

COVID-19 POINT ÉPIDÉMIOLOGIQUE

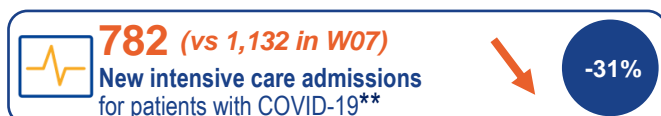
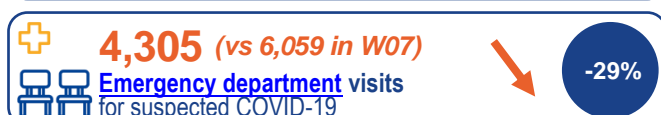
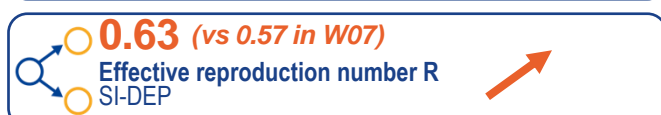
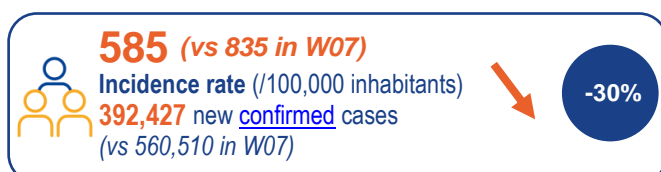
Weekly Report N° 105 / Week 08 / 3 March 2022

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 1 March 2022.

Key numbers

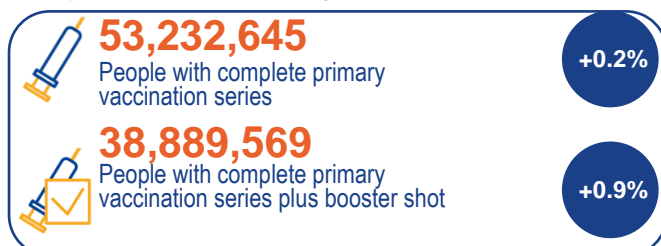
In week 8 (21-27 February 2022)

Compared to week 7 (14-20 February 2022)



On 1 March 2022

Compared to 22 February 2022



Key points

Epidemiological situation

In week 8, the epidemic situation continued to improve, all virological and hospital indicators were decreasing but remained at a high levels.

- Metropolitan France:
 - Incidence and positivity rates declining in all age groups and all regions
 - New hospital admissions lower in all regions
- Overseas France:
 - Decrease in incidence and hospital admission rates but indicators still high in Reunion Island

Variants

- Omicron accounted for 99.6% of interpretable sequences in the Flash Survey of 14 February for week 7
- BA.2 sub-lineage increasing (25% in week 7, 15.4% in week 6)

Contact tracing

- Decrease in the number of contact cases (-29%) and contacts at risk (-24%)
- Number of contacts reported per case stable at a low level (on average 1.0 contact person per case called)

Prevention

- CoviPrev Survey (wave 32, 7–14 February 2022)
 - Stabilisation of reported adherence to the booster shot
 - Mental health remains deteriorated: 70% of respondents reported sleep problems
- Vaccination on 1 March 2022 (Vaccin Covid data):
 - 79.3% of the French population had completed a primary vaccination series
 - 72.5% of the 18+ age group (representing 82.5% of those eligible) and 82.7% of the 65+ age group (90.9% of those eligible) had received a booster shot
- Importance of combining measures: full vaccination series with a booster at 3 months and compliance with precautionary measures (mask wearing, hand washing, frequent ventilation of enclosed spaces and adherence to contact tracing).

