

# COVID-19 EPIDEMIOLOGICAL UPDATE

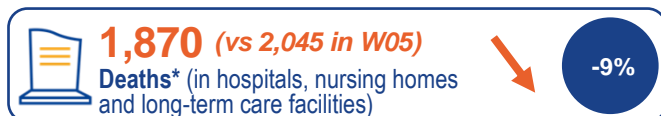
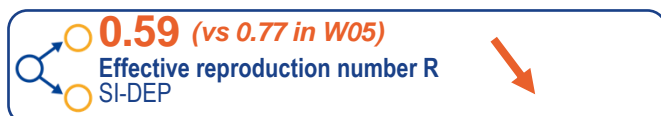
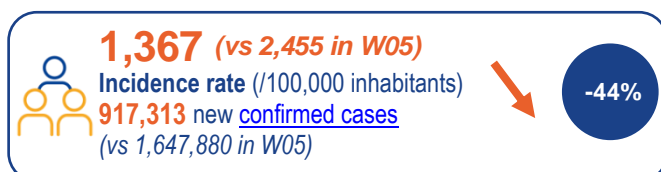
Weekly Report N°103 / Week 06 / 17 February 2022

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 16 February 2022.

## Key numbers

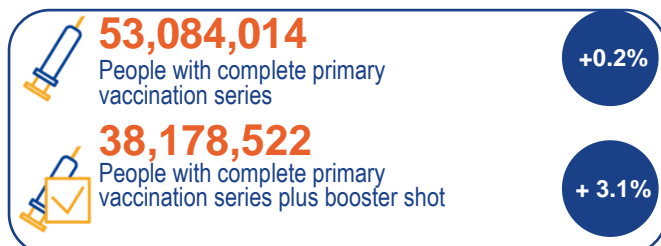
Week 6 (7-13 February 2022)

Compared to week 5 (31 January - 6 February 2022)



On 15 February 2022

Compared to 8 February 2022



\*W06: 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 6, the circulation of SARS-CoV-2 continued to decrease throughout France, with a confirmed drop in hospital admissions, but with virological and hospital indicators, as well as mortality, still at high levels.

#### • Metropolitan France:

- Positivity and incidence rates down in all age groups
- Decrease in hospital admissions in all regions
- Drop in new intensive care admissions in almost all regions
- Mortality remains high with over 1,800 deaths a week

#### • Overseas France:

- Virological indicators and hospital admissions down in overseas regions but still highest in Reunion Island

### Variants

- Omicron accounted for 99.3 % of interpretable sequences in the week 5 Flash Survey of 31/01/2022
- BA.2 sub-lineage remains a minority but is increasing (10.7% on 31/01 vs 4.5% on 24/01)

### Contact tracing

- Decrease in the number of cases and increase in the number of contact persons recorded in connection with the online service "[List my contact cases](#)" introduced by the national health insurance fund
- Decrease in the proportion of contact persons becoming positive cases

### Prevention

#### • Vaccination on 15 February 2022 (Vaccin Covid data):

- 79.1% of the total population had received a complete primary vaccination series
- 71.3% of the 18+ age group (representing 81.3% of those eligible) and 83.0% of the 65+ age group (90.7% of those eligible) had received a booster shot

#### • Importance of combining measures:

- Complete vaccination series with a booster at 3 months
- Standard precautionary measures (mask wearing, hand washing, ventilation) should be used within daily routines to provide comprehensive protection, while following further recommendations and contact tracing in the event of symptoms, positive test or high-risk contact.

## Week 6 (7 to 13 February 2022)

### SITUATION UPDATE

In week 6, the downward trend in the COVID-19 pandemic continued throughout the country ( $R_{\text{eff}} = 0.59$ ). However, the incidence rate remained high (almost 1,400 cases for 100,000 inhabitants). This improvement was observed throughout all regions and across all age groups. The drop in hospital admissions was confirmed but a high number of deaths have been recorded in recent weeks due to the magnitude of the pandemic's fifth wave. The BA.2 sub-lineage of the Omicron variant continued to grow, while remaining in a minority. Data on contact tracing showed an increase in the number of new contact persons, in connection with the online contact declaration service introduced by the national health insurance fund. As of 15 February, 83.0% of the population aged 65+ and 74.3% of the population aged 80+ had received a booster shot. Within this context, it is necessary to integrate precautionary measures into daily routines (mask wearing, hand washing, ventilation) in order to uphold a comprehensive approach to prevention. Compliance with further preventive recommendations, particularly in the event of symptoms, positive test or high-risk contact, as well as contact tracing, are essential to preserve the current epidemiological dynamic.

