COVID-19
EPIDEMIOLOGICAL UPDATE

Santé publique France

Weekly Report Nº 106 / Week 09 / 10 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 partners[1] as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 8 March 2022.

Key numbers

In week 9 (28 February-6 March 2022)

Compared to week 8 (21-27 February 2022)

546 *(vs 586 in W08)*
Incidence rate (/100,000 inhabitants)
366,659 new confirmed cases
(vs 393,522 in W08)
↘ -7%

20.6% *(vs 20.5% in W08)*
Positivity rate
→ +0.1 points

0.81 *(vs 0.63 in W08)*
Effective reproduction number R
SI-DEP
↗

1,314* *(vs 1,312* in W08)*
SOS Médecins **consultations**
for suspected COVID-19
→ -0.2%

3,812 *(vs 4,419 in W08)*
Emergency department visits
for suspected COVID-19
↘ -14%

5,386 *(vs 6,948 in W08)*
New hospital admissions**
for patients with COVID-19
↘ -22%

632 *(vs 834 in W08)*
New intensive care admissions
for patients with COVID-19**
↘ -24%

944 *(vs 1,232 in W08)*
Deaths** (in hospitals, nursing homes and long-term care facilities)
↘ -23%

On 8 March 2022

Compared to 1 March 2022

53,290,320
People with complete primary vaccination series
+0.1%

39,083,709
People with complete primary vaccination series plus booster shot
+0.5%

Key points

Epidemiological situation

In week 9, circulation of SARS-CoV-2 declined at a slower rate nationally, with incidence remaining at a high level and a decrease in hospital admissions.

- Metropolitan France:
  - Incidence rate >500/100,000 inhabitants in the majority of regions
  - Incidence rates rising among 3-10 year-olds
  - Positivity rate stable at a high level
  - Hospital admissions and deaths continue to decrease
- Overseas France:
  - Sharp increase in incidence and positivity rates in Martinique

Variants

- Omicron accounted for 99.9% of interpretable sequences in the Flash Survey of 21 February for week 8
- BA.2 sub-lineage increasing in week 8 (43%) and dominant in week 9 (52%, preliminary data)

Contact tracing

- Average number of contacts declared per case called (1.0) stable at a low level
- Majority of cases (99%) and contacts (78%) contacted on the day of or the day after identification
- Increase in the proportion of cases called who had participated in a sporting event or attended a school

Prevention

- Vaccination on 8 March 2022 (Vaccin Covid data):
  - 79.4% of the French population had completed a primary vaccination series
  - 72.8% of the 18+ age group (representing 82.6% of those eligible) and 82.9% of the 65+ age group (91.0% of those eligible) had received a booster shot
- Importance of combining measures: full vaccination series with a booster at 3 months and maintaining recommended precautionary measures (mask wearing, hand washing, frequent ventilation of enclosed spaces and adherence to contact tracing).

Dashboard
InfoCovidFrance

**Due to a technical problem, these indicators are limited to the 39 SOS Médecins associations that transmitted their data to Santé publique France, compared to the usual 60 (approximately 71% of the data usually received). The interpretation of trends remains possible on this basis. **W09: unconsolidated data.*

*[1]**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.*

Week 9 (28 February to 6 March 2022)