*Due to a technical problem this week, these indicators are limited to the 38 SOS-Médecins associations that transmitted their data to Santé publique France, compared to the usual 60 (approximately 71% of the data usually received), which remains sufficient for interpreting trends. **W08: 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 8 (21 to 27 February 2022)

SITUATION UPDATE

In week 8, the epidemiological situation continued to improve with a 30% decrease in the incidence rate and a 3.4 point decrease in the positivity rate. This trend was observed in all regions and all age groups. In parallel, the effective R remained below 1 for the fourth consecutive week. Hospital and intensive care admissions were also down, as was COVID-19-related mortality, although it still exceeded 1,000 deaths. The BA.2 sub-lineage of Omicron continued to gain ground, becoming the predominant variant in Nouvelle-Aquitaine. According to contact-tracing data, the number of new contact cases was decreasing. The number of new contacts at risk per case remained low, which could be explained by the large number of people who have tested positive recently (within the last 2 months), who therefore are not considered as contacts. As of 1 March, according to Vaccin Covid data, 82.7% of the French population aged 65+ and 74.2% of the population aged 80+ had received a booster shot. In this favourable context, it is vital to uphold the primary protective measures (mask wearing, hand washing, ventilation of enclosed spaces), from the perspective of a global approach to prevention and in particular to safeguard the most vulnerable. Likewise, in order to sustain the current momentum, it remains essential to follow all precautionary recommendations, particularly in the case of symptoms, a positive test or contact at risk, and to adhere to contact tracing.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate was down for the fourth consecutive week (-30%), falling to 585 cases per 100,000 inhabitants, which represented just under 60,000 cases on average per day. This decrease was observed in all age groups, but especially among 40-49 year-olds (-35%) and 30-39 year-olds (-34%). This week it was highest among 20-29 year olds (790, -25%). The screening rate also decreased across all age groups (2,862/100,000, -18%), as did the positivity rate (20.4%, -3.4 points).

The number of consultations for suspected COVID-19 was decreasing in emergency departments (-29%) and in SOS-Médecins organisations (-15%). This drop was observed across all age groups.

The number of admissions to hospital (6,397, -33%) and intensive care units (782, -31%) continued to fall. On 1 March, the number of inpatients was below 25,000. The number of deaths in hospital and in long-term care facilities followed the same trend (1,123, -32%). As for [excess all-cause mortality](#), a decrease began to show in week 6, which continued more markedly into week 7.

In metropolitan France, the incidence rate was decreasing in all regions. It still exceeded 700/100,000 inhabitants in three regions: Nouvelle-Aquitaine (822, -33%), Grand Est (771, -23%) and Brittany (716, -19%), the latter showing the lowest decrease. The screening rate also decreased in all regions. It remained above 3,000 in four regions and was highest in Corsica. The rate of new hospital admissions was also down across all regions of metropolitan France.

In overseas France, rates of incidence and hospital admissions were in decline. However, these indicators remained high in Reunion Island.

VARIANTS

Omicron accounted for 99.6% of interpretable sequences in the Flash Survey for week 7 (14 February). The BA.2 sub-lineage continued to gain ground (25% of interpretable sequences in week 7 vs 15.4% in week 6).

CONTACT TRACING

In week 8, the number of new cases and new [contacts](#) at risk was in decline (-29% and -24%, respectively). After four weeks of increase, the average age of cases and contacts was stable in week 8 compared to week 7 (39 years for cases and 34 years for contacts). The number of contacts reported per case called remained stable at a low level with an average of 1.0 contacts per case called. This may in part be related to the fact that many people have tested positive in the last two months, and are therefore excluded from the definition of a contact who is at risk.

