

# COVID-19 EPIDEMIOLOGICAL UPDATE

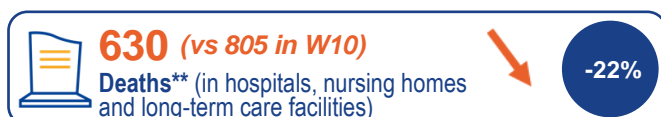
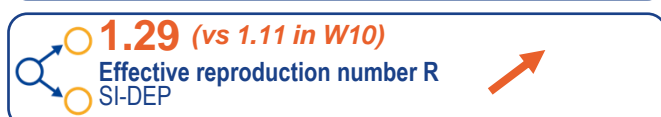
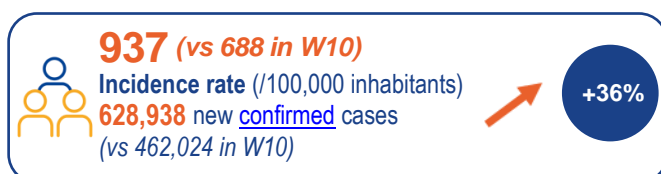
Weekly Report N° 108 / Week 11 / 24 March 2022

As part of its surveillance, alert and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners<sup>1</sup> as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 22 March.

## Key numbers

In week 11 (14-20 March 2022)

Compared to week 10 (7-13 March 2022)



On 21 March 2022

Compared to 14 March 2022



## Key points

### Epidemiological situation

In week 11, circulation of SARS-CoV-2 continued to rise throughout French territories, while hospital admissions remained stable across all services.

- Metropolitan France:
  - Incidence rate increasing in all age groups, especially among older populations
  - Positivity rate very high and rising
  - Intensive care admissions and deaths decreasing
- Overseas France:
  - Incidence rate still high in Martinique (>1,000/100,000) despite a strong decrease
  - Incidence rate in Reunion Island high (>1,000) and slightly rising

### Variants

- Omicron accounted for 99.9% of interpretable sequences in the Flash Survey of 7 March for week 10
- BA.2 sub-lineage in majority (73% in week 10)

### Contact tracing

- Rise in the number of cases (+38%) and contacts (+24%)
- Cases more frequently report visiting public places conducive to virus transmission in the context of lifted restrictions

### Prevention

- Vaccination on 21 March 2022 (Vaccin Covid data):
  - 79.4% of the French population had completed a primary vaccination series
  - 73.1% of the 18+ age group and 83.1% of the 65+ age group had received a booster shot
- Importance of combining measures:
  - Complete vaccination programme with a booster, including a second dose for eligible persons, especially those aged 80 and over, residents of nursing homes and people suffering from immunodeficiency
  - Maintaining protective measures such as wearing a mask, especially in closed areas or in the presence of vulnerable people, washing hands, and frequent ventilation of enclosed spaces

\*Due to a technical problem, the indicators are restricted to 39 SOS Médecins associations out of the 60 that usually submit their data. \*\*W11: unconsolidated data. \*\*\*Following the deletion of vaccination files from the Vaccin Covid database by the Caisse Nationale d'Assurance Maladie, decreases in vaccination coverage are observed between 14/03/2022 and 21/03/2022. Trends are calculated using adjusted 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.

## Week 11 (14 to 20 March 2022)

### SITUATION UPDATE

In week 11, circulation of SARS-CoV-2 accelerated throughout French territories. The incidence rate continued to increase (+36%) and reached 937/100,000 at national level. It was highest among 6-14 year-olds and 30-49 year-olds, where it exceeded 1,000/100,000, but increases were largest in the 60-89 age group. However, new hospital admissions remained stable whilst intensive care admissions and deaths continued to decline. Contact tracing data indicated that cases were reporting more frequent visits to public places. Given that preventive restrictions have been lifted, this suggests that the increase in the number of new infections may continue. As of 21 March, 83.1% of people over the age of 65 years and 71.0% of residents in nursing homes or long-term care facilities had received a booster vaccination. With SARS-CoV-2 and influenza viruses in co-circulation, precautionary measures remain recommended, particularly to protect vulnerable people (wearing a mask in closed or crowded areas, hand washing, ventilation of enclosed spaces). Vaccination efforts must now include the second booster shot for eligible populations, particularly among people aged 80 and over, residents of nursing homes and people suffering from immunodeficiency. Similarly, compliance with other recommended preventive measures remains essential, particularly in the case of symptoms, a positive test or contacts at risk.

