular the under-60s. The highest rate was again observed among 10-19 year-olds (9,786, -33%). The positivity rate fell for the first time after 16 weeks of increase (32.8%, -1.6 points). However, it was still on the rise among people aged 60 and over.

The number of consultations for suspected COVID-19 was down for the second consecutive week in SOS-Médecins organisations (5,514 consultations, -25%) and in emergency departments (11,941 visits, -18%). This drop was observed for both adults and children in both networks.

The number of new hospital admissions decreased (15,103, -15%), as did new intensive care admissions (1,762, -10%) (unconsolidated data). The proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 stabilised at 33% for hospital admissions and 20% for intensive care. The number of deaths in hospitals and in long-term care facilities had fallen slightly (1,933, -4%). The [excess all-cause mortality](#) observed since November (Week 47, 2021) had reached a peak in week 51, 2021, with an excess of 20%. It seemed to be driven by COVID-19 deaths and particularly affected the 65-84 age group.

In metropolitan France, the incidence rate had decreased in all regions. This decrease was again most significant in Île-de-France, which still had the lowest rate in week 5 (1,450, -37%). Nevertheless, incidence rates remained above 2,500/100,000 in six regions and exceeded 3,000 in Nouvelle-Aquitaine,

where the decrease was smallest (3,380, -16%). The screening rate also decreased across the country and was highest in Grand Est (8,351, -23%) Hospital admission rates were down in the majority of regions.

In overseas France, incidence rates had fallen across all territories, as had hospitalisation rates, except in Mayotte where they were stable at a very low level.

VARIANTS

Omicron accounted for 98.8% of interpretable sequences in the Flash Survey for week 4 (preliminary data). The BA.2 sub-lineage remained in the minority but continued to gain ground (5.4% of interpretable sequences in week 4 vs 1.9% in week 3).

CONTACT TRACING

The number of new cases (1,680,482) and [contacts](#) (296,680) registered in the ContactCovid database were down (-31% and -9% respectively). The number of contacts reported per case called was stable at a low level (value of 1.1) 18.0% of contacts identified in week 4 (unconsolidated value) subsequently became confirmed cases, compared to 20.3% from week 3. This decrease could be linked to the fact that contacts are increasingly self-testing, without always confirming a positive diagnosis with a PCR or nasopharyngeal antigen test, and/or to a possible recent post-infection immunity of contacts.

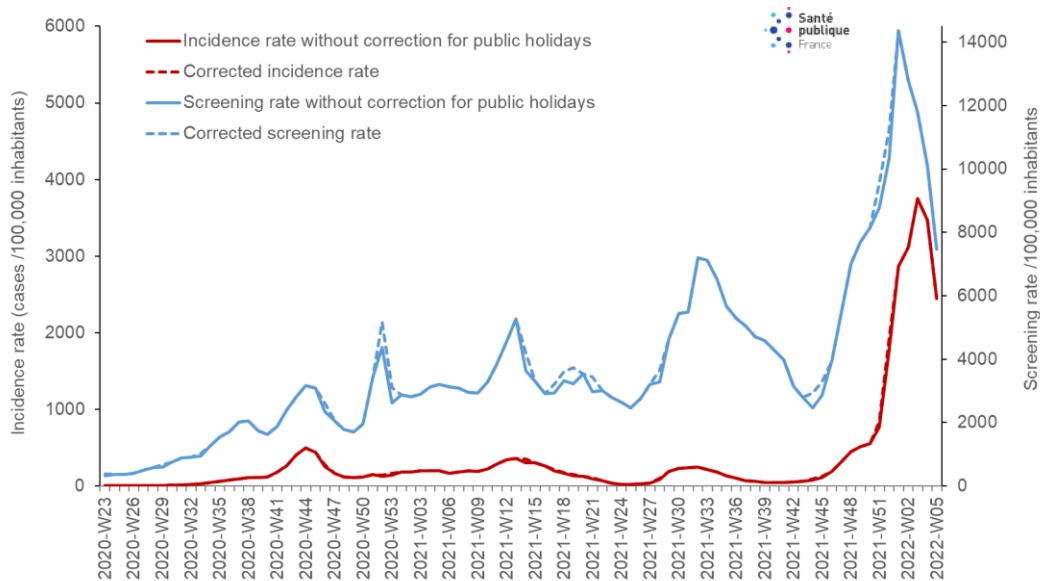
PREVENTION

On 8 February, 78.9% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 82.3% in the 65+ age group (representing 90.3% of those eligible at that date) and 73.9% in the 80+ age group (87.0% of those eligible at that date).