PREVENTION

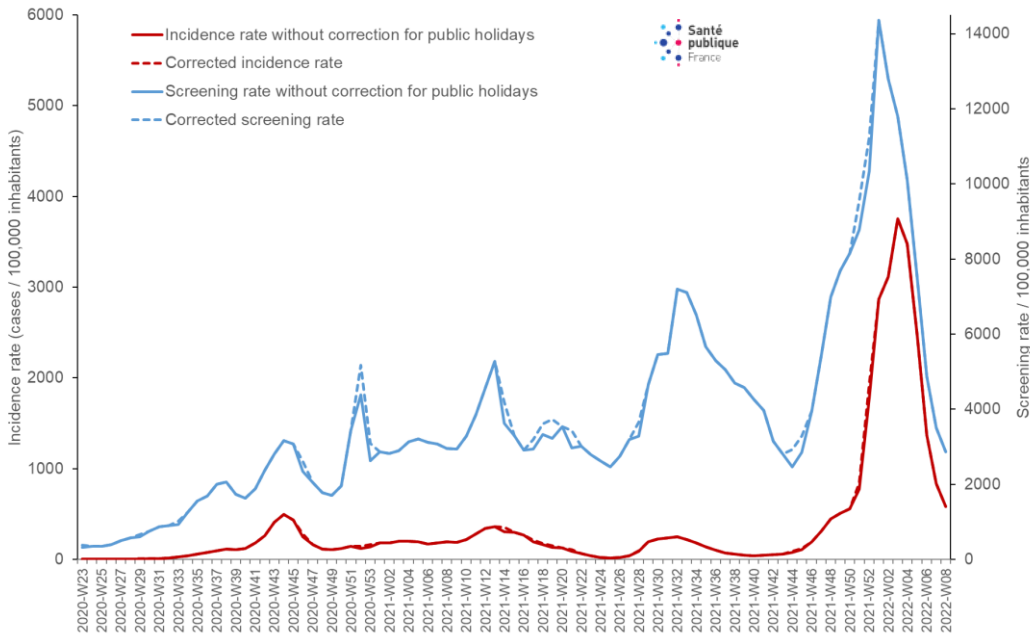
The CoviPrev survey of 7-14 February (wave 32) indicated a stabilisation in adherence to the booster shot. In terms of protective measures, there was a decrease in the systematic use of a mask in the presence of vulnerable persons and in greeting without shaking hands. Similarly, 26% of respondents stated that they were less compliant with protective measures than at the beginning of the epidemic. Furthermore, mental health among the French population remained deteriorated: 70% declared having sleep problems, which represented a 4-point increase compared to the previous wave.

On March 1, 79.3% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 82.7% in the 65+ age group (representing 90.9% of those eligible at that date) and 74.2% in the 80+ age group (87.4% of those eligible at that date).

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (585 per 100,000 inhabitants vs 835 in week 7, i.e., -30%), as was the [screening rate](#) (2,862/100,000 vs 3,509, -18%). The [positivity rate](#) was also in decline (20.4%, -3.4 points). Among the 1,714,247 tested individuals who provided information about the possible presence of symptoms, 75% were asymptomatic, a stable proportion compared to week 7 (74%). The positivity rate fell among both symptomatic people (52% vs 56% in week 7) and asymptomatic people (11% vs 14%). The proportion of symptomatic individuals among positive cases had risen slightly in week 8 (61% vs 59% in week 7).

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 March 2022)



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

Incidence and screening rates by age group

In week 8, the [incidence rate](#) was decreasing in all age groups. The largest declines were again found among 30-39 year-olds (784/100,000, -34%) and 40-49 year-olds (664/100,000, -35%). The incidence rate was below 1,000 cases per 100,000 inhabitants across all age groups and reached 790 cases among 20-29 year-olds (-25%). The [screening rate](#) was also decreasing across all age groups. The steepest declines were among 0-9 year-olds (1,973/100,000, -24%) and 40-49 year-olds (2,866, -24%). People aged 90+ accounted for the highest rate (4,045, -19%). The [positivity rate](#) was also falling across all age groups. It was highest among 30-39 year-olds (23.4%, -4.4 points) and lowest among 80-89 year-olds (14.8%, -2.2 points). Among school-age children, the highest incidence rate was found in the 15-17 age group (611, -32%), with a screening rate of 2,719 (-22%) and a positivity rate of 22.5% (-3.3 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 49-2021, France (data on 2 March 2022)

