

COVID-19 EPIDEMIOLOGICAL UPDATE

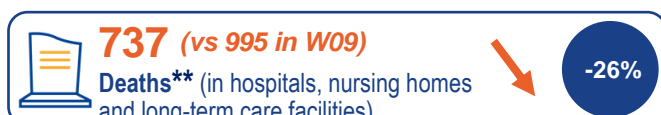
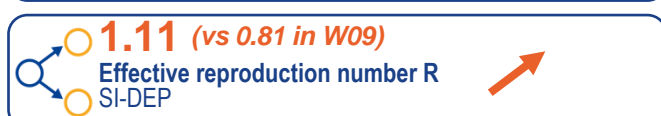
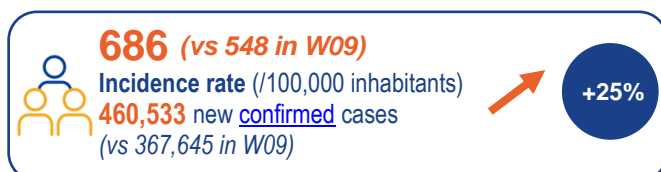
Weekly Report N° 107 / Week 10 / 17 March 2022

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 15 March 2022.

Key numbers

In week 10 (7-13 March 2022)

Compared to week W09 (28 Feb.-6 March 2022)



On 15 March 2022

Compared to 08 March 2022



Key points

Epidemiological situation

In week 10, circulation of SARS-CoV-2 increased to a high level across French territories while hospital admissions stabilised.

Metropolitan France:

- Incidence rate rising in all age groups and regions
- Positivity rate high and rising again
- Numbers of new intensive care admissions and deaths continue to fall

Overseas France:

- Incidence rate on the rise and particularly high in Martinique (>3,000/100,000)

Variants

- Omicron accounted for 99.9% of interpretable sequences in the Flash Survey of 28 February for week 9
- BA.2 sub-lineage in majority (57% in week 9)

Contact tracing

- Rise in the number of new contact cases (+25%) and new contacts at risk (+14%).
- Of those contacted, 82% of cases and 84% of contacts were reached by SMS

Prevention

- Vaccination on 15 March 2022 (Vaccin Covid data):
 - 79.5% of the French population had completed a primary vaccination series
 - 73.0% of the 18+ age group (representing 82.6% of those eligible) and 83.0% 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 plus a second dose for people aged 80+ years, as well as maintaining recommended precautionary measures (mask wearing in poorly ventilated spaces, hand washing, frequent ventilation of enclosed spaces) and adherence to contact tracing.

Dashboard

[InfoCovidFrance](#)

Key figures and evolution of COVID-19 in France and worldwide

*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. **W10: 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 10 (7 to 13 March 2022)

SITUATION UPDATE

In week 10, the incidence rate increased again from its previous high level (+25%). The effective-R number, greater than 1 (1.11), confirms the acceleration of SARS-CoV-2 circulation across the country. Meanwhile, the number of new hospital admissions has stabilised. In overseas France, the incidence rate was particularly high in Martinique (>3,000/100,000 inhabitants). Admissions to intensive care and deaths, however, continued to decrease. The BA.2 sub-lineage of the Omicron variant is dominant across French territories since week 9 (57%). The contact-tracing system made it possible to reach 99% of cases and 74% of contacts within 24 hours, mainly by SMS (82% of cases and 84% of contacts). As of 15 March, vaccination coverage was generally stable compared to the previous week: 83.0% of people aged 65+ and 74.4% of people aged 80+ had received a booster vaccination. In the context of increased circulation of SARS-CoV-2 and influenza viruses, it is still recommended to maintain precautionary measures, in particular to protect the most vulnerable (wearing a mask in poorly ventilated or crowded areas, hand washing, ventilation of enclosed spaces). Vaccination efforts for people aged 80 and over must now include a second booster shot for those eligible. 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 increased in week 10 after six consecutive weeks of decline, reaching 686 cases per 100,000 inhabitants (+25%), i.e., more than 65,000 new cases on average per day. This increase was observed across all age groups. The incidence rate exceeded 800 among 6-10 year-olds (937, +39%), 11-14 year-olds (821, +41%), and 30-39 year-olds (895, +22%). The screening rate also increased in week 10 (2,936/100,000, +11%) after several weeks of decline. Stable in the 90+ age group, it increased the most among 3-5 year-olds (2,750/100,000, +28%) and 6-10 year-olds (3,194, +39%). After a week of stabilisation at a high level, the positivity rate also increased (23.4%, +2.7 points).