### EPIDEMIOLOGICAL UPDATE

At national level, the incidence rate decreased for the third consecutive week and in a more marked manner (1,364 cases for 100,000 inhabitants in week 6, -44%). This decline was observed in all age groups and in particular the under-60s. Approximately 130,000 cases were observed on average each day. The screening rate continued to decrease (4,863/100,000, -35%). The decline in positivity rate was confirmed in the under-60 age group. There was also a decrease in the positivity rate in the 60+ age group this week, after six weeks of increase.

The number of consultations for suspected COVID-19 decreased for the second consecutive week in SOS-Médecins organisations (3,530 consultations, -36%) and in emergency departments (8,396 visits, -30%). This drop was observed for both adults and children in both networks.

The numbers of new hospital admissions (11,699, -29%) and intensive care admissions (1,415, -27%) continued to fall. The number of deaths was decreasing (1,870, -9%), but still increasing in long-term care facilities (unconsolidated data). The number of deaths recorded with mention of COVID-19 has remained high for several weeks, contributing to the [increase in mortality](#) which had been observed since November 2021.

In mainland France, the incidence rate continued to drop in all regions, in a more marked manner than during the previous week. Incidence dropped below 2,500/100,000 in all regions. The highest rate was observed in Nouvelle-Aquitaine (2,107, -38%) while the Paris region (Île-de-France) was again the region with the lowest incidence rate, dropping below the threshold of 1,000 cases/100,000 inhabitants. Screening rates continued to drop in all regions. Hospital admission rates were down throughout the country.

In overseas France, the incidence rate and new hospital admissions continued to fall. They remained highest in Reunion Island.

### VARIANTS

Omicron accounted for 99.3% of interpretable sequences in the week 5 Flash Survey (preliminary data). The BA.2 sub-lineage remained in minority but continued to gain ground (10.7% of interpretable sequences in W05 vs 4.5% in W04).

### CONTACT TRACING

The number of new cases recorded in the ContactCovid database dropped sharply (913,634 cases, -45%) while the number of new [contact persons](#) increased (373,517; +25%). This is explained by a larger proportion of cases that were called (20% vs 11% in week 5) and by the introduction by the national health insurance fund of the online tool "*Lister mes cas contacts*" ["List my contacts"], which enables people who are diagnosed positive for Covid to share their list of contacts with the national health insurance fund in order to send them health advice. An increase in the average age of cases and contacts was observed for the third consecutive week. The drop in the proportion of contact cases who became cases, now for the second consecutive week (16.2% in week 5 [non-consolidated value], vs 19.1% in week 4), can be explained by the screening methods, with results from self-testing that are not confirmed by PCR or nasopharyngeal antigen test, and therefore not identified in the ContactCovid database.