227	229	289	712	872	1061	1418	1707	1683	1234	897	654	90 yrs +
154	155	200	636	687	664	864	1002	952	713	530	403	80-89 yrs
214	204	253	787	853	761	973	1082	1000	730	542	424	70-79 yrs
326	318	399	1076	1187	1096	1345	1400	1195	815	579	430	60-69 yrs
432	459	670	1763	2127	2091	2433	2353	1830	1141	743	525	50-59 yrs
635	677	981	2288	3087	3525	4377	4154	3016	1684	1016	664	40-49 yrs
732	844	1375	2940	3839	4295	5276	4819	3423	1987	1196	784	30-39 yrs
553	792	1781	3641	5305	4171	4539	3842	2713	1619	1050	790	20-29 yrs
637	670	909	2231	4607	5528	6828	6231	3960	1755	908	626	10-19 yrs
637	581	531	1097	2574	4029	4877	4383	2744	1318	666	454	0-9 yrs
511	556	839	1933	2869	3116	3754	3476	2459	1372	835	585	All ages
W49	W50	W51*	W52*	W01	W02	W03	W04	W05	W06	W07	W08	Santé publique France

*Rates corrected for the effect of public holidays



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

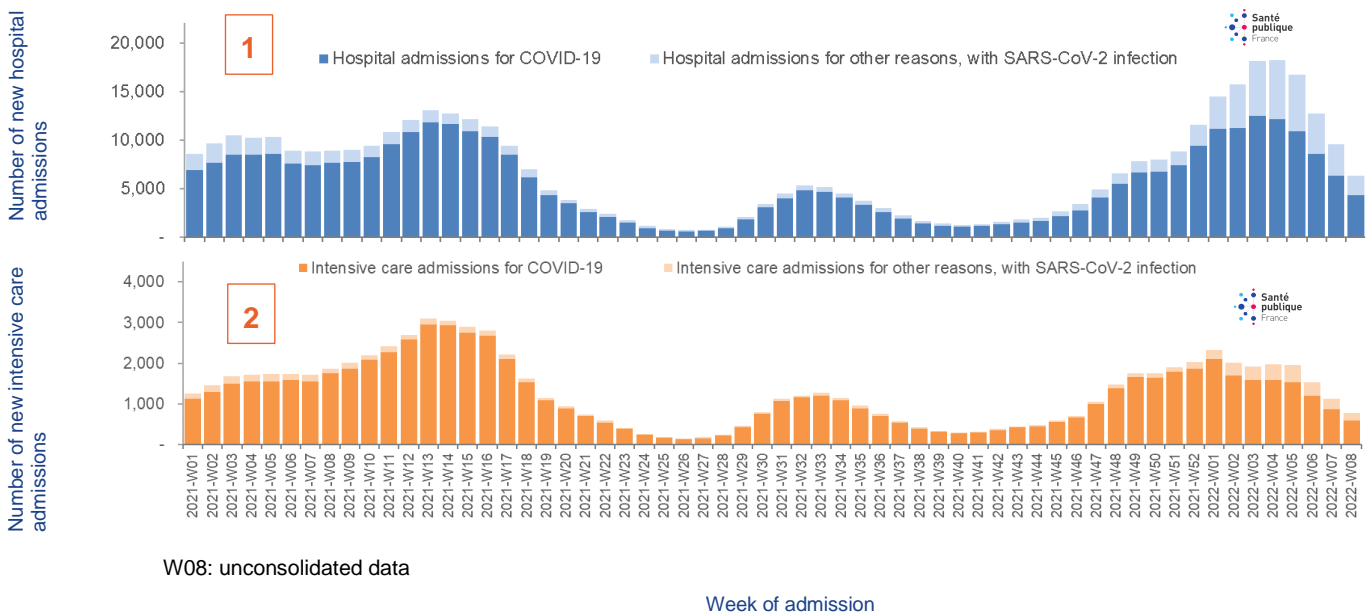
Hospitalisations, intensive care admissions, and deaths

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 hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 8, collected until 1 March 2022, are not yet consolidated and may be underestimated.**

On 1 March 2022, 24,508 COVID-19 patients were hospitalised in France (vs 27,636 on 22 February, -11%), including 2,421 in intensive care (vs 2,855 on 22 February, -15%).