Emergency department visits for suspected COVID-19 are increasing (+7%) after several weeks of decline, as are consultations within the SOS Médecins network (+18%) after a week of stabilisation. The most substantial increases primarily concerned children aged 2-14 years.

The number of new hospital admissions stabilised (5,680, -5%) while the number of intensive care admissions continued to decline (578, -17%) (unconsolidated data). The number of deaths in hospital and in long-term care facilities continued to decrease, as did [all-cause mortality](#), which has been in decline since week 6 with just a marginal excess among 65-84 year-olds in week 9.

In metropolitan France, the incidence rate increased in all regions, from +4% in Occitanie (583) to +40% in Hauts-de-France (809). It was highest in Brittany (1,002, +27%) and in Grand Est (998, +31%). Hospital admission rates stabilised or fell slightly, except in Hauts-de-France, where an increase was observed (+17%).

In overseas France, the incidence rate was 3,182/100,000 (+29%) in Martinique, exceeding the level reached at the beginning of the year (3,149 in week 3). It was above 1,000 in Guadeloupe (1,063, +55%) and Reunion Island (1,037, +8%). Hospital admission rates remained highest in Reunion Island, although in slight decline.

VARIANTS

Omicron accounted for 99.9% of interpretable sequences in the Flash Survey for week 9 (28 February), with the sub-lineage BA.2 in majority (57%).

CONTACT TRACING

In week 10, the number of new cases (n=449,259, +25%) and new [contacts](#) at risk (n=251,073, +14%) was rising compared to the previous week. The contact-tracing system has remained very reactive (contact within 24 hours for 99% of cases and 74% of contacts) with people reached mainly by SMS (82% of cases and 84% of contacts). Among the cases called, the average number of declared contacts remained stable at a low value of 1.0. In connection with the end of the school holidays in all zones, there was a decrease in the percentage of cases called who reported travelling to a French region outside their region of residence (2.0% vs 2.3% in week 9), as well as an increase in the percentage of those who reported going to school (29.2% vs 25.8%, among cases called under 15 years of age).