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (2,449 per 100,000 inhabitants vs 3,469 in week 4, i.e. -29%), as was the [screening rate](#) (7,476/100,000 vs 10,095 in week 4, -26%). The [positivity rate](#) had also fallen (32.8%, -1.6 points). Among the 4,597,782 tested individuals who provided information about the possible presence of symptoms, 69% were asymptomatic (vs 70% in week 4), a proportion in decline since week 52-2021 (82% vs 87% in week 51-2021). The positivity rate fell among both symptomatic people (62% vs 64% in week 4) and asymptomatic people (21% vs 23% in week 4). The proportion of symptomatic individuals among positive cases had risen (57% vs 55% in week 4).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23, 2020, France (data on 9 February 2022)



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

Incidence and screening rates by age group

In week 5, the [incidence rate](#) was falling across all age groups, following a gradient ranging from -3% in the 90+ age group to -38% among 0-9 year-olds. It exceeded 3,000 cases per 100,000 in the 10-49 age group and reached 3,950 among 10-19 year olds (-37%). The [screening rate](#) was down in all age groups. The greatest decreases were observed in the youngest age groups: -33% among 0-9 year-olds (8,082/100,000) and 10-19 year-olds, where the rate was highest (9,786/100,000). The [positivity rate](#) was decreasing in the under-60 age group, from -2.7 points among 0-9 year-olds (33.9%) to -0.3 points among 50-59 year-olds (28.9%). It increased among the oldest age groups, from +0.5 points among 60-69 year-olds (25.0%) to +2.1 points in the 90+ age group (21.0%). It remained highest among 10-19 year-olds (40.4%, -2.2 points). Among school-aged children, the highest incidence rate was observed among 11-14 year olds (4,392, -37%), with a screening rate of 10,376 (-33%) and a positivity rate of 42.3% (-2.4 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 46-2021, France (data on 9 February 2022)

109	143	214	227	229	289	712	872	1061	1413	1697	1652	90 yrs +
86	118	148	154	155	200	636	687	664	863	998	942	80-89 yrs
134	184	224	214	204	253	787	853	761	972	1079	994	70-79 yrs
155	239	314	326	318	399	1076	1187	1096	1344	1396	1189	60-69 yrs
178	278	392	432	459	670	1763	2127	2091	2430	2348	1823	50-59 yrs
225	375	550	635	677	981	2287	3087	3525	4373	4143	3004	40-49 yrs
270	423	631	732	844	1374	2939	3839	4295	5271	4809	3409	30-39 yrs
218	321	457	553	792	1781	3640	5305	4171	4536	3835	2703	20-29 yrs
195	345	531	637	670	909	2231	4607	5528	6825	6224	3950	10-19 yrs
211	391	580	637	581	531	1097	2574	4029	4875	4380	2737	0-9 yrs
194	312	450	511	556	839	1932	2869	3116	3751	3469	2449	All ages
W46	W47	W48	W49	W50	W51*	W52*	W01	W02	W03	W04	W05	