SITUATION UPDATE

In week 9, circulation of SARS-CoV-2 decreased more slowly compared to the previous four weeks (-7%), suggesting that the incidence rate will remain at a high level. The effective-R number, although still below 1, increased to 0.81, and the positivity rate stabilised at a high level (1 in 5 tests was positive). The incidence rate remained above 500 cases per 100,000 inhabitants in most regions and increased sharply in Martinique where it exceeded 2,400. An increase in the incidence rate was also observed among 3-10 year-olds. Hospital and intensive care admissions continued to decline, as did mortality related to COVID-19 (less than 1,000 deaths). The BA.2 sub-lineage of the Omicron variant became dominant across French territories in week 9. Contact tracing data indicated a rise in exposure through schools and sporting events, in line with the new school term. As of 8 March, vaccination coverage was generally stable compared to the previous week: 82.9% of people aged 65+ and 74.3% of people aged 80+ had received a booster vaccination. In the context of persistently intense viral circulation, the start of the new school term and the easing of collective restrictions, it is essential to maintain protective measures (wearing a mask, washing hands, ventilating enclosed spaces) to limit the spread of the virus and protect the most vulnerable. An effort to vaccinate people over 80 years of age for the booster shot must be made. Compliance with other measures, particularly in the case of symptoms, positive tests or contacts at risk, as well as adherence to contact-tracing remain essential.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate continued to fall in week 9 but less significantly than in the preceding week (-7% vs -30% in week 8). It remained at a high level with 546 cases per 100,000 inhabitants, i.e., more than 52,000 new cases on average per day. This slight decrease was observed in all age groups, except among 3-5 year-olds (476, +22%) and 6-10 year-olds (672, +11%). The screening rate (2,646/100,000, -8%) continued to decrease in all age groups, again with the exception of 3-5 year-olds (2,153/100,000, +10%) and 6-10 year-olds (2,291, +3%), linked to the start of the school term in academic zones A and B. The positivity rate stabilised at a high level (20.6%, +0.1 points).

Among adults, the number of consultations for suspected COVID-19 continued to fall in emergency departments (-14%) and stabilised in SOS Médecins organisations. However, an increase was observed among children (primarily 2-14 year-olds) in these two networks.

The number of admissions to hospital (5,386, -22%) and intensive care units (632, -24%) continued to fall. On 8 March, the number of inpatients was below 22,000. The number of deaths in hospital and in long-term care facilities followed the same trend with less than 1,000 deaths in week 9. As for excess all-cause mortality, the decrease that began in week 6 continued more markedly in weeks 7 and 8.

In metropolitan France, the incidence rate was stable or decreasing in the majority of regions. A slight increase was observed in Brittany (785, +9%) and Normandy (612, +8%). The screening rate was stable or falling throughout the country. Hospital admission rates continued to decline in all regions.

In overseas France, the incidence rate corrected for the effect of public holidays rose sharply in Martinique (2,449, +173%), as did the positivity rate (23.9%, +12.7 points), with a corrected screening rate that remained very high (10,251, +28%). The incidence rate remained elevated in Reunion Island (954, -15%) and Guadeloupe (680, +47%, corrected rate). Hospital admission rates were still highest in Reunion Island.

VARIANTS

Omicron accounted for 99.9% of interpretable sequences in the Flash Survey for week 8 (21 February). The BA.2 sub-lineage became dominant in week 9 (52% of interpretable sequences in preliminary data, vs 43% in week 8).

CONTACT TRACING

In week 9, the number of new cases (n=356,099, -7%) and new contacts at risk (n=219,062, -10%) decreased. The majority of cases (99%) and contacts (78%) were contacted on the day of or the day after their identification. The average number of contacts reported per case called remained stable at a low value of 1.0. This could be partly related to a low level of adherence among cases to reporting their contacts, or to the fact that many people have tested positive in the last two months, and are therefore excluded from the definition of a contact at risk. Following the end of the school holidays in zones A and B, there was a decrease in the percentage of cases called who reported travelling to a region of France outside their place of residence (2.3% vs 2.7% in week 8), as well as an increase among those under 15 years of age connected to school attendance (25.5% vs 15.4%) or participation in a sports activity or event (2.4% vs 1.7%).

