

# COVID-19 EPIDEMIOLOGICAL UPDATE

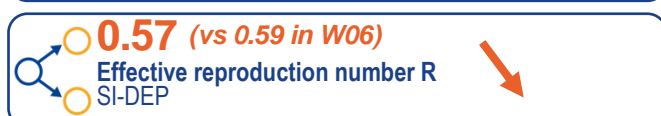
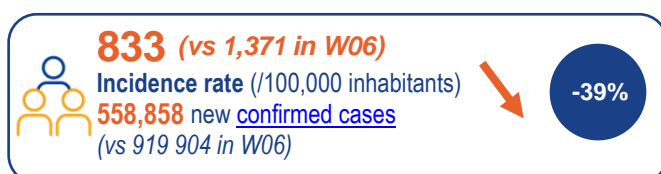
Weekly Report N°104 / Week 07 / 24 February 2022

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 23 February 2022.

## Key numbers

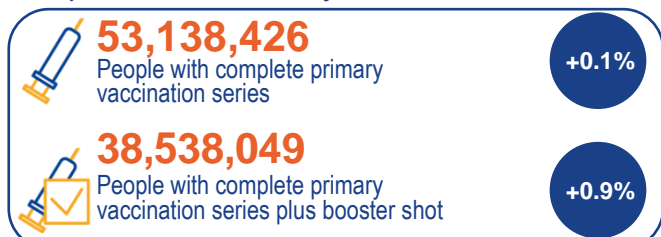
Week 7 (14-20 February 2022)

Compared to week 6 (7-13 February 2022)



On 22 February 2022

Compared to 15 February 2022



\*Following a technical problem this week, these indicators are restricted to 39 of the usual 60 SOS Médecins associations that sent their data to Santé publique France (around 74% of the data usually received). The change can therefore be interpreted.

\*\*W07: 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 7, the SARS-CoV-2 circulation indicators continued to improve, as did COVID-19 mortality rates, although indicators overall remained high.

#### • Metropolitan France:

- Positivity and incidence rates were down in all age groups and in all regions
- Hospital admissions fell in all regions except Corsica, where they remained stable.
- Mortality remained high with over 1,500 deaths a week, but decreasing

#### • Overseas France:

- Virological indicators and hospital admissions declined but remained high in Reunion Island

### Variants

- Omicron accounted for 99.5 % of interpretable sequences in the week 6 Flash Survey of 07/02/2022
- BA-2 sub-lineage was increasing (16% in week 6, 10% in week 5, 5% in week 4)

### Contact tracing

- Stronger decrease in the number of new cases (-40%) than in the number of contact persons at risk (-14%)
- Decrease in the proportion of contact persons becoming positive cases (13%, -4 points)

### Prevention

- Vaccination on 22 February 2022 (Vaccin Covid data):
  - 79.2% of the total population had completed a primary vaccination series
  - 71.9% of the 18+ age group (representing 82.1% of those eligible) and 82.6% of the 65+ age group (90.9% 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 7 (14 to 20 February 2022)

### SITUATION UPDATE

In week 7, the epidemiological situation improved throughout the country and in all age groups in terms of circulation of SARS-CoV-2 and its impact on the health care system. The effective R remained below 1 for three consecutive weeks, and the drop in the incidence rate and the positivity rate continued, with the national incidence rate dropping below 1,000 cases for 100,000 inhabitants. Hospital admissions were falling, as were admissions to intensive care. The number of COVID-19-related deaths remained high in week 7, but had been falling since week 6. The BA.2 sub-lineage of the Omicron variant continued to grow, with no impact on the trend, which to date is positive. Contact tracing data showed a less marked decrease in the number of new contact persons than that of confirmed cases, due partly to the overall drop in case numbers, allowing the health insurance fund to resume calls, and partly to the introduction of the online contact declaration service. As of 22 February, 82.6% of the population aged 65+ and 74.0% 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) as part of an overall preventive strategy to protect the most vulnerable. Following other recommended precautionary measures, particularly in the event of symptoms, positive test or high-risk contact, as well as complying with contact tracing, remain essential to maintaining the current positive trends.