Santé publique France

Source: SI-DEP

*rates corrected for the effect of public holidays



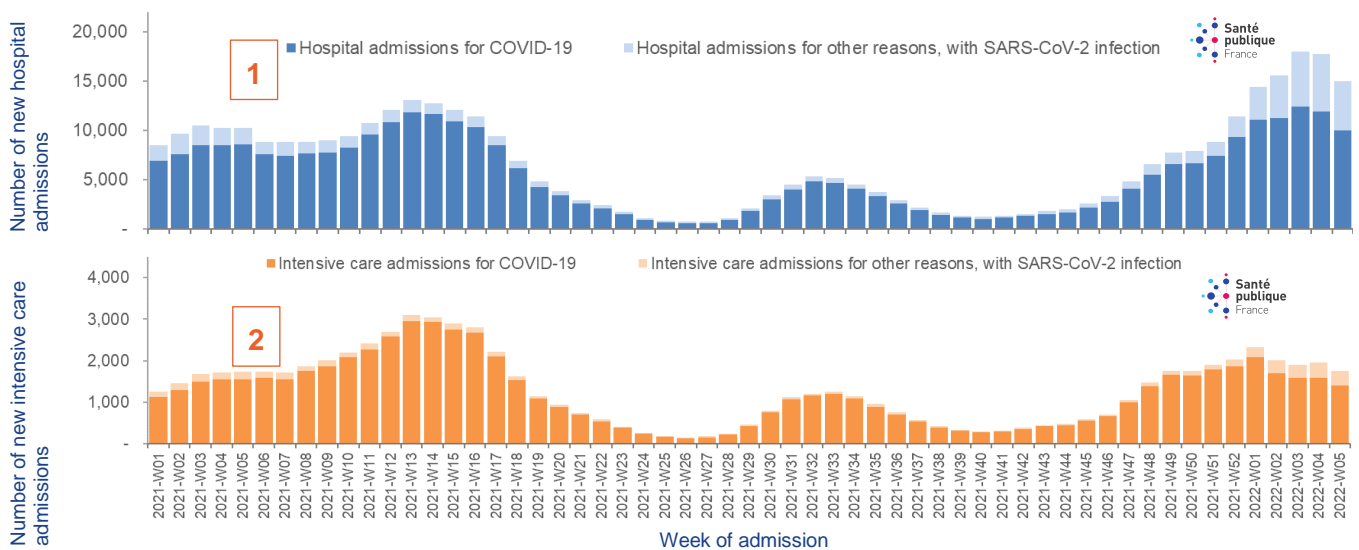
Hospitalisations, intensive care admissions, and deaths

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 for week 5, collected until 8 February 2022, are not yet consolidated and may be underestimated.**

On 8 February 2022, 33,420 COVID-19 patients were hospitalised in France (vs 32,961 on 1 February, +1%), including 3,568 in intensive care units (vs 3,764 on 1 February, +5%).

At national level, [hospital admissions](#) were lower in week 5 (15,103, -15% vs -1% between weeks 3 and 4), as were new intensive care admissions (1,762, -10% vs +2% between weeks 3 and 4). In week 5, 10,053 patients with SARS-CoV-2 were hospitalised for management of COVID-19 and 5,050 were hospitalised for another reason (-16% and -14%, respectively, compared to week 4). Regarding intensive care units, 1,407 patients were admitted for COVID-19 in week 5 (-11%) and 355 for other reasons (-3%). In week 5, the proportion of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 was stable: 33% for all departments, 20% for intensive care units and 14% for resuscitation units. These proportions were stable in all age groups.