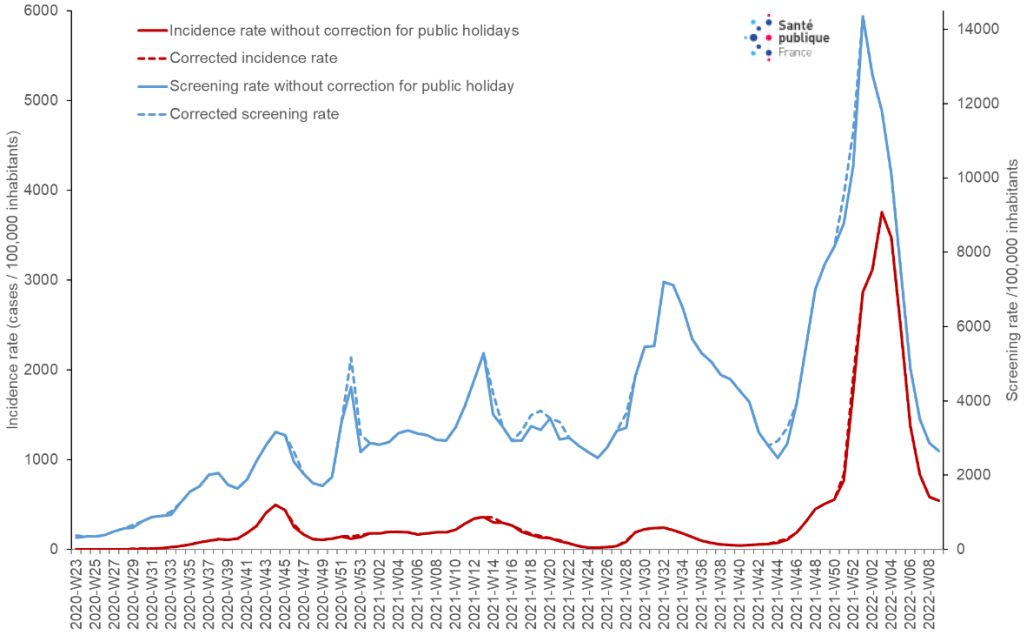
PREVENTION

As of 8 March, 79.4% of the French population had completed a primary vaccination series Vaccination cover for the booster shot reached 82.9% in the 65+ age group (representing 91.0% of those eligible at that date) and 74.3% 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 (546 per 100,000 inhabitants vs 586 in week 8, i.e., -7%), as was the screening rate (2,646/100,000 vs 2,864, -8%). The positivity rate was stable (20.6%, +0.1 points). Among the 1,583,951 tested individuals who provided information about the possible presence of symptoms, 74% were asymptomatic, a stable proportion compared to week 8 (75%). The positivity rate was stable among both symptomatic people (52%) and asymptomatic people (11%). The proportion of symptomatic individuals among positive cases had risen slightly in week 9 (63% vs 61% in week 8).

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 March 2022)



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

Incidence and screening rates by age group

In week 9, the incidence rate decreased less markedly in all age groups, except among 0-9 year-olds, where it increased (503/100,000, +11%). The greatest decline was observed in the 90+ age group (547, -18%). The incidence rate was above 700 cases per 100,000 in the 20-39 age group and reached 729 (-7%) among 30-39 year-olds. In contrast, it was below 400 in the 60-89 age group. The screening rate was stable or falling in all age groups; a decrease of more than 10% was seen among people aged 90+ (3,496/100,000, -14%), 10-19 year-olds (2,463, -12%) and 40-49 year-olds (2,557, -11%). The highest screening rates were seen among 20-29 year-olds (3,496, -7%) and those aged 90 and over. The positivity rate was decreasing in the 60+ and 20-29 age groups. It was increasing in the other age groups, particularly among 0-9 year-olds (25.0%, +2.0 points) and 10-19 year-olds (24.2%, +1.8 points), where it was also highest. It exceeded 20% among the under-50s. Among school-age children, the incidence rate increased for 3-5 year-olds (476, +22%) and 6-10 year-olds (672, +11%). The screening rate also increased in the same age groups: +10% among 3-5 year-olds (2,153) and +3% among 6-10 year-olds (2,291). The positivity rate was highest among 6-10 year olds (29.3%, +2.1 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 50-2021, France (data on 9 March 2022)

W50	W51*	W52*	W01	W02	W03	W04	W05	W06	W07	W08	W09	
229	289	712	872	1061	1418	1707	1683	1236	902	663	547	90 yrs +
155	200	636	687	664	864	1002	952	714	532	407	366	80-89 yrs
204	253	787	853	761	973	1082	1000	730	543	426	386	70-79 yrs
318	399	1076	1187	1096	1345	1400	1195	816	579	431	382	60-69 yrs
459	670	1763	2127	2091	2433	2353	1830	1142	744	527	487	50-59 yrs
677	981	2288	3087	3525	4377	4154	3016	1685	1016	665	607	40-49 yrs
844	1375	2940	3839	4295	5276	4819	3423	1988	1197	785	729	30-39 yrs
792	1781	3641	5305	4171	4539	3842	2713	1619	1051	791	709	20-29 yrs
670	909	2231	4607	5528	6828	6231	3960	1755	909	628	596	10-19 yrs
581	531	1097	2574	4029	4877	4383	2744	1318	666	455	503	0-9 yrs
556	839	1933	2869	3116	3754	3476	2459	1373	836	586	546	All ages