### EPIDEMIOLOGICAL UPDATE

At national level, the incidence rate has pursued the increase that began in the previous week. It amounted to 937 cases per 100,000 inhabitants in week 11 (+36%), representing almost 90,000 new cases on average per day. While the rate was climbing across all age groups, the largest increases were in the older population, with a rise of 45% or more for people aged 60-89 years. However, the incidence rate was highest among 6-14 year-olds and 30-49 year-olds (>1,000/100,000). The effective R also increased (1.29) and was greater than 1 for the second consecutive week. The screening rate had likewise increased in week 11 (3,461/100,000, +18%). The positivity rate followed the same trend and reached 27.1% (+3.7 points). The highest rates were observed among 10-19 year-olds and 40-49 year-olds, but the greatest increases were observed among 50-89 year-olds.

The number of consultations for suspected COVID-19 was on the rise for the second consecutive week in SOS-Médecins organisations (1,786 consultations, +15%) and in emergency departments (5,287 visits, +28%). These increases concerned all age groups.

The number of new hospital admissions remained stable in week 11 (6,222) while the number of intensive care admissions continued to fall (548, -13%), as did the number of deaths in hospitals and long-term care facilities (unconsolidated data). As for [all-cause mortality](#), the return to usual margins of fluctuation was sustained for a third consecutive week.

In metropolitan France, the incidence rate increased in all regions, from +25% in Nouvelle Aquitaine (975) to +90% in Corsica (1,233). It exceeded 1,000/100,000 in five regions, with Brittany (1,330, +32%) and Grand Est (1,300, +30%) again showing the highest rates. The weekly rate of new hospital admissions was stable or increasing throughout the country, except in Occitanie where it decreased (-21%).

In overseas France, the incidence rate remained highest in Martinique at 1,670/100,000 inhabitants, despite its sharp decline (-48%). Reunion Island (1,106, +6%) and Guadeloupe (961, -10%) were also showing an elevated rate. The hospital admission rate remained highest in Reunion Island, although it had slightly decreased.

### VARIANTS

Omicron accounted for 99.9% of interpretable sequences in the Flash Survey for week 10 (7 March). Its sub-lineage BA.2 remained dominant in metropolitan France (73%).

### CONTACT TRACING

In week 11, the number of new cases registered in the ContactCovid database (619,992, +38%) and new [contacts](#) at risk (311,757, +24%) was increasing for the second consecutive week. Nearly 60% of the cases called reported no contacts at risk, but cases of all ages reported increased attendance at events or public venues. This is the first week that restrictions have been lifted in shops and other public venues, suggesting that the increase in the number of people exposed and infected in such settings may continue.