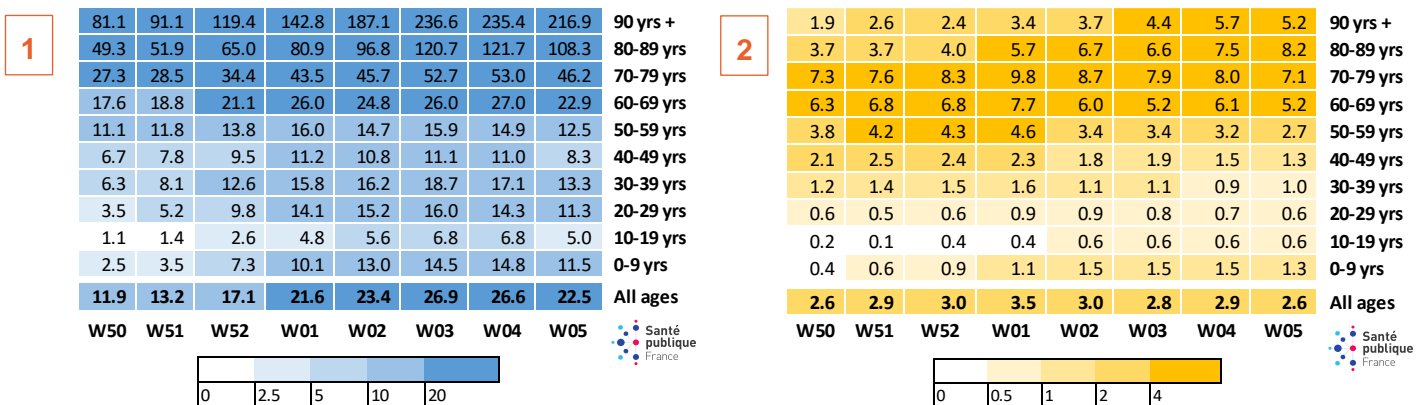
Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 8 February 2022)



W05: unconsolidated data

In week 5, weekly rates of new hospitalisations were decreasing in all age groups. New intensive care admissions were stable or lower in the majority of age groups. However, a slight increase was observed among 80-89 year-olds, with 266 admissions (+10%).

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 50-2021 to week 5-2022, France



In week 5 (unconsolidated data), 1,790 deaths in hospital were recorded nationwide (-5% compared to week 4). In the previous week, this number had increased by 14% compared to week 3. Patients aged over 60 years represented 93% of these deaths. There were also 143 deaths recorded in long-term care facilities (vs 135 in week 4).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate was down in all regions. It was highest in Nouvelle-Aquitaine (3,380, -16%) and Occitanie (2,894, -26%). The largest decreases were observed in Île-de-France (1,450, -37%) and Provence-Alpes-Côte d'Azur (2,267, -35%). The screening rate was down throughout the country, from -17% in Corsica to -29% in Hauts-de-France. It was highest in the Grand Est (8,351/100,000) and Occitanie (8,291). The positivity rate was stable or falling in all regions except Nouvelle-Aquitaine, where it continued to rise (42.2%, +1.1 points). In week 5, the incidence rate was above 3,000 in 17 departments (vs 82 in week 4). The highest rates were observed in Pyrénées-Atlantiques (3,719, -20%), Landes (3,619, -12%), Haute-Vienne (3,575, -20%) and Charente (3,560, -11%).

In **overseas France**, the incidence rate was falling in all territories. It remained highest in Reunion Island (3,211, -39%**). The screening rate was also in decline across all territories and was highest in Martinique (12,039, -10%).

Evolution of the incidence, positivity, and screening rates by region since week 52-2021, France (data on 9 February 2022)

Regions	Incidence rate per 100,000 inhabitants						W05 vs W04 (%)	Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W52*	W01	W02	W03	W04	W05		W05	W05 vs W04 (point)	W05	W05 vs W04 (%)
Auvergne-Rhône-Alpes	2103	3141	3476	4055	3462	2332	-33	35.3	-2.6	6,605	-28
Bourgogne-Franche-Comté	1261	2204	2590	3589	3481	2586	-26	37.8	-0.8	6,836	-24
Brittany	1389	2153	2488	3313	3486	2679	-23	38.4	-0.8	6,971	-21
Centre-Val de Loire	1337	2185	2447	3195	3062	2244	-27	36.2	-1.4	6,190	-24
Corsica	2617	2713	2293	2698	2505	2054	-18	25.7	-0.2	7,989	-17
Grand Est	1478	2269	2533	3512	3546	2677	-24	32.1	-0.7	8,351	-23
Hauts-de-France	1386	2317	2855	3841	3609	2423	-33	30.7	-1.7	7,904	-29
Île-de-France	3274	4149	3702	3289	2309	1450	-37	23.5	-3.8	6,171	-27
Normandy	1507	2345	2565	3299	3235	2318	-28	34.2	-1.7	6,772	-25
Nouvelle-Aquitaine	1323	2131	2492	3551	4002	3380	-16	42.2	1.1	8,019	-18
Occitanie	1441	2312	2843	3874	3888	2894	-26	34.9	-0.8	8,291	-24
Pays de la Loire	1465	2293	2829	4068	4115	2803	-32	39.7	-2.2	7,061	-28
Provence-Alpes-Côte d'Azur	1907	2708	3191	3962	3499	2267	-35	27.7	-3.2	8,172	-28
Guadeloupe	1165	3675	4577	3594	2266	1448	-36	21.4	-3.7	6,751	-25
French Guiana	1053	3806	2907	1429	679	321	-53	12.2	-8.8	2,622	-19
Martinique	808	2297	2953	3146	2786	2475	-11	20.6	-0.2	12,039	-10
Mayotte	1115	2610	1174	384	99	48	-52	4.0	-2.3	1,200	-24
Reunion Island**	1616	2661	3914	5423	5258	3211	-39	41.4	2.9	7,755	-43