### EPIDEMIOLOGICAL UPDATE

On a national level, the incidence rate was still falling and dropped below the threshold of 1,000 cases per 100,000 inhabitants (833 in week 7, -39%). This decrease was observed in all age groups. Fewer than 80,000 cases per day were observed on average. The screening rate (3,505/100,000, -28%) and the positivity rate (23.8%, -4.4 points) continued to fall in all age groups.

The number of consultations for suspected COVID-19 decreased in SOS-Médecins organisations (-33%) and in emergency departments (-30%). This decrease was also observed in all age groups.

The drop in the number of new hospital admissions (8,891, -29%) and admissions to intensive care (1,066, -30%) also continued. On 22 February, the number of patients hospitalised in resuscitation departments was below the 3,000 threshold. The number of deaths in hospitals and in long-term care facilities fell (1,536, -24%). A drop in [excess all-cause mortality](#) seemed to appear in week 6.

The trends were similar in all metropolitan regions. The incidence rate was still higher than 1,000 for 100,000 inhabitants in three regions: Grand Est (1,002), Nouvelle-Aquitaine (1,221) and Occitanie (1,064). Falling in all regions, the rate of new hospital admissions and admissions to resuscitation departments nonetheless remained stable at a low rate in Corsica, due to the occurrence of clusters in individuals hospitalised for other reasons.

In overseas France, the incidence rate and new hospital admissions also fell, but remained high in Reunion Island.

### VARIANTS

Omicron accounted for 99.5% of interpretable sequences in the week 6 Flash Survey (non-consolidated data). The BA.2 sub-lineage remained in minority but continued to gain ground (16% of

interpretable sequences in week 6 vs 10% in week 5).

### CONTACT TRACING

In week 7, contact tracing benefited from the introduction of the online [contact tracing](#) system for declaration by the cases themselves. This approach leads to a slower drop in the number of contact persons than in the number of cases. The mobility of cases and of contact persons increased due to winter holidays, and exposure in schools dropped for children and adolescents. The proportion of contact persons becoming positive fell from 17% to 13%, possibly due to the use of unconfirmed self-tests and the change to the contact person declaration system, although it is not possible to separate these two hypotheses.

### PREVENTION

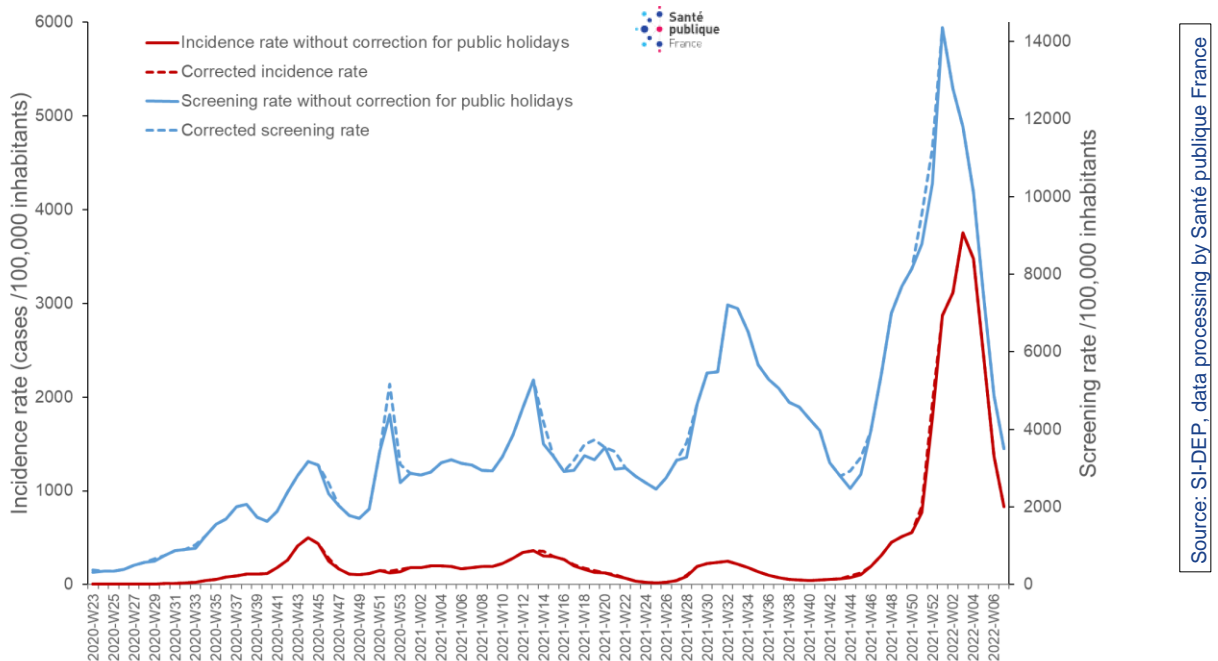
On 22 February, 79.2% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 82.6% in the 65+ age group (representing 90.9% of those eligible at that date) and 74.0% in the 80+ age group (87.4% of those eligible at that date).