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**Rates corrected for the effect of public holidays*

20 50 100 200 500 800 3000

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

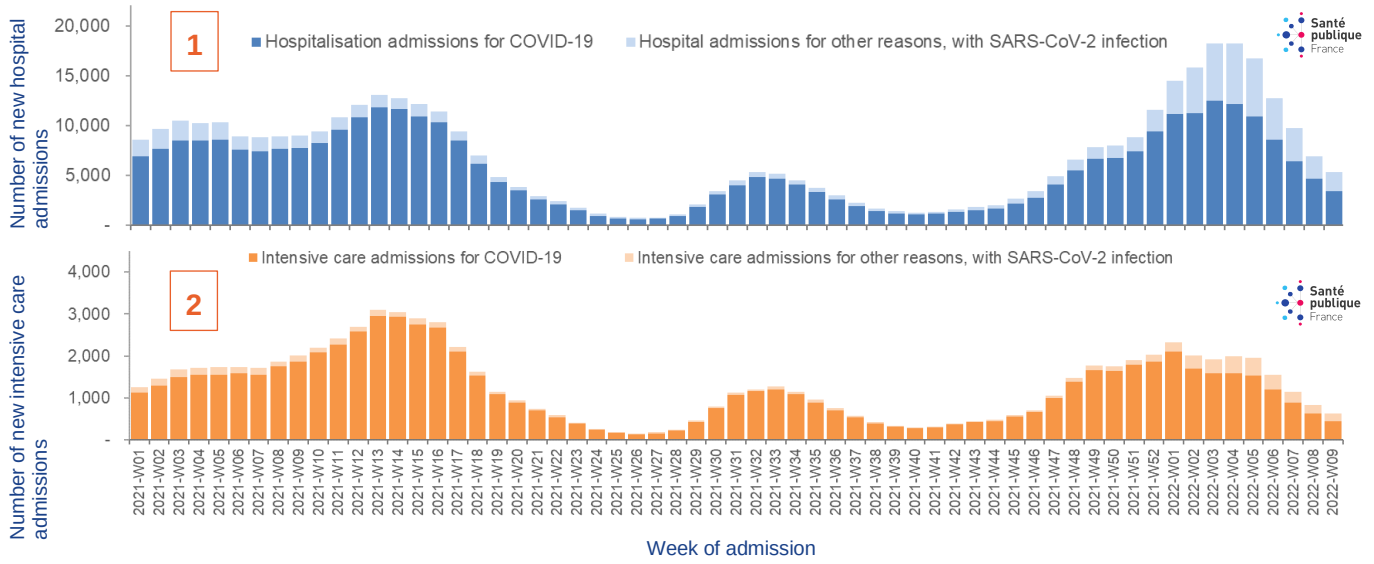
Hospitalisations, intensive care admissions, and deaths

To facilitate 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 9, collected until 8 March 2022, are not yet consolidated and may be underestimated.***

On 8 March 2022, **21,970 COVID-19 patients were hospitalised in France** (vs 24,508 on 1 March, -10%), including **2,049 in intensive care units** (vs 2,421 on 1 March, -15%).

At national level, hospital admissions were lower in week 9 (5,386, -22% vs -29% between weeks 7 and 8), as were new intensive care admissions (632, -24% vs -28% between weeks 7 and 8). 3,447 patients with SARS-CoV-2 were admitted for management of COVID-19 and 1,939 were admitted for other reasons (-27% and -13%, respectively, compared to week 8). Regarding intensive care units, 454 patients (-28%) were admitted for management of COVID-19 in week 9 and 178 for other reasons (-13%). In week 9, the proportion of patients hospitalised for reasons other than COVID-19 but carrying SARS-CoV-2 was slightly higher: 36% across all hospital services (vs 32% in week 8), 28% for intensive care units (vs 25% in week 8) and 22% for resuscitation units (vs 17% in week 8).