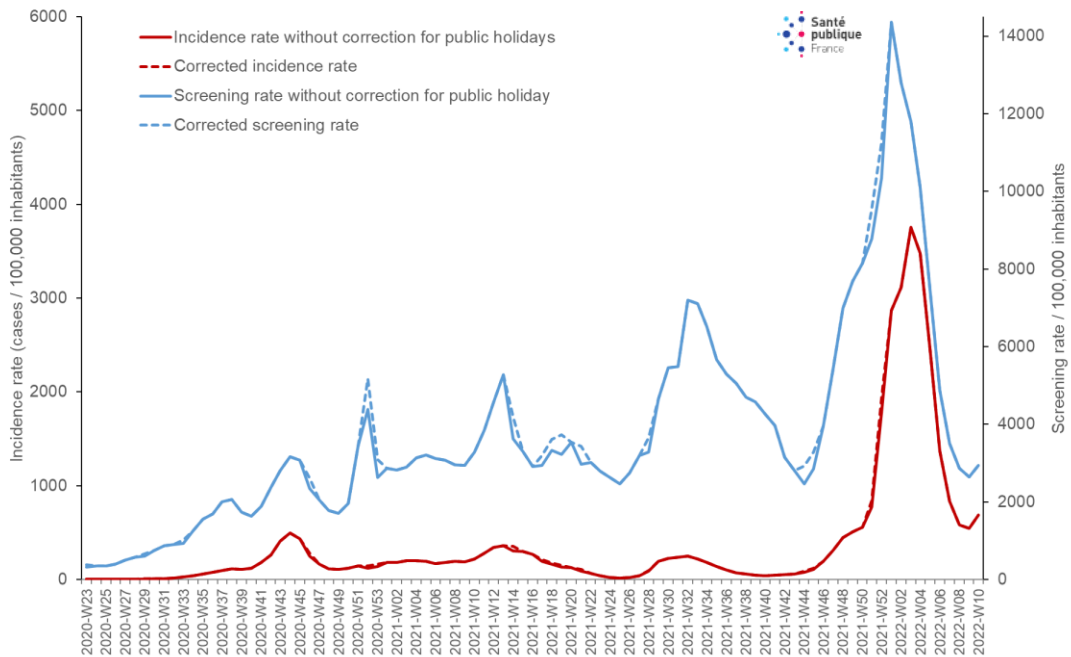
PREVENTION

As of 15 March, 79.5% 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 91.0% of those eligible at that date) and 74.4% in the 80+ age group (87.5% of those eligible at that date).

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was higher than the previous week (686 per 100,000 inhabitants vs 548 in week 9, i.e. +25%), as was the [screening rate](#) (2,936/100,000 vs 2,650, +11%) and the [positivity rate](#) (23.4%, +2.7 points). Among the 1,761,281 tested individuals who reported their symptom status, 70% were asymptomatic, a lower proportion than in week 9 (74%). The positivity rate increased slightly among both symptomatic people (53% vs 52%) and asymptomatic people (12% vs 11%). The proportion of symptomatic individuals among positive cases had also risen slightly in week 10 (64% vs 63% in week 9).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 16 March 2022)

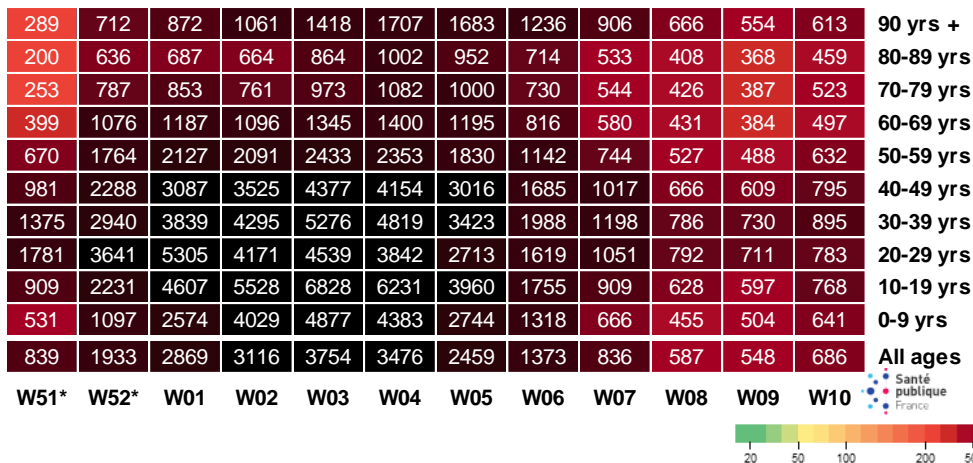


Source: SI-DEP, data processing by Santé publique France

Incidence and screening rates by age group

In week 10, the [incidence rate](#) increased in all age groups. The most substantial increase was observed among 70-79 year-olds (523, +35%). The incidence rate was above 700 cases per 100,000 in the 10-49 age group and reached 895 among 30-39 year-olds (+22%). The [screening rate](#) was up or stable in all age groups. It exceeded 3,000/100,000 among adults aged 20-29 years (3,665, +5%), 90+ years (3,470, -1%) and 30-39 years (3,357, +9%). The [positivity rate](#) was on the rise in all age groups, except among 0-9 year-olds, where it decreased (24.5%, -0.5 points). It was above 20% among people aged under 60 and was highest among 10-19 year-olds (28.0%, +3.8 points), 40-49 year-olds (27.7%, +3.9 points) and 30-39 year-olds (26.6%, +2.9 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 51-2021, France (data on 16 March 2022)