A study of vaccine efficacy against symptomatic infections conducted on SI-DEP and VAC-SI data confirms the drop in efficacy of the primary vaccination series over time. This is only partially restored by the booster shot against symptomatic infections with Omicron. These data do not deny the efficacy of the complete vaccination series against serious forms of SARS-CoV-2 infections, regardless of the variant.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (833 per 100,000 inhabitants vs 1,371 in week 6, i.e. -39%), as was the [screening rate](#) (3,505/100,000 vs 4,869, -28%). The [positivity rate](#) also fell (23.8%, -4.4 points). Among the 2,110,008 tested individuals who had reported their symptom status, 74% were asymptomatic, a proportion slightly higher than in week 6 (71%). The positivity rate fell among both symptomatic people (56% vs 59% in week 6) and asymptomatic people (14% vs 17%). The proportion of symptomatic individuals among positive cases was stable in week 7 (59% vs 58% in week 6).

### 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 23 February 2022)



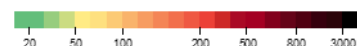
### Incidence and screening rates by age group

In week 7, the [incidence rate](#) fell in all age groups. The greatest decreases were again observed among 0-9 year-olds (664/100,000, -50%) and 10-19 year-olds (906, -48%). The incidence rate remained above 1,000 cases per 100,000 inhabitants in the 20-49 age group and reached 1,193 among 30-39 year olds (-40%). The [screening rate](#) was also down in all age groups. The sharpest decreases were observed in the youngest populations: -41% among 0-9 year-olds (2,598/100,000) and -33% among 10-19 year-olds (3,529). The highest rate was again observed among those aged 90+ (4,999, -21%). The [positivity rate](#) was also down in all age groups. It was highest among 30-39 year-olds (27.8%, -4.8 points) and lowest among 80-89 year-olds (16.9%, -1.9 point). Among school-aged children, the highest incidence rate was observed in the 11-14 age group (953, -50%), with a screening rate of 3,743 (-32%) and a positivity rate of 25.5% (-9.1 points).

### Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 48-2021, France (data on 23 February 2022)

214	227	229	289	712	872	1061	1418	1707	1679	1227	883	90 yrs +
148	154	155	200	636	687	664	864	1002	951	711	526	80-89 yrs
224	214	204	253	787	853	761	973	1082	1000	729	540	70-79 yrs
314	326	318	399	1076	1187	1096	1345	1400	1194	814	577	60-69 yrs
392	432	459	670	1763	2127	2091	2433	2353	1829	1140	741	50-59 yrs
550	635	677	981	2288	3087	3525	4377	4154	3014	1682	1013	40-49 yrs
631	732	844	1375	2940	3839	4295	5276	4819	3421	1984	1193	30-39 yrs
457	553	792	1781	3641	5305	4171	4539	3842	2712	1617	1048	20-29 yrs
531	637	670	909	2231	4607	5528	6828	6231	3959	1754	906	10-19 yrs
580	637	581	531	1097	2574	4029	4877	4383	2743	1317	664	0-9 yrs
450	511	556	839	1933	2869	3116	3754	3476	2458	1371	833	All ages
W48	W49	W50	W51*	W52*	W01	W02	W03	W04	W05	W06	W07	