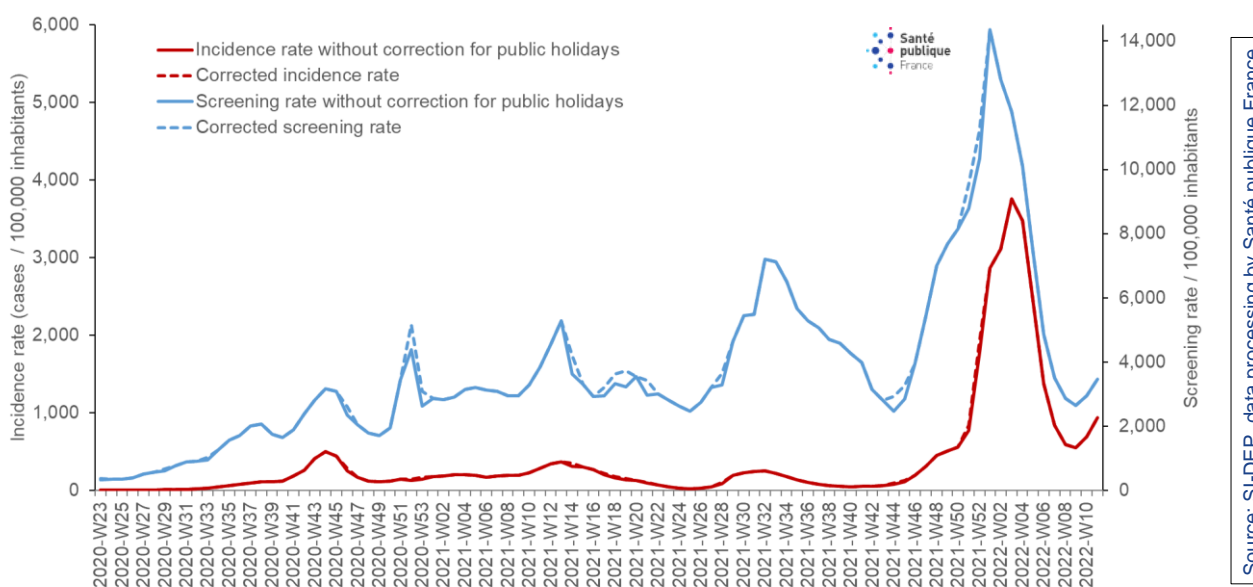
### PREVENTION

As of 21 March, 79.4% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 83.1% in the 65+ age group and 71.0% among residents of nursing homes and long-term care facilities.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was higher than in the previous week (937 per 100,000 inhabitants vs 688 in week 10, +36%), as was the [screening rate](#) (3,461/100,000 vs 2,941, +18%) and the [positivity rate](#) (27.1%, +3.7 points). Among the 2,088,062 tested individuals who reported their symptom status, 66% were asymptomatic, a lower proportion than in week 10 (70%). The positivity rate increased slightly among both symptomatic people (55% vs 53%) and asymptomatic people (15% vs 12%). The proportion of symptomatic individuals among positive cases had also risen slightly (65% vs 64% in week 10).

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



### Incidence and screening rates by age group

In week 11, the [incidence rate](#) increased in all age groups. The sharpest rises were observed among 60-69 year-olds (722, +45%), 70-79 year-olds (793, +51%) and 80-89 year-olds (681, +46%). It exceeded 1,000 among 10-19 year-olds and 30-49 year-olds. The [screening rate](#) was also rising across all age groups and was highest among 20-29 year-olds (4,072, +11%). The [positivity rate](#) increased and exceeded 20% in all age groups. It reached 31.7% among 10-19 year-olds (+3.6 points) and 31.6% among 40-49 year-olds (+3.9 points). Regarding children of school age, the incidence rate was highest among 6-10 year-olds (1,266, +35%) and 11-14 year-olds (1,239, +51%), with a screening rate of 31.3% (+2.0 points) and 36.0% (+5.7 points), respectively. The screening rate was highest among 6-10 year-olds (4,039, +26%).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 52-2021, France (data on 23 March 2022)

712	872	1061	1418	1707	1683	1236	906	669	557	628	818	90 yrs +
636	687	664	864	1002	952	714	533	408	370	465	681	80-89 yrs
787	853	761	973	1082	1000	730	544	426	387	526	793	70-79 yrs
1076	1187	1096	1345	1400	1195	816	580	431	384	499	722	60-69 yrs
1764	2127	2091	2433	2353	1830	1142	744	528	488	633	893	50-59 yrs
2288	3087	3525	4377	4154	3016	1685	1017	666	609	796	1116	40-49 yrs
2940	3839	4295	5276	4819	3423	1988	1198	786	731	897	1169	30-39 yrs
3641	5305	4171	4539	3842	2713	1619	1051	792	711	784	970	20-29 yrs
2231	4607	5528	6828	6231	3960	1755	909	628	597	770	1078	10-19 yrs
1097	2574	4029	4877	4383	2744	1318	666	455	504	642	805	0-9 yrs
1933	2869	3116	3754	3476	2459	1373	836	587	548	688	937	All ages
W52*	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	Santé publique France

\*Rates corrected for the effect of public holidays



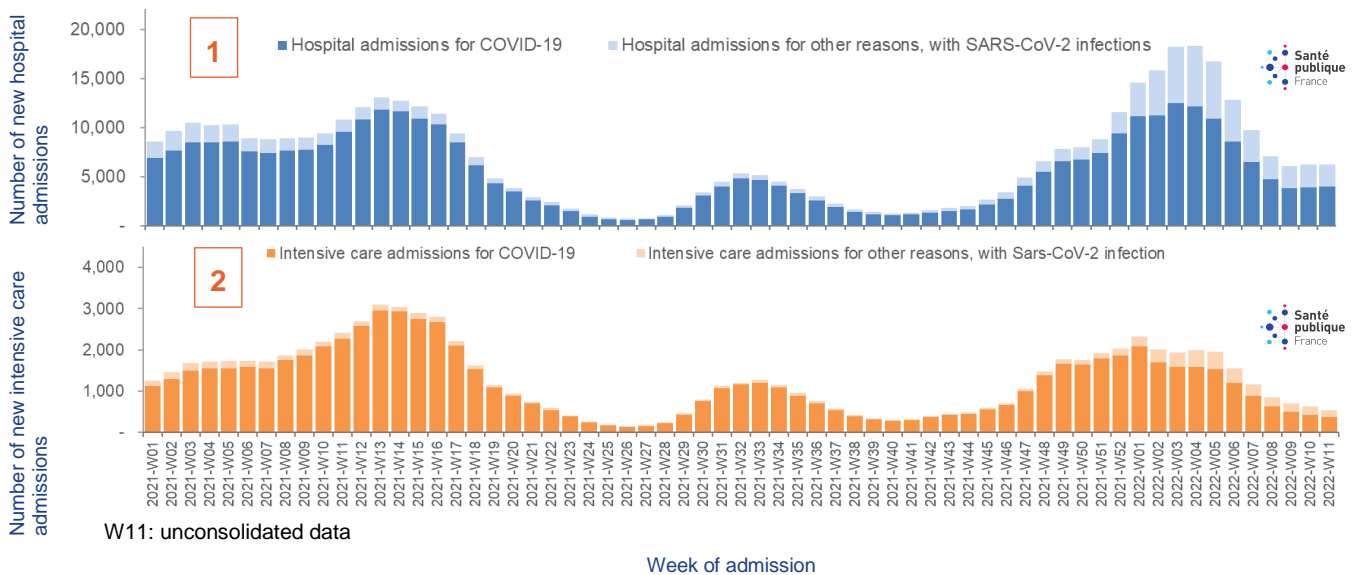
# Hospitalisations, intensive care admissions, and deaths