*Rates corrected for the effect of public holidays

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

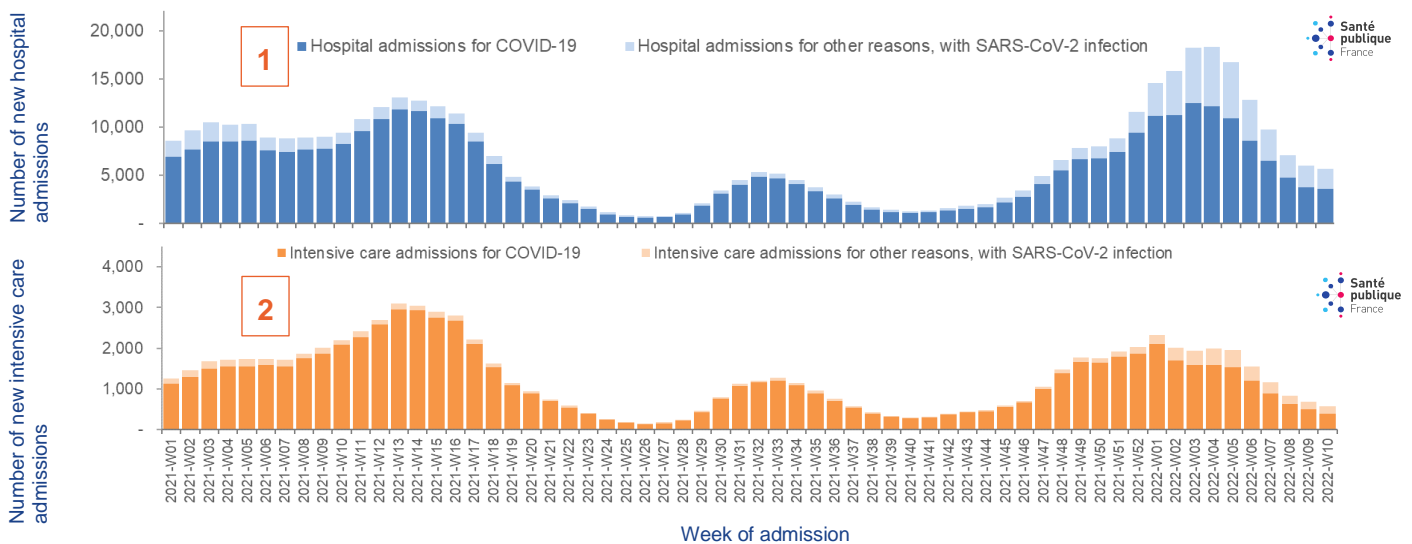
Hospitalisations, intensive care admissions, and deaths

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 10, collected until 15 March 2022, are not yet consolidated and may be underestimated.**

On 15 March 2022, **20,991 COVID-19 patients were hospitalised in France** (vs 21,970 on 8 March, -4%), including **1,796 in intensive care** (vs 2,049 on 8 March, -12%).

At national level, [hospital admissions](#) were stable in week 10 (5,680, -5% vs -16% between weeks 8 and 9), and new intensive care admissions were falling (578, -17% vs -18% between weeks 8 and 9). 3,558 patients with SARS-CoV-2 were admitted for management of COVID-19 and 2,122 were admitted for other reasons (-6% and -3%, respectively). Regarding intensive care units, 389 patients (-21%) were admitted for management of COVID-19 in week 10 and 189 for other reasons (-6%). In week 10, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (37%) and slightly higher for inpatients of intensive care units (33% vs 29% in week 9) and resuscitation rooms (28% vs 21% in week 9).