\*rates corrected for the effect of public holidays



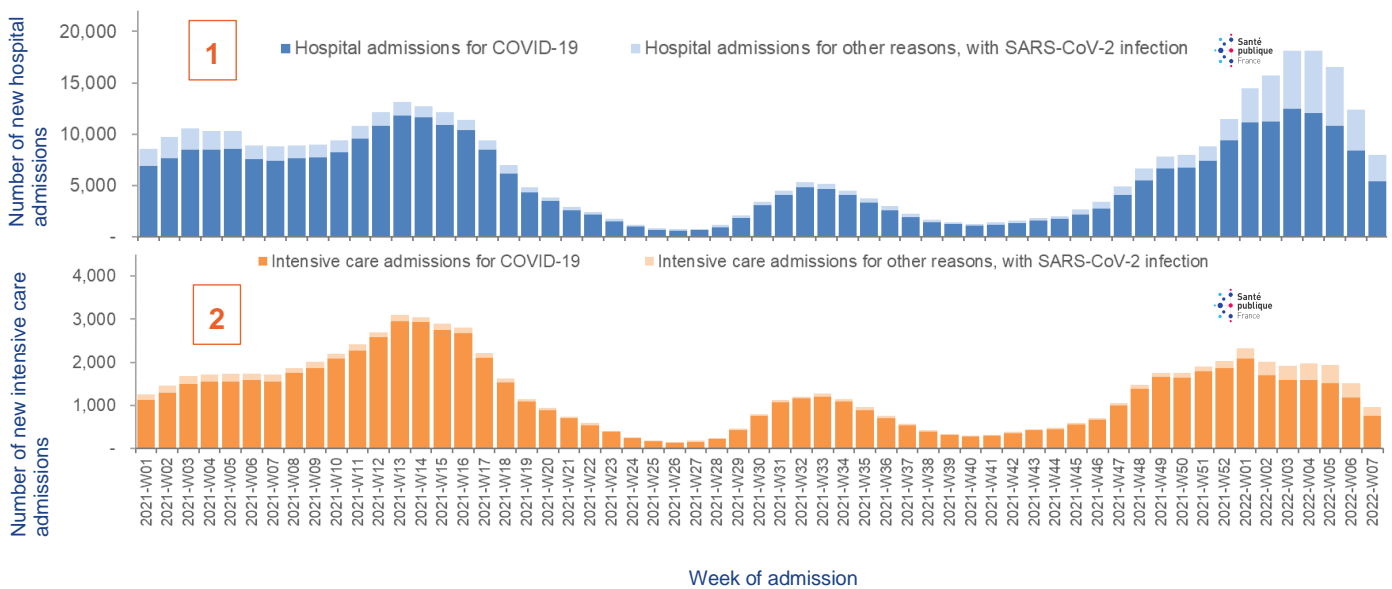
# Hospitalisations, intensive care admissions, and deaths

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 long-term care facilities) are analysed by date of occurrence. **Data for week 7, collected until 22/02/2022, are not yet consolidated and may be underestimated.**

On 22 February 2022, 27,636 COVID-19 patients were hospitalised in France (vs 31,160 on 15 February, i.e. -11%), including 2,855 in intensive care units (vs 3,248 on 15 February, i.e. -12%).

At national level, [new hospital admissions](#) were lower in week 7 (8,891, -29% vs -25% between weeks 5 and 6), as were new intensive care admissions (1,066, -30% vs -22% between weeks 5 and 6). In week 7, 6,030 patients with SARS-CoV-2 were hospitalised for management of COVID-19 and 2,861 were hospitalised for another reason (-29% and -30%, respectively, compared to week 6). Regarding intensive care units, 834 (-30%) patients were admitted for COVID-19 in week 7 and 232 for other reasons (-30%). In week 7, the proportion of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 was stable: 32% for all departments, 22% for intensive care units and 18% for resuscitation units. This stability was observed 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 22 February 2022)



W07: unconsolidated data

In week 7, weekly rates of new hospitalisations and new intensive care admissions were down in all age groups, except in 20-39 year-olds, where new intensive care admission rates were stable.