*Data corrected for the public holiday (1 January 2022)

**W05: data should be interpreted with caution due to a cyclone event limiting access to screening



Source: SI-DEP

Hospital and intensive care admissions by date of admission

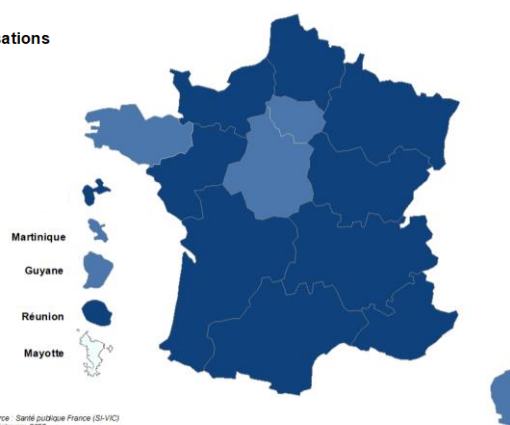
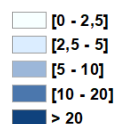
In metropolitan France in week 5, the weekly rates of [new hospitalisations](#) were lower in the majority of regions. They were stable in Bourgogne-Franche-Comté, Occitanie and Pays de la Loire. Rates remained highest in Provence-Alpes-Côte d'Azur (31.9/100,000), Bourgogne-Franche-Comté (30.5) and Normandy (26.5).

The rates of intensive care admissions were stable or decreasing in the majority of regions. They increased slightly in Bourgogne-Franche-Comté, Hauts-de-France and Pays de la Loire.

In overseas France, the rate of hospital admissions was stable at a very low level in Mayotte and decreasing in the other regions. Reunion Island (35.8) and Guadeloupe (24.1) had the highest rates. The rate of intensive care admissions was stable or slightly decreasing in all regions. It remained highest in Reunion Island (5.5).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 5-2022, France