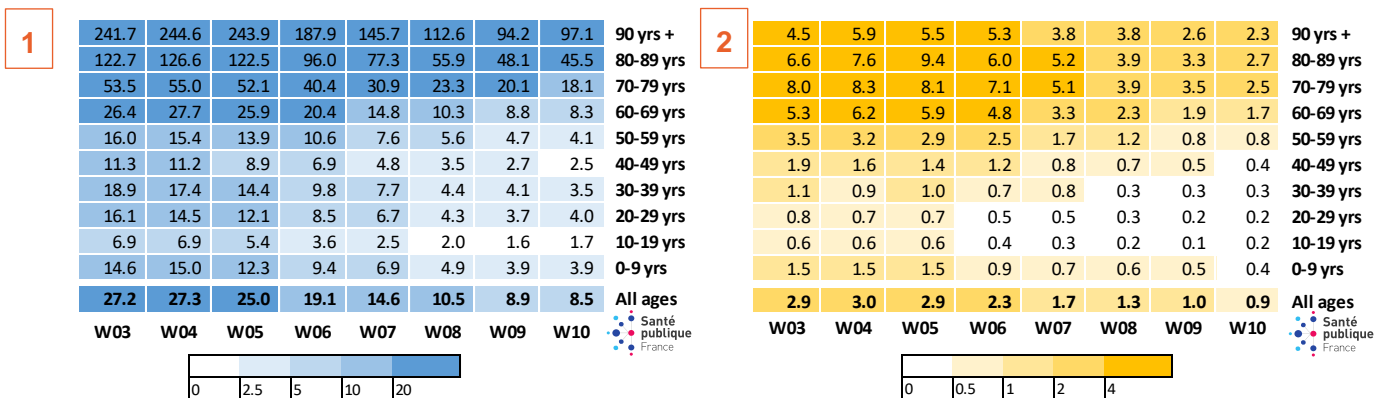
Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 15 March 2022)



W10: unconsolidated data

In week 10, the weekly rates of new hospital admissions were stable or decreasing slightly in the majority of age groups. A slight increase was observed among 20-29 year-olds and people aged 90+ years. Intensive care admission rates were stable or declining in the majority of age groups.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 3-2022 to week 10-2022, France



In week 10 (unconsolidated data), 680 deaths in hospital were recorded nationwide (-26% compared to week 9, vs -19% between weeks 8 and 9). There were also 57 deaths recorded in long-term care facilities (vs 78 in week 9).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate has risen across the country, increasing by more than 25% in the majority of regions. It exceeded 800/100,000 in four regions, with Brittany (1,002, +27%) and Grand Est (998, +31%) showing the highest rates. The screening rate was also increasing across the country (+2% in Occitanie to +18% in Hauts-de-France); it was highest in Grand Est (3,657, +15%), Provence-Alpes-Côte d'Azur (3,428, +5%) and Corsica (3,326, +5%). The positivity rate was on the rise in all regions and was highest in Brittany (35.0%, +3.8 points), Nouvelle-Aquitaine (31.6%, 2.2 points) and Centre-Val de Loire (28.6%, +4.3 points).

In week 10, the incidence rate was above 700/100,000 in 43 departments (vs 19 in week 9). The highest rates were observed in Ardennes (1,342, +46%), Finistère (1,254, +32%), Moselle (1,232, +25%) and Meurthe-et-Moselle (1,130, +19%).

In **overseas France**, the incidence rate had risen in all territories except Mayotte. It was particularly high in Martinique (3,182, +29%) and to a lesser extent in Guadeloupe (1,063, +55%) and Reunion Island (1,037, +8%). The screening rate was highest in Martinique (10,915, +6%), followed by Guadeloupe (5,776, +6%).