## Weekly rate of new hospital (1) and intensive care (2) admissions for COVID-19 patients per 100,000 inhabitants, by age group, from week 52-2021 to week 7-2022, France

Age Group	Hospital Admissions (1)								Intensive Care Admissions (2)							
	W52	W01	W02	W03	W04	W05	W06	W07	W52	W01	W02	W03	W04	W05	W06	W07
90 yrs +	120.2	143.9	189.7	240.3	242.8	241.4	181.8	129.2	2.4	3.5	3.8	4.4	5.8	5.4	5.0	3.3
80-89 yrs	65.1	81.4	97.7	122.2	125.7	120.7	94.0	68.6	4.0	5.7	6.7	6.6	7.6	9.1	5.8	4.7
70-79 yrs	34.5	43.7	46.1	53.3	54.6	51.7	39.5	28.1	8.3	9.8	8.8	8.0	8.2	8.1	6.9	4.7
60-69 yrs	21.1	26.1	25.0	26.3	27.6	25.6	20.0	13.5	6.8	7.7	6.0	5.3	6.2	5.8	4.7	3.0
50-59 yrs	13.9	16.0	14.8	16.0	15.2	13.9	10.3	6.9	4.4	4.6	3.5	3.5	3.2	2.9	2.4	1.5
40-49 yrs	9.6	11.2	10.9	11.2	11.2	8.9	6.8	4.5	2.4	2.3	1.8	1.9	1.6	1.4	1.2	0.8
30-39 yrs	12.8	16.0	16.2	18.8	17.3	14.3	9.6	7.1	1.5	1.6	1.1	1.1	0.9	1.0	0.6	0.7
20-29 yrs	10.0	14.3	15.2	16.0	14.5	12.1	8.4	6.3	0.6	0.9	0.9	0.8	0.7	0.7	0.5	0.5
10-19 yrs	2.6	4.8	5.6	6.9	6.8	5.4	3.6	2.2	0.4	0.4	0.6	0.6	0.6	0.6	0.4	0.3
0-9 yrs	7.4	10.2	13.1	14.6	15.0	12.3	9.2	6.6	0.9	1.1	1.5	1.5	1.5	1.4	0.9	0.7
All ages	17.2	21.7	23.5	27.1	27.2	24.8	18.7	13.3	3.0	3.5	3.0	2.9	3.0	2.9	2.3	1.6

In week 7 (unconsolidated data), 1,403 deaths in hospital were recorded nationwide (-23% compared to week 6 vs -6% between weeks 5 and 6). Patients aged over 60 years represented 93% of these deaths. There were also 133 deaths recorded in long-term care facilities (vs 190 in week 6).



## Situation at the regional level

### Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate dropped sharply in all regions, from -32% in Corsica to -48% in Auvergne-Rhône-Alpes. It remained the highest in Nouvelle-Aquitaine (1,221/100,000, -42%), in Occitanie (1,064, -40%) and in Grand Est (1,002, -34%). Île-de-France was the region with the lowest incidence rate (514, -37%). The screening rate was also down sharply throughout the country, from -13% in Île-de-France to -38% in Nouvelle-Aquitaine and Auvergne- Rhône- Alpes. It was highest in Corsica (5,117/100,000, -18%) and Occitanie (4,149, -28%). The positivity rate dropped again in all regions.

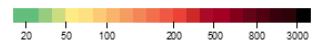
In week 7, the incidence rate was lower than 2,000 in all departments (vs 84 in week 6). The highest rates were observed in the south-west of France in Haute-Pyrénées (1,521, -35%), Landes (1,491, -39%), Haute-Vienne (1,409, -39%) and Gers (1,392, -38%).

In **overseas France**, the incidence rate was falling in all territories. It remained highest in Reunion Island (1,547, -30%) and Martinique (1,369, -33%). The screening rate was also in decline across all regions and remained highest in Martinique (9,201, -14%).