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



W09: unconsolidated data

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

In week 9, the weekly rates of new hospital and intensive care admissions decreased in all age groups. The number of intensive care admissions remained low for the under-50s.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 2-2022 to week 9-2022, France

1

W02	W03	W04	W05	W06	W07	W08	W09	
190.4	241.2	244.1	243.4	187.2	145.0	110.7	83.5	90 yrs +
98.1	122.6	126.5	122.1	95.9	76.4	54.6	42.7	80-89 yrs
46.3	53.4	54.9	52.1	40.5	30.8	22.6	18.3	70-79 yrs
25.0	26.4	27.7	25.8	20.3	14.7	10.1	7.9	60-69 yrs
14.8	16.0	15.3	13.9	10.5	7.6	5.5	4.1	50-59 yrs
10.9	11.2	11.2	8.9	6.9	4.8	3.5	2.5	40-49 yrs
16.2	18.9	17.3	14.4	9.8	7.7	4.4	3.9	30-39 yrs
15.2	16.1	14.5	12.1	8.5	6.7	4.3	3.4	20-29 yrs
5.6	6.9	6.9	5.4	3.6	2.5	2.0	1.4	10-19 yrs
13.1	14.6	15.0	12.3	9.4	6.9	4.8	3.4	0-9 yrs
23.6	**27.2**	**27.3**	**25.0**	**19.1**	**14.5**	**10.4**	**8.0**	All ages

0 2.5 5 10 20

2

W02	W03	W04	W05	W06	W07	W08	W09	
3.8	4.5	5.9	5.5	5.2	3.7	3.6	2.2	90 yrs +
6.7	6.6	7.6	9.4	6.0	5.1	3.7	3.1	80-89 yrs
8.8	8.0	8.2	8.1	7.1	5.1	3.8	3.2	70-79 yrs
6.0	5.3	6.2	5.8	4.8	3.2	2.3	1.8	60-69 yrs
3.5	3.5	3.2	2.9	2.5	1.6	1.2	0.7	50-59 yrs
1.8	1.9	1.6	1.4	1.2	0.8	0.7	0.5	40-49 yrs
1.1	1.1	0.9	1.0	0.7	0.8	0.3	0.3	30-39 yrs
0.9	0.8	0.7	0.7	0.5	0.5	0.3	0.2	20-29 yrs
0.6	0.6	0.6	0.6	0.4	0.3	0.2	0.1	10-19 yrs
1.5	1.5	1.5	1.4	0.9	0.7	0.6	0.5	0-9 yrs
3.0	**2.9**	**3.0**	**2.9**	**2.3**	**1.7**	**1.2**	**0.9**	All ages

0 0.5 1 2 4

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

In week 9 (unconsolidated data), 862 deaths in hospital were recorded nationwide (-23% compared to week 8, vs -26% between weeks 7 and 8). There were also 82 deaths recorded in long-term care facilities (vs 108 in week 8).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate increased in Brittany (785/100,000, +9%) and in Normandy (612, +8%). It was stable in Hauts-de-France (576, +0%), Centre-Val de Loire (517, -1%) and Grand Est (761, -1%), and declining in other regions. It was highest in Brittany, Grand Est and Nouvelle Aquitaine (676, -18%). The screening rate was down or stable throughout the country. It was highest in Provence-Alpes-Côte d'Azur (3,248/100,000, -3%), Grand Est (3,165, -2%) and Corsica (3,154, -17%). The positivity rate was falling or stabilising in the majority of regions. However, an increase of at least one point was observed for Brittany (31.2%, +2.3 points), Île-de-France (12.0%, +1.1 points) and Normandy (23.1%, +1.0 points).

In week 9, the incidence rate was above 600/100,000 in 37 departments (vs 48 in week 8). The highest rates were observed in Moselle (983, -1%), Meurthe-et-Moselle (948, +4%), Finistère (946, +6%) and Ardennes (913, +7%).

In overseas France, the incidence rate rose sharply in Martinique (2,449, +173%). It was also up in Guadeloupe (680, +47%) and French Guiana (82, +44%) but down in Reunion Island (954, -15%). The screening rate was highest in Martinique (10,251, +28%), followed by Guadeloupe (5,476, +18%).