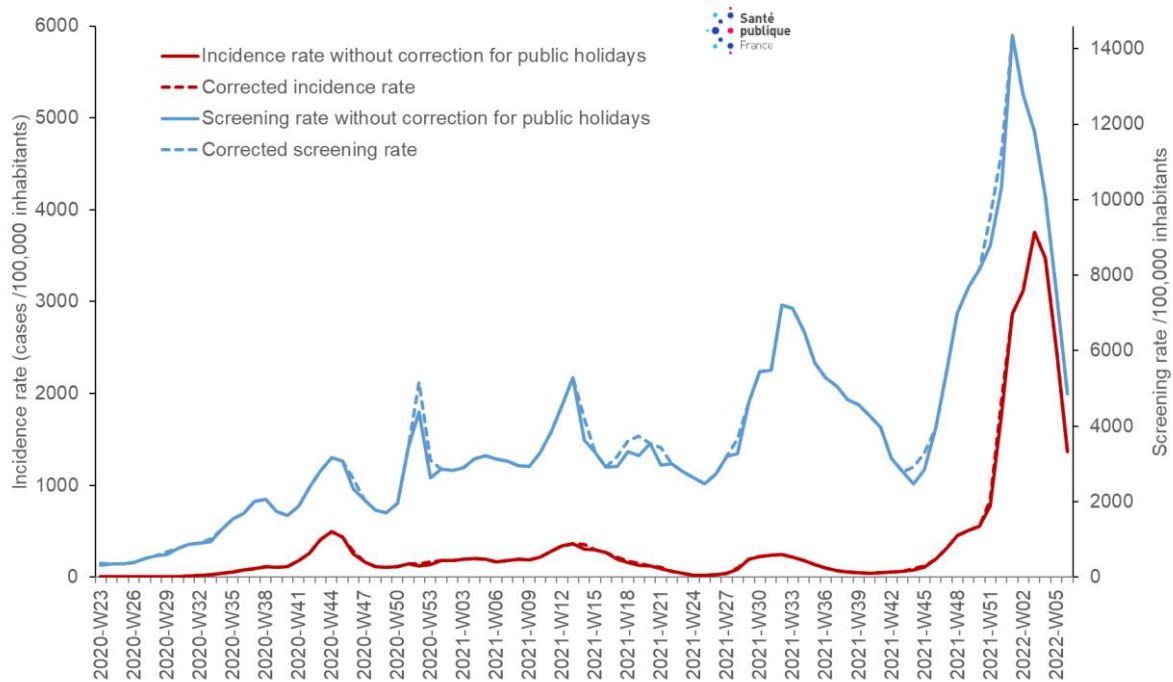
### PREVENTION

On 15 February, 79.1% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 83.0% in the 65+ age group (representing 90.7% of those eligible at that date) and 74.3% in the 80+ age group (87.2% of those eligible at that date).

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (1,367 per 100,000 inhabitants vs 2,455 in week 5, i.e. -44%), as was the [screening rate](#) (4,863/100,000 vs 7,485 -35%). The [positivity rate](#) had also fallen (28.1%, -4.7 points). Among the 2,962,680 persons tested who reported their symptom status, 71% were asymptomatic, a slight rise compared to week 5 (69%). The positivity rate fell among both symptomatic people (59% vs 62% in week 5) and asymptomatic people (17% vs 21%). The proportion of symptomatic individuals among positive cases was stable in week 6 (58% vs 57% in week 5).

### 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 16 February 2022)



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

### Incidence and screening rates by age group

In week 6, the [incidence rate](#) fell in all age groups. It decreased by half in the under-20s. It remained above 1,500 cases per 100,000 inhabitants in the 10-49 age group and reached 1,979 among 30-39 year olds (-42%). The [screening rate](#) was also down in all age groups. The sharpest decreases were observed in the youngest populations: -46% among 0-9 year-olds (4,366/100,000) and among 10-19 year-olds (5,249). The highest level was observed in the 90+ age group (6,260, -21%). The [positivity rate](#) was also down in all age groups, by -7.1 points among 10-19 year-olds (33.3%) where it remained highest, to -1.9 points among 80-89 year-olds (18.7%) and in the 90+ age group (19.3%). Among school-aged children, the highest incidence rate was observed in the 11-14 age group (1,910, -57%), with a screening rate of 5,525 (-47%) and a positivity rate of 34.6% (-7.8 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 47-2021, France (data on 16 February 2022)

143	214	227	229	289	712	872	1061	1418	1703	1673	1207	90 yrs +
118	148	154	155	200	636	687	664	864	1001	949	705	80-89 yrs
184	224	214	204	253	787	853	761	973	1081	998	726	70-79 yrs
239	314	326	318	399	1076	1187	1096	1345	1398	1193	811	60-69 yrs
278	392	432	459	670	1763	2127	2091	2433	2351	1827	1137	50-59 yrs
375	550	635	677	981	2287	3087	3525	4377	4148	3011	1678	40-49 yrs
423	631	732	844	1374	2939	3839	4295	5276	4815	3417	1979	30-39 yrs
321	457	553	792	1781	3641	5305	4171	4539	3839	2709	1614	20-29 yrs
345	531	637	670	909	2231	4607	5528	6828	6228	3956	1750	10-19 yrs
391	580	637	581	531	1097	2574	4029	4877	4382	2742	1314	0-9 yrs
312	450	511	556	839	1933	2869	3116	3754	3473	2455	1367	All ages
W47	W48	W49	W50	W51*	W52*	W01	W02	W03	W04	W05	W06	Santé publique France