### Evolution of the incidence, positivity, and screening rates by region from week 2-2021, France (data on 23 February 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W02	W03	W04	W05	W06	W07	W07 vs W06 (%)	W07	W07 vs W06 (point)	W07	W07 vs W06 (%)
Auvergne-Rhône-Alpes	3476	4057	3466	2338	1305	685	-48	24.3	-4.5	2,816	-38
Bourgogne-Franche-Comté	2590	3591	3485	2591	1501	839	-44	28.4	-4.3	2,956	-36
Brittany	2488	3316	3492	2690	1376	886	-36	32.2	-2.4	2,749	-31
Centre-Val de Loire	2447	3197	3067	2250	1125	713	-37	28.4	-2.9	2,514	-30
Corsica	2293	2700	2513	2065	1416	964	-32	18.8	-4.0	5,117	-18
Grand Est	2533	3514	3553	2684	1520	1002	-34	28.0	-2.3	3,583	-29
Hauts-de-France	2855	3843	3614	2429	1210	775	-36	25.5	-2.2	3,039	-30
Île-de-France	3702	3293	2315	1456	820	514	-37	13.0	-5.1	3,969	-13
Normandy	2565	3301	3239	2323	1128	742	-34	28.0	-1.8	2,653	-30
Nouvelle-Aquitaine	2492	3553	4009	3392	2112	1221	-42	35.4	-2.7	3,452	-38
Occitanie	2843	3876	3896	2900	1785	1064	-40	25.7	-5.4	4,149	-28
Pays de la Loire	2829	4069	4121	2812	1271	761	-40	30.6	-3.7	2,487	-33
Provence-Alpes-Côte d'Azur	3191	3965	3505	2277	1255	784	-38	20.7	-3.0	3,793	-28
Guadeloupe	4577	3595	2275	1461	1078	615	-43	11.8	-6.3	5,195	-12
French Guiana	2907	1430	680	326	173	79	-54	4.0	-3.6	1,974	-14
Martinique	2953	3149	2795	2497	2031	1369	-33	14.9	-4.1	9,201	-14
Mayotte	1174	384	99	50	26	15	-40	1.4	-0.8	1,107	-5
Reunion Island*	3914	5431	5285	3278	2210	1547	-30	35.2	-2.3	4,389	-26

\*W05: to be interpreted in consideration of limited access to screening due to the storm



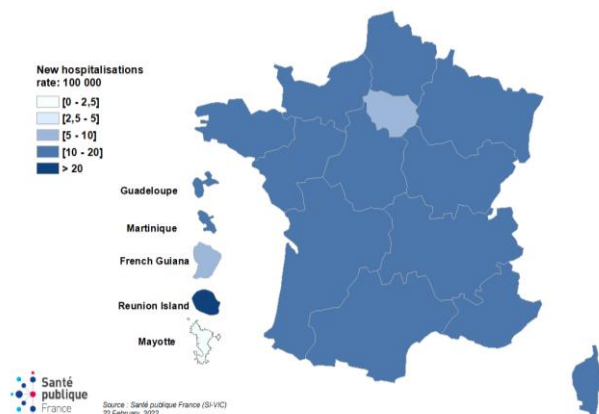
### Hospital and intensive care admissions

In metropolitan France, in week 7, the weekly rates of [new hospitalisations](#) and new intensive care admissions were down in all regions except Corsica, where they were stable.

The rates of new hospitalisations were highest in Bourgogne-Franche-Comté (18.8/100,000), Provence-Alpes-Côte d'Azur (18.6) and Corsica (17.1).