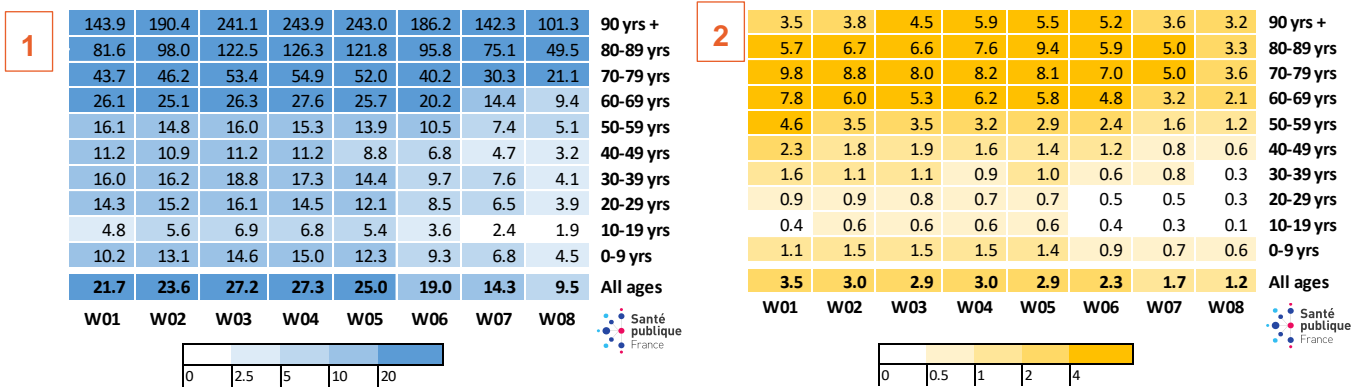
At national level, [hospital admissions](#) were lower in week 8 (6,397, -33% vs -25% between weeks 6 and 7), as were new intensive care admissions (782, -31% vs -27% between weeks 6 and 7). In week 8, 4,361 patients with SARS-CoV-2 were hospitalised for management of COVID-19 and 2,036 were hospitalised for other reasons (-31% and -37%, respectively, compared to week 7). Regarding intensive care units, 592 patients were admitted for COVID-19 in week 8 (-32%) and 190 for other reasons (-28%). In week 8, the proportion of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 was stable: 32% across all hospital departments, 24% for intensive care units and 17% for resuscitation units.

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



In week 8, the weekly rates of new hospital and intensive care admissions decreased in all age groups. The greatest decline was observed among 30-39 year-olds (-287 hospital admissions between weeks 7 and 8, -46%).

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 1-2022 to week 8-2022, France



In week 8 (unconsolidated data), 1,028 deaths in hospital were recorded nationwide (-31% compared to week 7, vs -19% between weeks 6 and 7). There were also 95 deaths recorded in long-term care facilities (vs 143 in week 7).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate was dropping sharply in all regions, from -19% in Brittany to -38% in Corsica. It remained highest in Nouvelle-Aquitaine (822/100,000, -33%), Grand Est (771, -23%) and Brittany (716). Île-de-France was the region with the lowest incidence rate (330, -36%). The screening rate was also down throughout metropolitan France, from -3% in Normandy to -28% in Occitanie. It was highest in Corsica (3,797/100,000, -26%) and Provence-Alpes-Côte d'Azur (3,357, -12%). The positivity rate continued to decline in all regions.

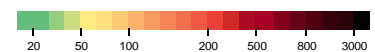
In week 8, the incidence rate was below 1,000 in all departments except in Hautes-Pyrénées (vs 27 departments in week 7). The departments showing the highest rates were Hautes-Pyrénées (1,031, -33%), Moselle (990, -21%), Landes (985, -34%) and Gers (965, -31%).