\*rates corrected for the effect of public holidays



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

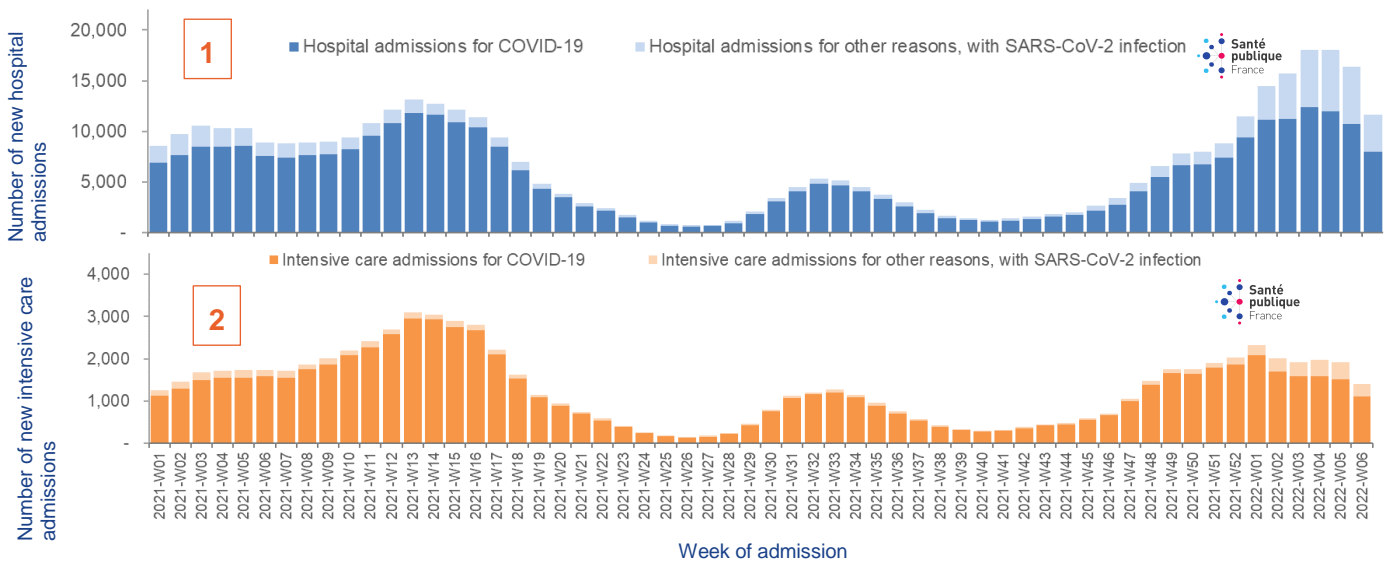
# Hospitalisations, intensive care admissions, and deaths

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 hospitals and long-term care facilities) are analysed by date of occurrence. **Data for week 6, collected until 15 February 2022, are not yet consolidated and may be underestimated.**

On 15 February 2022, 31,160 COVID-19 patients were hospitalised in France (vs 33,420 on 8 February, -7%), including 3,248 in intensive care units (vs 3,568 on 08 February, -9%).

At national level, [new hospital admissions](#) were lower in week 6 (11,699, -29% vs -9% between weeks 4 and 5), as were new intensive care admissions (1,415, -27% vs -2% between weeks 4 and 5). In week 6, 8,018 patients with SARS-CoV-2 were hospitalised for treatment of COVID-19 and 3,681 were hospitalised for another reason (-25% and -20%, respectively, compared to week 5). Regarding intensive care units, 1,121 patients were admitted for COVID-19 in week 5 (-25%) and 294 for other reasons (-29%). In week 6, the proportion of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 was stable: 31% for all services, 21% for intensive care units and 15% 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 15 February 2022)



W06: unconsolidated data

In week 6, weekly rates of new hospitalisations and intensive care admissions were decreasing in all age groups.

## Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 51-2021 to week 6-2022, France

Age Group	Hospital Admissions (per 100,000)							Intensive Care Admissions (per 100,000)	Intensive Care Admissions (per 100,000)							
	W51	W52	W01	W02	W03	W04	W05		W06	W51	W52	W01	W02	W03	W04	W05
90 yrs +	91.1	120.1	143.7	188.6	238.8	239.8	236.7	167.8	2.6	2.4	3.5	3.8	4.4	5.7	5.4	4.8
80-89 yrs	52.1	65.1	81.0	97.5	121.7	124.1	118.7	87.0	3.8	4.0	5.7	6.7	6.6	7.6	9.0	5.3
70-79 yrs	28.7	34.5	43.6	46.0	53.0	54.1	50.6	37.0	7.6	8.3	9.8	8.7	7.9	8.1	8.0	6.5
60-69 yrs	18.8	21.1	26.1	25.0	26.1	27.3	25.3	18.4	6.8	6.8	7.7	6.0	5.2	6.1	5.7	4.3
50-59 yrs	11.8	13.9	16.0	14.8	16.0	15.1	13.7	9.5	4.2	4.3	4.6	3.5	3.5	3.2	2.9	2.2
40-49 yrs	7.8	9.6	11.2	10.8	11.1	11.1	8.8	6.3	2.5	2.4	2.3	1.8	1.9	1.5	1.4	1.1
30-39 yrs	8.1	12.7	15.9	16.2	18.7	17.3	14.3	9.1	1.4	1.5	1.6	1.1	1.1	0.9	1.0	0.6
20-29 yrs	5.2	9.9	14.2	15.2	16.0	14.4	12.0	7.9	0.5	0.6	0.9	0.9	0.8	0.7	0.7	0.4
10-19 yrs	1.4	2.6	4.8	5.6	6.8	6.8	5.3	3.5	0.1	0.4	0.4	0.6	0.6	0.6	0.6	0.4
0-9 yrs	3.5	7.4	10.1	13.0	14.5	15.0	12.2	8.7	0.6	0.9	1.1	1.5	1.5	1.5	1.4	0.9
All ages	13.2	17.2	21.6	23.5	27.0	26.9	24.5	17.4	2.9	3.0	3.5	3.0	2.9	2.9	2.9	2.1

Nationwide, there were 1,703 deaths in hospital in week 6 (-10% compared to week 5; unconsolidated data from week 6). In the previous week, this number was stable compared to week 4. Patients aged over 60 years represented 94% of these deaths. There were also 167 deaths recorded in long-term care facilities (vs 147 in week 5).



## Situation at the regional level

### Incidence, positivity, and screening rates

In metropolitan France, the incidence rate declined sharply in all regions, from -32% in Corsica to -55% in Pays de la Loire. It remained highest in Nouvelle-Aquitaine (2,107/100,000, -38%), in Occitanie (1,781, -39%) and in the Grand Est (1 517, -43%). Île-de-France was the region with the lowest incidence rate (818, -44%). The screening rate was down sharply across all regions, from -23% in Corsica to -48% in the Pays de la Loire. It was highest in Corsica (6,187/100,000) and Occitanie (5,741). The positivity rate also dropped in all regions.

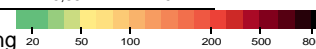
In week 6, the incidence rate was lower than 3,000 in all regions (vs 17 in week 5). The highest rates were observed in the south-west of France, namely in Landes (2,444, -33%), the Hautes-Pyrénées (2,328, -25%), Lot-et-Garonne (2,322, -32%) and Pyrénées-Atlantiques (2,313, -38%).

In overseas France, the incidence rate was falling in all territories. It remained highest in Reunion Island (2,201, -33%) and in Martinique (2,022, -19%). The screening rate was also in decline across all regions and remained highest in Martinique (10,676, -12%).