Evolution of the incidence, positivity, and screening rates by region since week S05-2022, France (data on 16 March 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	W05	W06	W07	W08	W09*	W10	W10 vs W09* (%)	W10	W10 vs W09* (point)	W10	W10 vs W09* (%)
Auvergne-Rhône-Alpes	2339	1307	688	453	373	440	18	20.4	2.3	2,163	5
Bourgogne-Franche-Comté	2592	1502	841	532	429	505	18	24.1	2.0	2,093	8
Brittany	2691	1378	889	719	786	1002	27	35.0	3.8	2,861	13
Centre-Val de Loire	2251	1128	716	523	518	673	30	28.6	4.3	2,356	10
Corsica	2067	1417	967	606	483	646	34	19.4	4.1	3,326	5
Grand Est	2685	1522	1006	773	762	998	31	27.3	3.2	3,657	15
Hauts-de-France	2430	1212	779	577	578	809	40	25.3	4.0	3,191	18
Île-de-France	1457	822	516	332	306	414	35	14.2	2.2	2,908	14
Normandy	2324	1131	747	568	614	802	31	26.7	3.6	3,002	13
Nouvelle-Aquitaine	3393	2115	1226	825	678	779	15	31.6	2.2	2,462	7
Occitanie	2901	1787	1068	695	560	583	4	23.3	0.4	2,504	2
Pays de la Loire	2814	1274	765	550	524	661	26	28.0	3.1	2,362	12
Provence-Alpes-Côte d'Azur	2278	1258	788	600	581	681	17	19.9	2.0	3,428	5
Guadeloupe	1463	1079	625	464	684	1063	55	18.4	5.9	5,776	6
French Guiana	325	174	79	57	81	95	16	6.7	3.6	1,415	-47
Martinique	2501	2039	1380	900	2466	3182	29	29.2	5.1	10,915	6
Mayotte	50	25	15	10	20	15	-24	1.6	0.0	943	-23
Reunion Island**	3283	2216	1560	1126	956	1037	8	30.7	-0.8	3,381	11

*Data corrected for the effect of public holidays on 1 & 2 March in Guadeloupe, Martinique and French Guiana (and 28 Feb. in French Guiana only).

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

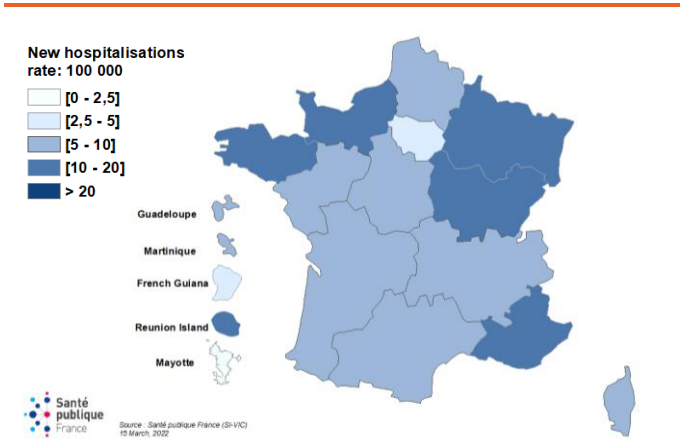
Hospital and intensive care admissions

In metropolitan France in week 10, the weekly rate of [hospital admissions](#) was stable or decreasing in all regions except Hauts-de-France, where it increased (+17%). Hospital admission rates were highest in Grand Est (11,7/100,000), Provence-Alpes-Côte d'Azur (11.1) Bourgogne-Franche-Comté (11.0) and Normandy (10.9).

The rate of intensive care admissions was decreasing in the majority of regions. It was stable in Occitanie and Corsica, while rising slightly in Bourgogne-Franche-Comté and Grand Est.

In overseas France, the hospital admission rate was down in all regions except Guadeloupe, where it was stable, and Martinique, where it was increasing slightly. The rate of new admissions to intensive care units was declining in all regions. These rates remained highest in Reunion Island (12.2 for hospital admissions and 1.3 for intensive care admissions).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 10-2022, France