In **overseas France**, the incidence rate was falling in all territories. It remained highest in Reunion Island (1,119, -28%) and in Martinique (888, -36%). The screening rate was also in decline across all territories, and remained highest in Martinique (7,978, -13%).

Evolution of the incidence, positivity, and screening rates by region since week 3-2022, France (data on 2 March 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W03	W04	W05	W06	W07	W08	W08 vs W07 (%)	W08	W08 vs W07 (point)	W08	W08 vs W07 (%)
Auvergne-Rhône-Alpes	4057	3466	2339	1306	687	452	-34	21.1	-3.3	2,141	-24
Bourgogne-Franche-Comté	3591	3485	2592	1502	840	531	-37	24.6	-3.8	2,163	-27
Brittany	3316	3492	2691	1378	888	716	-19	28.8	-3.5	2,486	-10
Centre-Val de Loire	3197	3067	2251	1128	715	521	-27	23.8	-4.6	2,185	-13
Corsica	2700	2513	2067	1417	967	604	-38	15.9	-3.0	3,797	-26
Grand Est	3514	3553	2685	1522	1004	771	-23	24.0	-4.0	3,217	-10
Hauts-de-France	3843	3614	2430	1212	778	574	-26	20.5	-5.0	2,795	-8
Île-de-France	3293	2315	1457	821	516	330	-36	10.9	-2.1	3,044	-23
Normandy	3301	3239	2324	1130	745	566	-24	22.1	-6.0	2,566	-3
Nouvelle-Aquitaine	3553	4009	3393	2114	1224	822	-33	31.9	-3.5	2,578	-25
Occitanie	3876	3896	2901	1787	1067	693	-35	23.3	-2.4	2,975	-28
Pays de la Loire	4069	4121	2814	1273	764	548	-28	24.9	-5.8	2,202	-12
Provence-Alpes-Côte d'Azur	3965	3505	2278	1257	787	598	-24	17.8	-2.9	3,357	-12
Guadeloupe	3595	2275	1463	1079	620	458	-26	9.9	-2.0	4,620	-11
French Guiana	1430	680	325	174	79	56	-29	3.2	-0.8	1,784	-10
Martinique	3149	2795	2501	2038	1378	888	-36	11.1	-3.8	7,978	-13
Mayotte	384	99	50	26	15	10	-37	0.9	-0.5	1,120	-2
Reunion Island*	5431	5285	3283	2215	1556	1119	-28	34.0	-1.4	3,295	-25

*W05: to be interpreted in the context of limited access to screening during the cyclone



Hospital and intensive care admissions

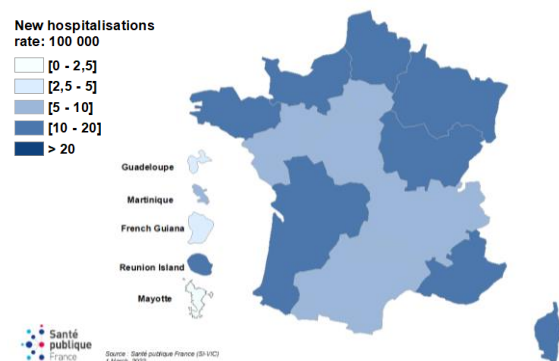
In metropolitan France in week 8, the weekly rates of [new hospitalisations](#) were lower in all regions.

Hospital admission rates were highest in Grand Est (12.6), Bourgogne-Franche-Comté (12.3) and Provence-Alpes-Côte d'Azur (11.7).

The rates of intensive care admissions were falling in the majority of regions and stable in Corsica, Normandy and Grand Est.