### Evolution of the incidence, positivity, and screening rates by region from week 1-2022, France (data on 16 February 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W01	W02	W03	W04	W05	W06	W06 vs W05 (%)	W06	W06 vs W05 (point)	W06	W06 vs W05 (%)
Auvergne-Rhône-Alpes	3141	3476	4057	3465	2336	1302	-44	28.7	-6.6	4,531	-31
Bourgogne-Franche-Comté	2204	2590	3591	3483	2589	1497	-42	32.6	-5.2	4,589	-33
Brittany	2153	2488	3316	3489	2687	1370	-49	34.5	-4.0	3,968	-43
Centre-Val de Loire	2185	2447	3197	3065	2249	1122	-50	31.2	-5.1	3,596	-42
Corsica	2713	2293	2700	2511	2062	1410	-32	22.8	-3.0	6,187	-23
Grand Est	2269	2533	3514	3549	2681	1517	-43	30.2	-1.8	5,016	-40
Hauts-de-France	2317	2855	3843	3613	2428	1207	-50	27.7	-3.0	4,364	-45
Île-de-France	4149	3702	3293	2312	1454	818	-44	18.0	-5.6	4,550	-26
Normandy	2345	2565	3301	3237	2321	1123	-52	29.7	-4.6	3,785	-44
Nouvelle-Aquitaine	2131	2492	3553	4006	3389	2107	-38	38.0	-4.2	5,543	-31
Occitanie	2312	2843	3876	3892	2898	1781	-39	31.0	-3.9	5,741	-31
Pays de la Loire	2293	2829	4069	4119	2810	1268	-55	34.3	-5.5	3,698	-48
Provence-Alpes-Côte d'Azur	2708	3191	3965	3503	2275	1251	-45	23.7	-4.1	5,286	-35
Guadeloupe	3675	4577	3595	2269	1458	1070	-27	18.1	-3.5	5,926	-12
French Guiana	3806	2907	1430	679	322	171	-47	7.5	-4.8	2,290	-13
Martinique	2297	2953	3149	2791	2493	2022	-19	18.9	-1.7	10,676	-12
Mayotte	2610	1174	384	99	49	26	-48	2.3	-1.8	1,124	-8
Reunion Island*	2661	3914	5431	5277	3271	2201	-33	37.4	-4.4	5,882	-25

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



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

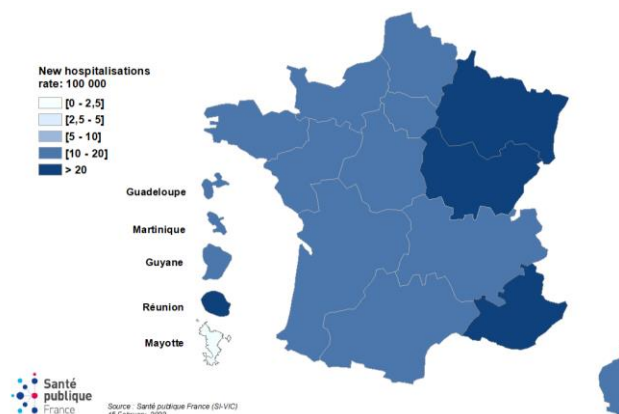
### Hospital and intensive care admissions

In metropolitan France in week 6, the weekly rates of [new hospitalisations](#) were lower in all regions. The rates were highest in Bourgogne-Franche-Comté (25.3/100,000), Provence-Alpes-Côte d'Azur (24.3) and Grand Est (20.2).

The rate of new intensive care admissions was lower in all regions with the exception of Brittany where it was up slightly (+12%) based on initially low numbers.

In overseas France, the rate of new admissions dropped in all regions and remained at a very low level in Mayotte. Reunion Island (32.2) and Martinique (18.1) had the highest rates. The rate of intensive care admissions was stable or slightly decreasing in all regions. It remained highest in Reunion Island (5.0).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 6-2022, France