Evolution of the incidence, positivity, and screening rates by region since week 4-2022, France (data on 9 March 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W04	W05	W06	W07	W08	W09*	W09* vs W08 (%)	W09	W09 vs W08 (point)	W09*	W09* vs W08 (%)
Auvergne-Rhône-Alpes	3466	2339	1307	687	453	372	-18	18.0	-3.1	2,068	-3
Bourgogne-Franche-Comté	3485	2592	1502	841	532	428	-20	22.1	-2.5	1,938	-11
Brittany	3492	2691	1378	889	718	785	9	31.2	2.3	2,517	1
Centre-Val de Loire	3067	2251	1128	716	522	517	-1	24.2	0.3	2,134	-2
Corsica	2513	2067	1417	967	606	480	-21	15.2	-0.7	3,154	-17
Grand Est	3553	2685	1522	1005	772	761	-1	24.0	0.1	3,165	-2
Hauts-de-France	3614	2430	1212	779	576	576	0	21.3	0.7	2,705	-3
Île-de-France	2315	1457	822	516	331	305	-8	12.0	1.1	2,552	-16
Normandy	3239	2324	1131	745	567	612	8	23.1	1.0	2,648	3
Nouvelle-Aquitaine	4009	3393	2115	1226	825	676	-18	29.4	-2.6	2,300	-11
Occitanie	3896	2901	1787	1068	694	559	-20	22.8	-0.5	2,448	-18
Pays de la Loire	4121	2814	1274	764	549	522	-5	24.8	-0.1	2,104	-5
Provence-Alpes-Côte d'Azur	3505	2278	1258	788	600	579	-3	17.8	0.0	3,248	-3
Guadeloupe	2275	1463	1079	623	462	680	47	12.4	2.4	5,476	18
French Guiana	680	325	174	79	57	82	44	3.0	-0.1	2,679	50
Martinique	2795	2501	2039	1380	898	2449	173	23.9	12.7	10,251	28
Mayotte	99	50	25	15	10	20	104	1.7	0.9	1,140	1
Reunion Island	5285	3283	2216	1559	1124	954	-15	31.5	-2.6	3,032	-8

20 50 100 200 500 800 3000

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

*Data corrected in Guadeloupe, Martinique and French Guiana for the effect of public holidays on 1 and 2 March (and 28 February in French Guiana only).
**W05: to be interpreted in the context of limited access to screening during the cyclone

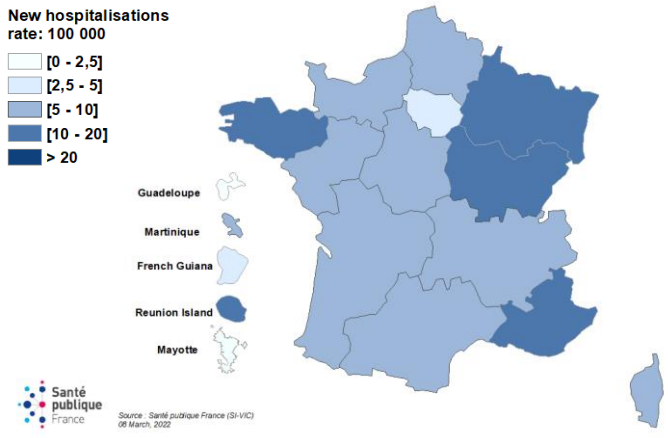
Hospital and intensive care admissions

In metropolitan France in week 9, the weekly rates of hospital admissions were lower in all regions. Hospital admission rates were highest in Bourgogne-Franche-Comté (12.3/100,000), Grand Est (11.1), Provence-Alpes-Côte d'Azur (10.8) and Brittany (10.0).

The rates of intensive care admissions were decreasing in the majority of regions. They were stable in Centre-Val de Loire and Provence-Alpes-Côte d'Azur but rising slightly in Brittany and Hauts-de-France.