New hospitalisations rate: 100 000



Santé publique France
Source: Santé publique France (SI-VIC)
09 February, 2022

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

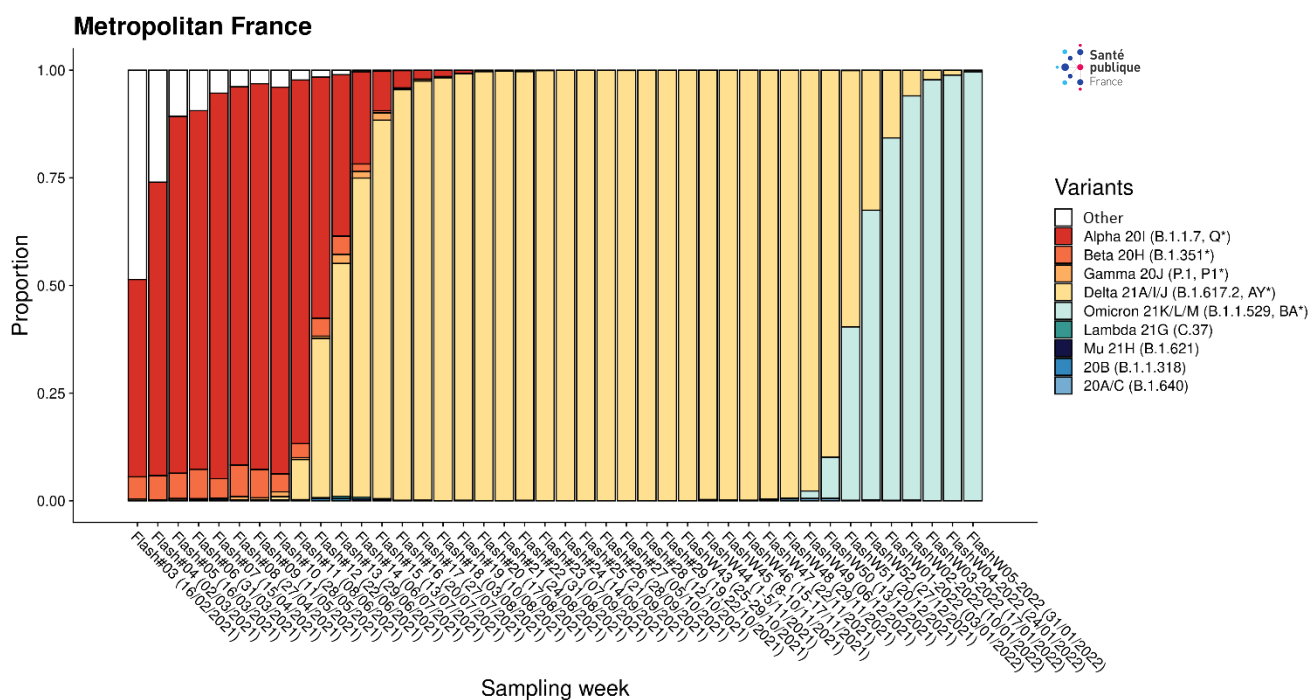
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 5, the proportion of samples in France with a **screening result compatible with Omicron was 99.6% for the A0C0 proxy** (compared to 99.4% in week 4) and **99.1% for the D1 proxy** (compared to 98.9% in week 4). Conversely, the proportion of positive samples screened showing the **L452R** mutation (mainly carried by the Delta variant) was very low, at **0.3% in week 5** (compared to 0.6% in week 4). These different indicators illustrate the **total replacement of Delta by Omicron**.

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in mainland France**: it represented **98.8% of interpretable sequences in the week 4 Flash Survey** (from 24/01/22, based on 1,518 interpretable sequences), compared with 97.5% in the week 3 Flash Survey (from 17/01/22, based on 3,640 interpretable sequences). The VOC* **Delta represented only 1.2% of interpretable sequences** in the week 4 Flash Survey, and the VOI* B.1.640 was not detected in the week 3 and week 4 Flash Surveys. Preliminary data from the week 5 Flash Survey (from 31/01/22) follow the same upward trend of Omicron over Delta.

Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, Metropolitan France (data on 7 February 2022; Flash Surveys from weeks 4 and 5-2022 unconsolidated)



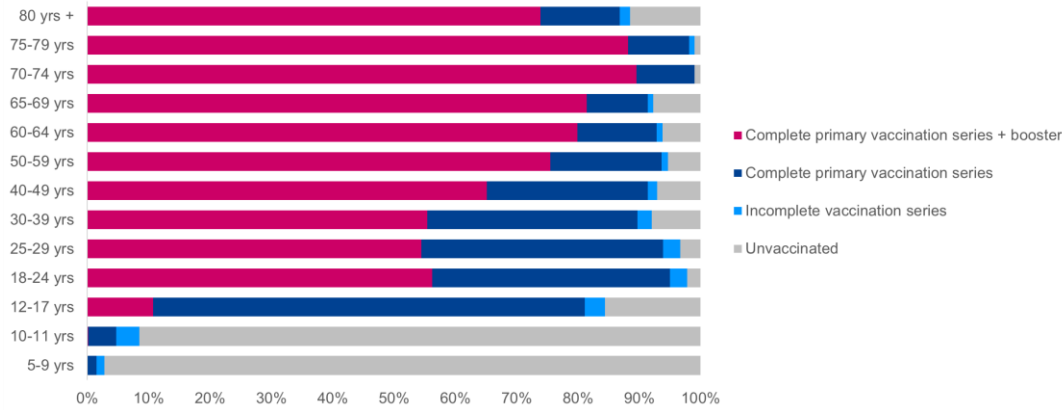
*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.