Source: Santé publique France (SI-VIC) 15 February, 2022

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

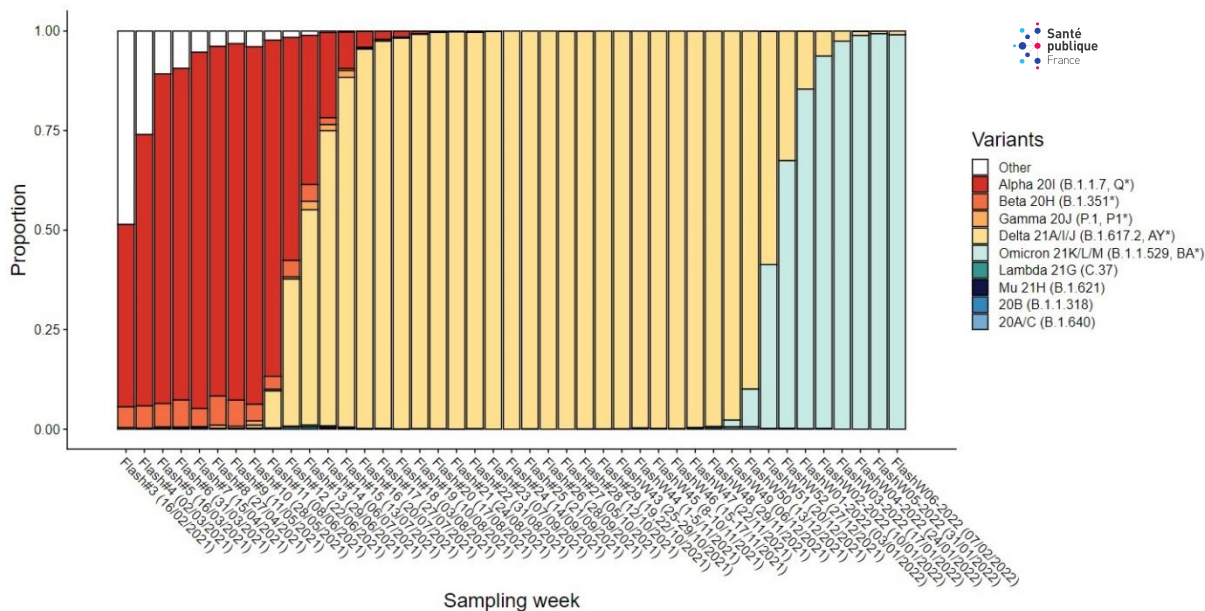
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

## Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that affect the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 6, the proportion of samples in France with a **screening result compatible with Omicron was 99.7% for the A0C0 proxy** (compared to 99.6% in week 5) and 99.1% for the **D1 proxy** (compared to 99.1% in week 5). Conversely, the proportion of positive samples screened showing the **L452R mutation** (mainly carried by the Delta variant) was very low, at **0.2% in week 6** (compared to 0.3% in week 5). These different indicators illustrate the **total replacement of Delta by Omicron**.

In addition, the [sequencing data](#) confirm the **dominance of Omicron in mainland France** where it represented **99.3% of the interpretable sequences in the week 5 Flash Survey** (31/01/22, based on 2,042 interpretable sequences) **compared to 98.9% in the week 4 Flash Survey** (24/01/22, based on 2,710 interpretable sequences). Omicron is also the majority variant in the French overseas territories. The **Delta VOC\* accounted for only 0.6% of interpretable sequences** in the week 5 Flash Survey (vs 1% in week 4). The **B.1.640 VOI\*** was not detected since the W02 Flash Survey but cases were identified outside Flash Surveys until week 4. Preliminary data from the week 6 Flash Survey (07/02) follow the same upward trend of Omicron over Delta.

### Evolution of the proportions for each classified variants (VOC, VOI, and VUM) in the Flash Surveys, Metropolitan France (data on 14 February 2022; Flash Surveys from weeks 5 and 6-2022 unconsolidated)