In overseas France, hospital admission rates were down in all regions except in French Guiana, where they were stable. The rate of new admissions to intensive care units was stable in all regions. These rates remained highest in Reunion Island (13.7 for hospital admissions and 2.2 for intensive care admissions).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 9-2022, France



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

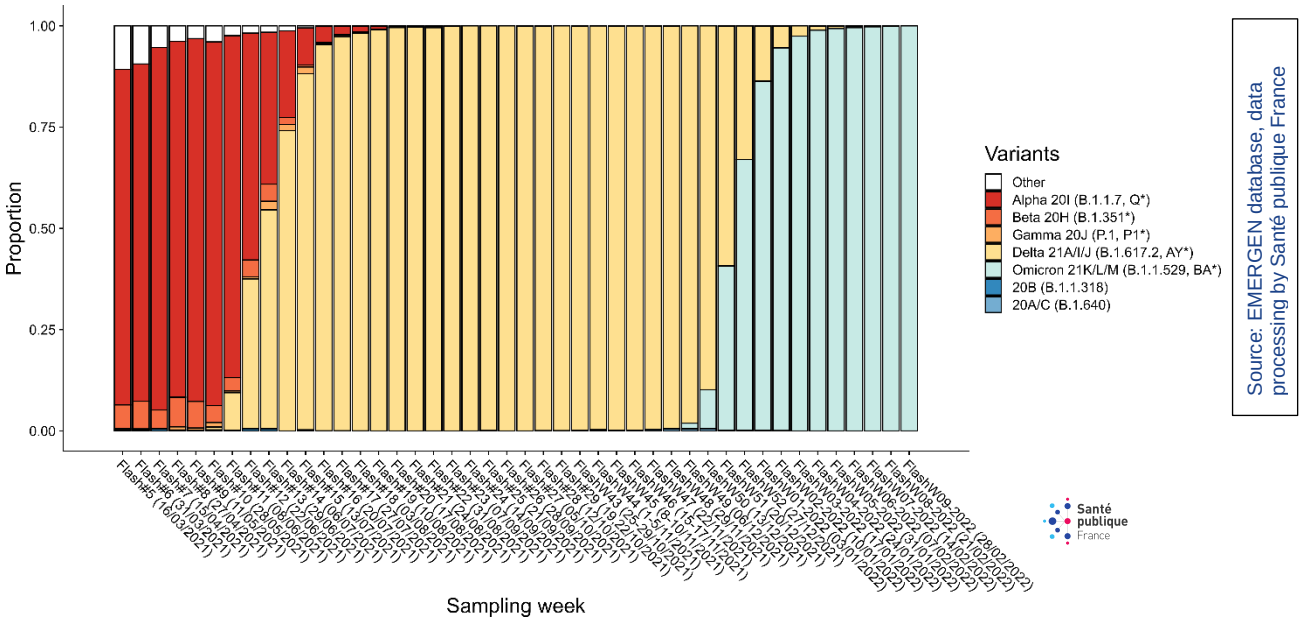
For further information on the epidemic situation in the regions, consult the Regional Epidemiological Updates.

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 9, the proportion of samples in France with a **screening result compatible with Omicron was 99.2% for the A0C0 proxy** (against 99.6% in week 8) and **98.7% for the D1 proxy** (against 98.8% in week 8). 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 9** (against 0.2% in week 8). These different indicators illustrate the **total replacement of Delta by Omicron**.

Furthermore, sequencing data confirms the **dominance of Omicron in France**, where it represented **99.9% of interpretable sequences in the week 8 Flash Survey** (from 21/02/22, based on 2,930 interpretable sequences), compared with 99.8% in the week 7 Flash Survey (from 14/02/22, based on 3,644 interpretable sequences). The VOC* **Delta represented less than 0.1% of interpretable sequences** in the week 8 Flash Survey (against 0.2% in week 7). 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 9 Flash Survey (from 28/02/2022, on 643 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 7 March 2022; Flash Surveys from weeks 8-2022 and 9-2022 unconsolidated)



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

To date, four Omicron VOC sub-lineages have been detected in France: BA.1, its sub-lineage BA.1.1, BA.2 and BA.3. As suggested by the trends of the previous weeks, **the most detected sub-lineage is now BA.2, which accounted for 43% of the 2,929 Omicron sequences in the week 8 Flash Survey**. According to preliminary data from the week 9 Flash Survey (from 28/02/2022), BA.2 is now in the majority, with 52% of the interpretable sequences. The BA.1 and BA.1.1 sub-lineages represented 22% and 34% of Omicron sequences in the week 8 Flash Survey. In total, 17 sequences corresponding to BA.3 had been identified as of 07/03/2022 (according to the EMERGEN database), of which only two were identified during Flash Surveys and none since week 6. The progression of BA.2 at the expense of BA.1 is observed throughout metropolitan France, but at different levels depending on the region.