To date, the Omicron VOC includes, within the parental lineage B.1.1.529, three sub-lineages: BA.1 (and its sub-lineage BA.1.1), BA.2 and BA.3. The Omicron sequences identified in France **belong overwhelmingly to the BA.1 sub-lineage**: 94% of the 1,518 interpretable sequences in the week 4 Flash Survey corresponded to BA.1, of which 42% to its BA.1.1 sub-lineage. **While the BA.2 sub-lineage remains in the minority, its proportion is increasing at national level**, being present in 5.4% of interpretable sequences in the week 4 Flash Survey (vs. 1.9% for the week 3 Flash Survey). Preliminary data from the week 5 Flash Survey (from 31/01/22) confirms this increasing trend, with 6.5% of BA.2 among the 812 interpretable sequences. A higher transmissibility of BA.2 compared to BA.1, as suggested by studies in Denmark and the UK, could explain this steady rise in BA.2 compared to BA.1. However, **BA.2 does not appear to be spreading as rapidly in France as observed in Denmark**. BA.2 is still in the minority in France, as in other European countries, including the United Kingdom. This contrasting situation at European level could be linked to the time lapse between the introduction of BA.1 and BA.2 (very short in Denmark), which may influence the dynamics between the two sub-lineages. The most recent data seem to confirm that BA.1 and BA.2 show similar levels of severity and immune escape, meaning that **BA.2 is not considered a separate variant** but instead included in the Omicron VOC. As of 07/02/2022, **two BA.3 sub-lineage sequences have been identified in France**, and this sub-lineage remains rare internationally. More information on the Omicron sub-lineages is available in the [variants risk assessment of 26/01/2022](#).

Vaccination

On 8 February 2022, vaccination coverage in France based on Vaccin Covid was estimated at 78.9% for a complete primary vaccination series* and 55.2% for the booster shot. Among adults aged 18 years and older, 69.3% had received a booster shot, representing 79.4% of those eligible for the booster** at the time. In the 65+ age group, 82.3% had received a booster shot, representing 90.3% of those eligible for it at the time. In addition, 8.5% of children aged 10-11 years had received a first dose of vaccine (2.8% for 5-9 year-olds).

Vaccination coverage, by age group, France (data on 8 February 2022)



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

Vaccination coverage for the booster shot and percentage of the eligible population that has received the booster, by age group, France (data on 8 February 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	56.2	65.5
25-29	54.5	64.9
30-39	55.4	68.1
40-49	65.1	76.1
50-59	75.5	84.1
60-64	79.9	88.5
65-69	81.4	91.0
70-74	89.5	92.1
75-79	88.2	91.6
80+	73.9	87.0

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

On 8 February 2022, 93.4% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 70.9% had received a booster shot. Among residents who were eligible for the booster, 76.3% had already received it (vs 76.1% on 01/02/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 74.4% (vs 72.3% on 01/02/2022) for those working in nursing homes or long-term care facilities, 84.5% (vs 83.0%) for professionals in private practice and 73.3% for employees in healthcare institutions (vs 70.9%). In parallel, 82.0% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (80.4% on 01/02/2022). This percentage was 88.2% for professionals in private practice (87.4% on 01/02/2022) and 81.2% for healthcare employees (79.2% on 01/02/2022).

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 recently infected people.

This week's surveys

Update on [the rise in mortality since November 2021](#)

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](#)