In overseas France, the rates of new hospital and intensive care admissions were down. Reunion Island (20.3) Martinique (11.7) and Guadeloupe (11.4) had the highest rates of new hospitalisations. Concerning new intensive care admissions, the highest rates were in Reunion Island (2.9) and Guadeloupe (2.9).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 7-2022, France



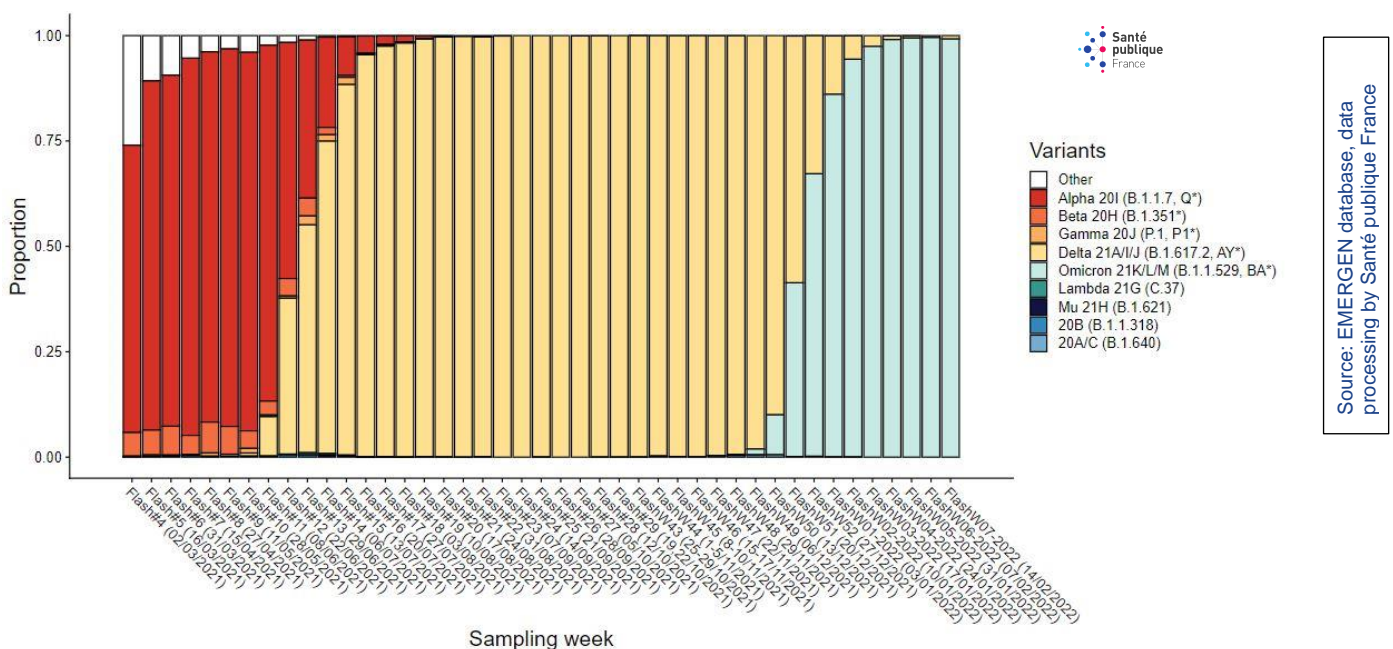
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

## Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 7, the proportion of samples in France with a **screening result compatible with Omicron was 99.8% for the A0C0 proxy** (compared to 99.7% in week 6) and 99.1% for the **D1 proxy** (compared to 99.1% in week 6). 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 7** (compared to 0.3% in week 6). These different indicators illustrate the **total replacement of Delta by Omicron**.

In addition, the [sequencing data](#) confirm the dominance of Omicron in France, where it represented **99.5% of the interpretable sequences in the Flash Survey of week 6** (07/02, based on 2,358 interpretable sequences) and **99.4% in the Flash Survey of week 5** (31/01, based on 2,976 interpretable sequences). The **Delta VOC\* accounted for only 0.5% of interpretable sequences** in the Flash Survey of week 6 (vs 0.9% in week 5). The **B.1.640 VOI\*** has not been detected since the Flash survey of week 2, but cases were identified outside of the Flash Surveys until week 6. Preliminary data from the week 7 Flash Survey (14/02) 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 23 February 2022; Flash Surveys from weeks 6 and 7-2022 unconsolidated)