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 the laboratories of the EMERGEN consortium, 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 8 March, **27 sequences of this recombinant have been detected in France**, including 14 during Flash Surveys. These sequences correspond to cases from several regions dating back to early January 2022, which suggests that this recombinant has been circulating at low level for several weeks. To date, very little data is available on its characteristics, and investigations are ongoing. More information is available in the variants risk assessment of 23/02/2021.

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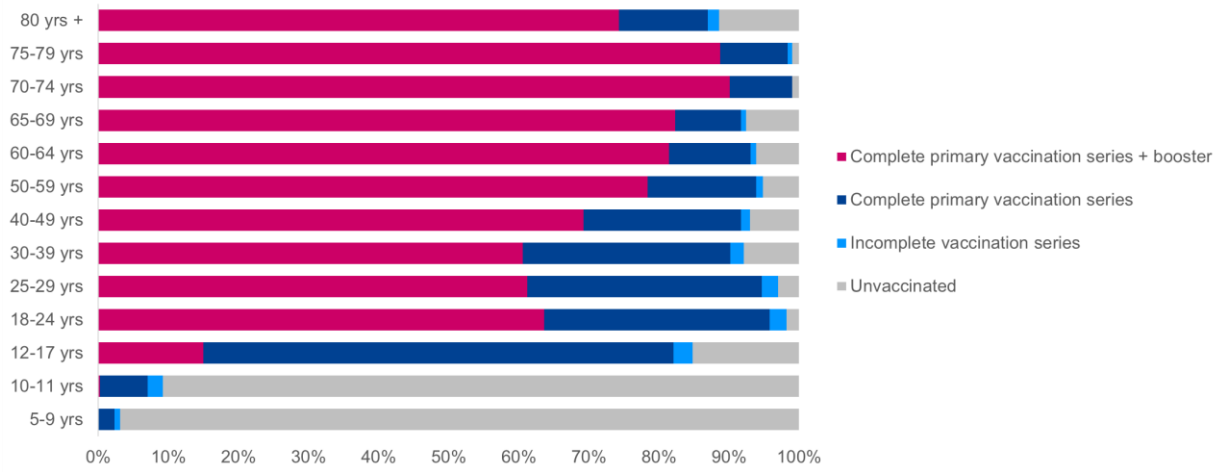
Vaccination

On 8 March 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.4% for a complete primary vaccination series* and 58.2% for the booster shot. Among adults aged 18 years and older, 72.8% had received a booster shot, representing 82.6% of those eligible for the booster** at the time. In the 65+ age group, 82.9% had received a booster shot, representing 91.0% of those eligible for it at the time. In addition, 9.2% 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 8 March 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 8 March 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	63.6	72.3
25-29	61.2	71.1
30-39	60.6	72.9
40-49	69.2	79.8
50-59	78.4	86.9
60-64	81.4	90.3
65-69	82.3	92.1
70-74	90.1	92.8
75-79	88.7	92.1
80+	74.3	87.4

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

On 8 March 2022, 93.5% 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, 76.5% had already received it (vs 76.5% on 01/03/2022).

As regards **health professionals**, vaccination coverage for the booster shot was 77.6% for those working in nursing homes or long-term care facilities, 86.1% for professionals in private practice and 76.7% for employees in healthcare institutions.

In parallel, 84.9% of **professionals** working in nursing homes and long-term care facilities who were **eligible** for the booster shot had already received it (84.7% on 01/03/2022). This percentage was 89.7% for professionals in private practice (89.6% on 01/03/2022) and 84.1% for healthcare employees (84.0% on 01/03/2022).

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.

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**