Source: EMERGEN database, data processing by Santé publique France

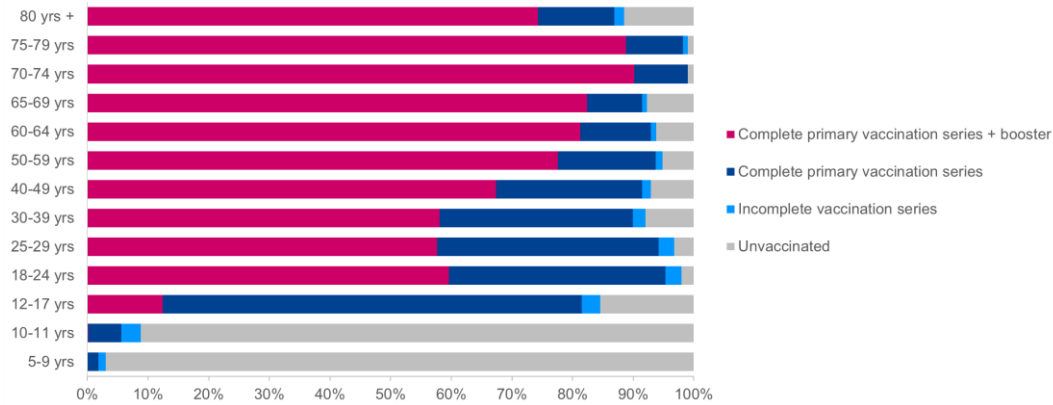
\*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.

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**: 87% of the 2,061 Omicron sequences in the week 5 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**, with 10.7% of interpretable sequences in the week 5 Flash Survey (vs. 4.5% for the week 4 Flash Survey). Preliminary data from the week 6 Flash Survey (from 07/02) confirms this increasing trend, with 14.9% of BA.2 among the 757 Omicron sequences. The proportion of BA.2 is higher than the national average in Nouvelle-Aquitaine, with 28.4% of Omicron sequences in the week 5 Flash Survey corresponding to this sub-lineage. This difference could be linked to an earlier introduction of BA.2 in Nouvelle-Aquitaine, where the sub-lineage was first detected in the week 1 Flash Survey (03/01/22). The 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, **the growth of BA.2 in France is slower than that observed for the Omicron variant during December 2021**. Even in the countries where BA.2 represents a significant proportion of cases (Denmark, Sweden), the incidence is stable or decreasing. Thus, **the transmissibility advantage of BA.2 does not seem sufficient to significantly change the current trend**. BA.1 and BA.2 also have similar severity and immune escape. **BA.2 is therefore not considered a separate variant** but rather as part of the Omicron VOC. On 14/02/22, the BA.3 sub-lineage remained little detected in France and elsewhere (8 sequences in the EMERGEN sequencing database). More information on the Omicron sub-lineages is available in the [variants risk assessment of 26/01/2022](#).

## Vaccination

On 15/02/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.1% for a complete primary vaccination series\* and 56.9% for the booster shot. In adults aged 18 years and older, 71.3% had received a booster shot, representing 81.3% of those eligible for the booster\*\* at the time. In the 65+ age group, 83.0% had received a booster shot, representing 90.7% of those eligible for it at the time. In addition, 8.8% of children aged 10-11 years had received a first dose of vaccine (3.0% for 5-9 year olds).

### Vaccination coverage, by age group, France (data on 15 February)



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 15 February 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	59.6	68.8
25-29	57.7	68.2
30-39	58.1	70.9
40-49	67.4	78.3
50-59	77.6	86.0
60-64	81.3	89.7
65-69	82.4	91.7
70-74	90.2	92.5
75-79	88.8	91.9
80+	74.3	87.2

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

On 15/02/2022, 93.4% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 71.2% had received a booster shot. Among residents who were eligible for the booster, 76.4% had already received it (vs 76.3% on 08/02/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 76.4% (vs 74.4% on 08/02/2022) for those working in nursing homes or long-term care facilities, 86.0% (vs 84.5%) for professionals in private practice and 75.5% for employees in healthcare institutions (vs 73.3%).

In parallel, 83.7% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (82.0% on 08/02/2022). This percentage was 89.2% for professionals in private practice (88.2% on 08/02/2022) and 83.0% for healthcare employees (81.2% on 08/02/2022).

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 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 [epidemiological situation related to COVID-19 in 0-17 year-olds](#)

Update on [possible reinfections by SARS-CoV-2](#)

Latest results from [monitoring of COVID-19 cases among health professionals](#)

To find out more about COVID-19, monitoring systems and vaccination consult the documentation by

[Santé publique France](#) and the website [Vaccination Info Service](#)

For more information on the regional data, see the [Regional Epidemiological Updates](#)

Find all the open access data on [Géodes](#)