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

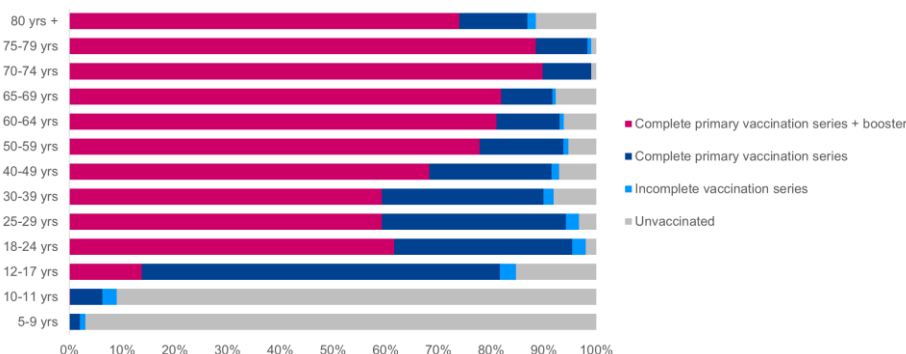
To date, the Omicron VOC includes, within the parental lineage B.1.1.529, three sub-lineages: BA.1 (and its sub-lineage BA.1.1), BA.2 and BA.3. The Omicron sequences identified in France still **belong overwhelmingly to the BA.1 sub-lineage**: 83% of the 2,403 Omicron sequences in the week 6 Flash Survey corresponded to BA.1, of which 51% to its BA.1.1 sub-lineage. **The proportion of the BA.2 sub-lineage has been increasing nationally** since early January; it accounted for 4.8% of Omicron sequences in the Flash Survey for week 4, 9.5% in the Flash Survey for week 5, 16% in the Flash Survey for week 6 and 27% in the Flash Survey for week 7 (preliminary data). The growth of BA.2 over BA.1 is observed in all regions of mainland France, but at different levels depending on the region. In particular, the proportion of BA.2 in Nouvelle-Aquitaine, where this sub-lineage appears to have been introduced earlier than in other regions, exceeded 30% in the week 6 Flash survey (07/02). In total, 14 sequences corresponding to **BA.3** were identified on 21/02 (according to the EMERGEN database), with only two of them in the Flash Surveys. A large portion of these 14 BA.3 sequences come from the same cluster identified and this sub-lineage remains very rare in France.

## Vaccination

On 22/02/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.2% for a complete primary vaccination series\* and 57.4% for the booster shot. In adults aged 18 years and older, 71.9% had received a booster shot, representing 82.1% of those eligible for the booster\*\* at the time. In the 65+ age group, 82.6% had received a booster shot, representing 90.9% of those eligible for it at the time. In addition, 9.0% of children aged 10-11 years had received a first dose of vaccine (3.0% for 5-9 year olds).

Due to the removal of files from the Covid Vaccine base carried out during the past week by the national insurance fund, drops in vaccination coverage may be observed.

### Vaccination coverage, by age group, France (data on 22 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 22 February 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	61.6	70.8
25-29	59.3	70.0
30-39	59.3	72.2
40-49	68.3	79.2
50-59	77.8	86.6
60-64	81.0	90.1
65-69	81.9	92.0
70-74	89.8	92.7
75-79	88.5	92.1
80+	74.0	87.4

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

On 22/02/2022, 93.4% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 70.7% had received a booster shot. Among residents who were eligible for the booster, 76.5% had already received it (vs 76.4% on 15/02/2022).

As regards health professionals, vaccination coverage for the booster shot was 76.8% for those working in nursing homes or long-term care facilities, 85.7% for professionals in private practice and 76.0% for employees in healthcare facilities.

In parallel, 84.4% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (83.7% on 15/02/2022). This percentage was 89.5% for professionals in private practice (89.2% on 15/02/2022) and 83.7% for healthcare employees (83.0% on 15/02/2022).

Vaccination coverage for 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 [vaccine efficacy for preventing symptomatic COVID-19 infections](#)
- Update on [reports of nosocomial SARS-CoV-2 infections](#)
- Latest results from [monitoring of COVID-19 cases among health professionals](#)
- Monitoring report of [cases of paediatric inflammatory multi-system syndrome](#)

To find out more about COVID-19, monitoring systems and vaccination refer to the file [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](#)