In overseas France, the rates of new hospital and intensive care admissions were decreasing in all regions. The highest hospital and intensive care admission rates were observed in Reunion Island (13.3 and 2.6) and Martinique (7.2 and 1.7, respectively).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 8-2022, France



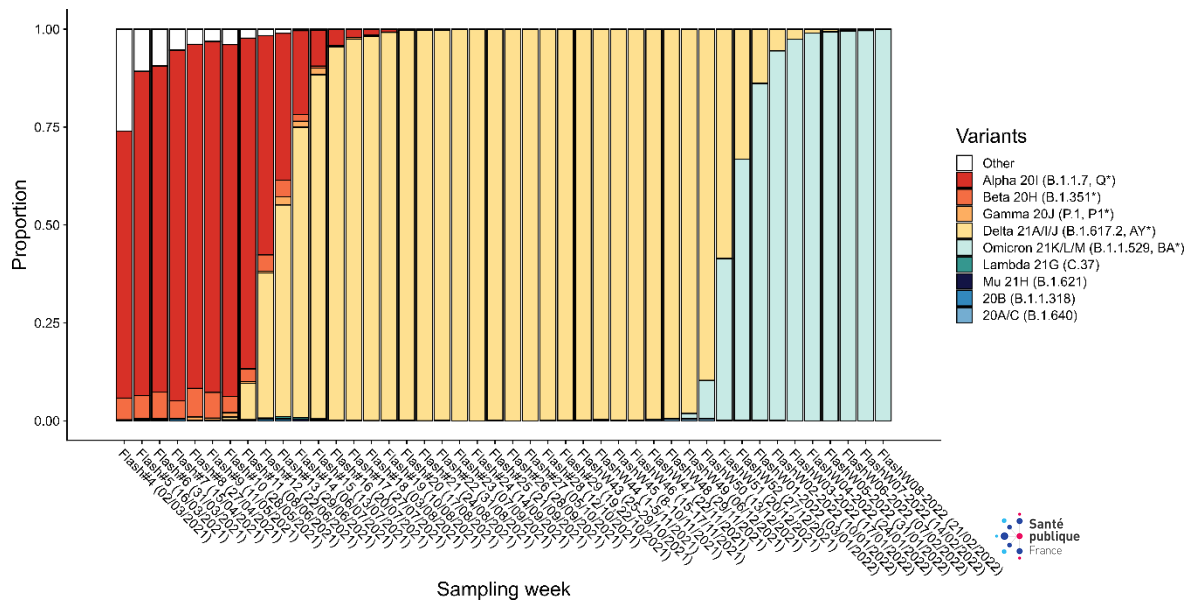
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

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. In week 8, the proportion of samples in France with a **screening result compatible with Omicron was 99.5% for the A0C0 proxy** (against 99.6% in week 7) and **98.9% for the D1 proxy** (against 98.9% in week 7). 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 8** (against 0.2% in week 7). These different indicators illustrate the **total replacement of Delta by Omicron**.

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in France**, where it represented **99.6% of interpretable sequences in the Flash Surveys of week 7** (from 14/02/22, based on 1,834 interpretable sequences) and week 6 (from 07/02/22, based on 3,896 interpretable sequences). The VOC* **Delta represented only 0.4% of interpretable sequences** in the week 7 Flash Survey (against 0.4% in week 6). The VOI* **B.1.640** has not been detected in a Flash Survey since week 2 but cases were identified outside of the Flash Surveys until week 6. Preliminary data from the week 8 Flash Survey (from 21/02/2022, on 886 interpretable sequences) also indicate the dominance of Omicron and the near disappearance of Delta.

Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 28 February 2022; Flash Surveys from weeks 7-2022 and 8-2022 unconsolidated)