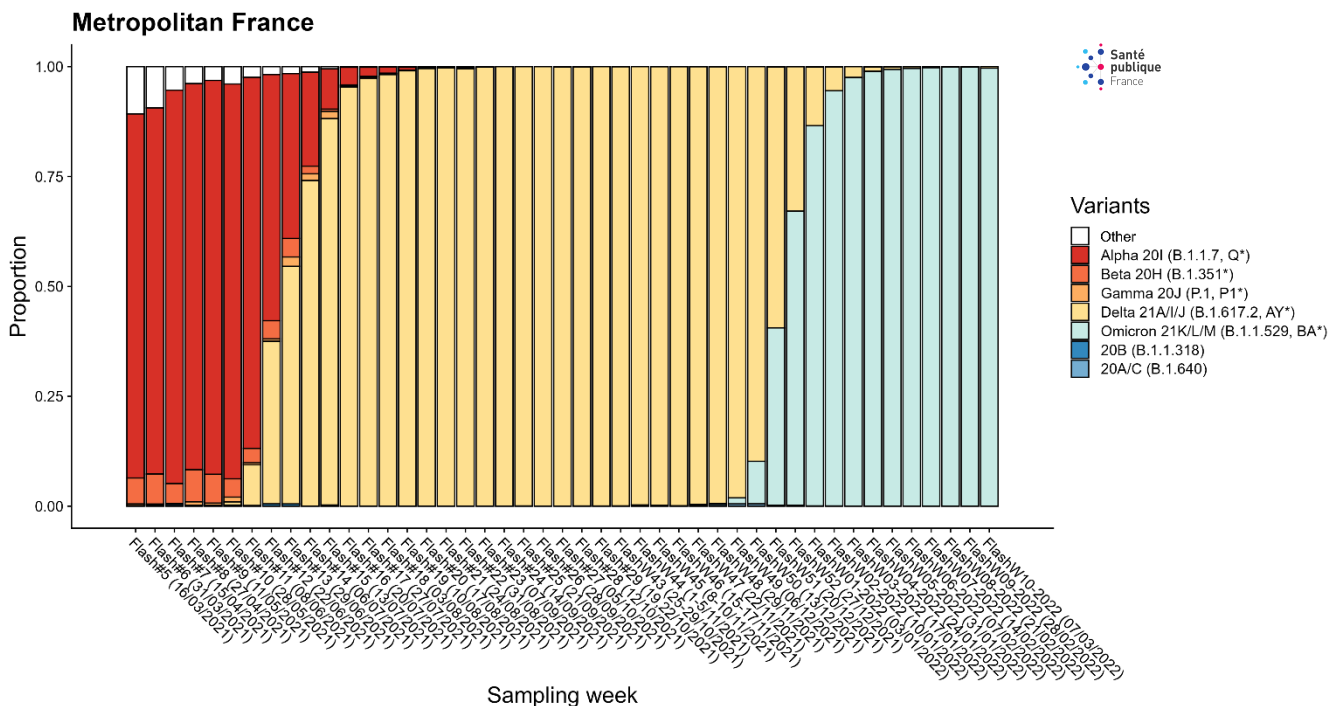
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

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 10, the proportion of samples in France with a **screening result compatible with Omicron was 99.4% for the A0C0 proxy** (against 99.3% in week 9) and **98.6% for the D1 proxy** (against 98.7% in week 9).

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in France**. In metropolitan France, it represented **99.9% of interpretable sequences in the week 9 Flash Survey** (from 28/02/22, based on 2,004 interpretable sequences), compared with 99.8% in the week 8 Flash Survey (from 21/02/22, based on 4,107 interpretable sequences). In overseas France, Omicron is the only variant detected since the week 4 Flash Survey (24/01/2022). Preliminary data from the week 10 Flash Survey (07/03/2022, based on 580 interpretable sequences) also indicate the dominance of Omicron and the near-disappearance of Delta circulation.

Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 14 March 2022; Flash Surveys from weeks 9-2022 and 10-2022 unconsolidated)



Source: EMERGEN database, data processing by Santé publique France

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

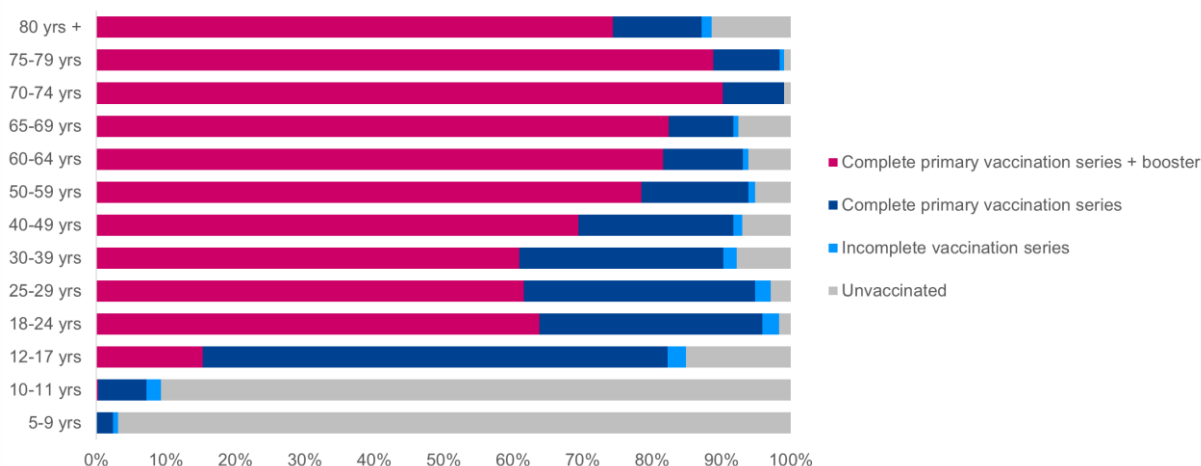
In addition to the three Omicron sub-lineages BA.1, BA.2 and BA.3, other sub-lineages have been defined within BA.1 (36 as of 16/03/2022). These sub-lineages of BA.1 are based on a very narrow genetic classification for the purpose of monitoring the evolution of Omicron, and there is no evidence to date that they possess different characteristics (in terms of transmissibility, escape from immune response and severity) from the original BA.1 sub-lineage. As suggested by the trends of previous weeks, the BA.2 sub-lineage is now dominant in France, accounting for 57% of the 2,002 Omicron sequences in the week 9 Flash Survey. The progression of BA.2 at the expense of BA.1 is observed throughout metropolitan France, but at different levels depending on the region. In overseas departments and regions, BA.2 also appears to be increasing, but the data requires consolidation.

Since February 18, 2022, a **Delta/Omicron recombinant** has been the subject of reinforced monitoring by the EMERGEN consortium laboratories, Santé publique France and the National Research Centre for Respiratory Viruses. The **XD lineage** has been assigned to this recombinant and is now its official name. The majority of the 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 14 March, **41 sequences have been detected in France**, including 21 during Flash Surveys. These sequences correspond to cases from several regions that date back to early January 2022, suggesting that this recombinant has been in circulation at low level for several weeks. To date, very little data is available on the characteristics of the XD variant, but investigations are ongoing. More information is available in the [variants risk assessment of 23/02/2021](#).

Vaccination

On 15 March 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.5% for a complete primary vaccination series* and 58.4% for the booster shot. Among adults aged 18 years and older, 73.0% had received a booster shot, representing 82.6% of those eligible for the booster** at the time. In the 65+ age group, 83.0% had received a booster shot, representing 91.0% of those eligible for it at the time. In addition, 9.3% 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 15 March 2022)



Vaccination coverage for the booster shot and percentage of the eligible population that has received the booster, by age group, France (data on 15 March 2022)

Age group (years)	Vaccination coverage for booster shot (%)	Percentage of eligible population that has received booster
18-24	63.8	72.2
25-29	61.5	71.1
30-39	60.9	72.9
40-49	69.4	79.8
50-59	78.5	86.9
60-64	81.6	90.3
65-69	82.4	92.1
70-74	90.2	92.8
75-79	88.8	92.2
80+	74.4	87.5

On 15 March 2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 71.0% had received a booster shot.

As regards **health professionals**, vaccination coverage for the booster shot was 77.8% for those working in nursing homes or long-term care facilities, 86.3% for professionals in private practice and 76.9% for employees in healthcare institutions.

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

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](#)