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

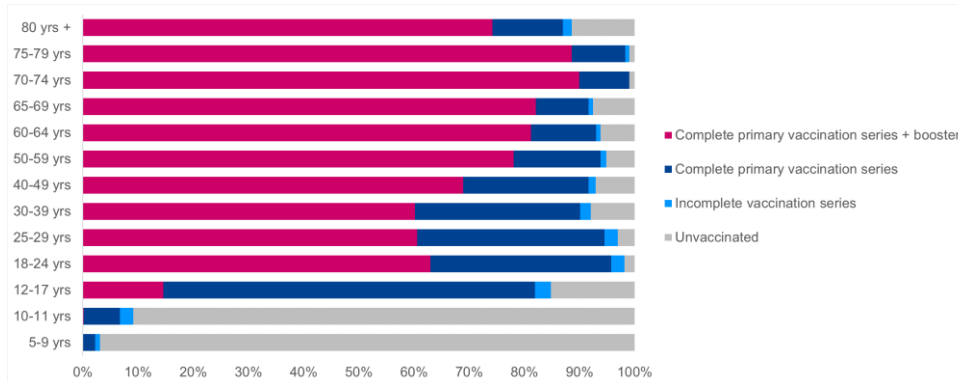
To date, the Omicron VOC includes, within the parental lineage B.1.1.529, three sub-lineages: BA.1 (and its sub-lineage BA.1.1), BA.2 and BA.3. The Omicron sequences identified in France **still belong overwhelmingly to the BA.1 sub-lineage**: 35% of the 1,829 Omicron sequences in the week 7 Flash Survey corresponded to BA.1 and 40% to its BA.1.1 sub-lineage. The proportion of the BA.2 sub-lineage has been increasing nationally since the beginning of January: it represented 9.2% of Omicron sequences in the week 5 Flash Survey, 15.4% in the week 6 Flash Survey, 25% in the week 7 Flash Survey and 38% in the week 8 Flash Survey (preliminary data). The progression of BA.2 at the expense of BA.1 is observed in all regions of metropolitan France, but at different levels depending on the region. In particular, BA.2 has been in the majority since week 7 in Nouvelle-Aquitaine, where this sub-lineage seems to have been introduced earlier than in other regions. In total, 17 sequences corresponding to BA.3 were identified on 28/02/2022 (according to the EMERGEN database), of which only two were identified during Flash Surveys. A large proportion of these 17 BA.3 sequences come from the same identified cluster, as this sub-lineage remains very rare in France.

Since February 18, 2022, a **Delta/Omicron recombinant** (to which no lineage name has yet been assigned) has been the subject of reinforced monitoring by Santé publique France and the National Research Centre for Respiratory Viruses. The majority of its genome corresponds to the Delta variant (sub-lineage AY.4), but a large portion of the S gene (coding for the Spike protein) corresponds to the Omicron variant (sub-lineage BA.1). As of 2 March, **18 sequences of this recombinant have been detected in France**, including 13 during Flash Surveys. These sequences correspond to cases from several regions dating back to early January 2022, which suggests low levels of circulation for several weeks. To date, very little data is available on the characteristics of this recombinant, and investigations are ongoing. More information is available in the [variants risk assessment of 23/02/2022](#).

Vaccination

On 1 March 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.3% for a complete primary vaccination series* and 57.9% for the booster shot. Among adults aged 18 years and older, 72.5% had received a booster shot, representing 82.5% of those eligible for the booster** at the time. In the 65+ age group, 82.7% had received a booster shot, representing 90.9% of those eligible for it at the time. In addition, 9.1% of children aged 10-11 years had received a first dose of vaccine (3.1% for 5-9 year-olds).

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

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	63.0	71.9
25-29	60.6	70.9
30-39	60.2	72.8
40-49	68.9	79.6
50-59	78.1	86.8
60-64	81.2	90.2
65-69	82.1	92.1
70-74	89.9	92.7
75-79	88.6	92.1
80+	74.2	87.4

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

On 1 March 2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 70.8% had received a booster shot. Among residents who were eligible for the booster, 76.5% had already received it (vs 76.5% on 22/02/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 77.3% for those working in nursing homes or long-term care facilities, 86.0% for professionals in private practice and 76.4% for employees in healthcare institutions.

In parallel, 84.7% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (84.4% on 22/02/2022). This percentage was 89.6% for professionals in private practice (89.5% on 22/02/2022) and 84.0% for healthcare employees (83.7% on 22/02/2022).

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 [mental health in France during the COVID-19 epidemic](#)
- Update on [adherence to protective measures in France during the COVID-19 epidemic](#)
- 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](#)