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 11, collected until 22 March 2022, are not yet consolidated and may be underestimated.**

On 22 March 2022, 20,815 COVID-19 patients were hospitalised in France (vs 20,991 on 15 March, -1%), including 1,618 in intensive care (vs 1,796 on 15 March, -10%).

At national level, [hospital admissions](#) remained stable in week 11 (6,222, -0% vs -2% between weeks 9 and 10), and new intensive care admissions continued to decrease (548, -13% vs -10% between weeks 9 and 10). 3,966 patients with SARS-CoV-2 were admitted for management of COVID-19 and 2,256 positive cases were admitted for other reasons (+2% and -3%, respectively). Regarding intensive care units, 381 patients (-11%) were admitted for management of COVID-19 in week 11 and 167 positive cases for other reasons (-18%). In week 11, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (36%), as well as for inpatients of intensive care units (30%) and resuscitation rooms (24%).

## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 22 March 2022)



In week 11, the weekly rates of new hospital admissions were stable or increasing slightly in the majority of age groups. They were decreasing among 20-29 year-olds, 60-69 year-olds, and in the 90+ years age group. 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 4-2022 to week 11-2022, France

Age group	Hospital admissions (1)								Age group	Intensive care admissions (2)							
	W04	W05	W06	W07	W08	W09	W10	W11		W04	W05	W06	W07	W08	W09	W10	W11
90 yrs +	244.5	244.1	188.1	146.3	113.4	97.4	104.1	99.4	90 yrs et +	5.9	5.5	5.3	3.8	3.9	2.8	2.6	2.0
80-89 yrs	126.5	122.4	96.1	77.5	56.3	49.3	50.4	52.0	80-89 yrs	7.6	9.4	6.0	5.2	3.9	3.4	3.1	3.1
70-79 yrs	55.0	52.0	40.4	30.9	23.5	20.5	20.1	20.1	70-79 yrs	8.3	8.1	7.1	5.1	3.9	3.5	2.7	2.2
60-69 yrs	27.7	25.8	20.4	14.8	10.4	9.1	9.1	8.2	60-69 yrs	6.2	5.9	4.8	3.3	2.3	2.0	1.8	1.5
50-59 yrs	15.3	13.9	10.5	7.7	5.6	4.7	4.5	5.1	50-59 yrs	3.2	2.9	2.5	1.7	1.2	0.8	0.8	0.9
40-49 yrs	11.2	8.8	6.9	4.8	3.5	2.7	2.7	2.9	40-49 yrs	1.6	1.4	1.2	0.8	0.7	0.5	0.4	0.4
30-39 yrs	17.3	14.4	9.9	7.8	4.5	4.1	3.8	4.1	30-39 yrs	0.9	1.0	0.7	0.8	0.3	0.3	0.3	0.2
20-29 yrs	14.5	12.1	8.5	6.7	4.4	3.7	4.2	3.5	20-29 yrs	0.7	0.7	0.5	0.5	0.3	0.2	0.3	0.2
10-19 yrs	6.9	5.4	3.6	2.5	2.0	1.6	1.7	1.9	10-19 yrs	0.6	0.6	0.4	0.3	0.2	0.1	0.2	0.2
0-9 yrs	15.0	12.3	9.4	6.9	4.9	3.9	4.3	4.5	0-9 yrs	1.5	1.5	0.9	0.7	0.6	0.5	0.5	0.3
All ages	27.3	25.0	19.1	14.6	10.6	9.1	9.3	9.3	All ages	3.0	2.9	2.3	1.7	1.3	1.0	0.9	0.8

In week 11 (unconsolidated data), 591 deaths in hospital were recorded nationwide (-21% compared to week 10, vs -21% between weeks 9 and 10). There were also 39 deaths recorded in long-term care facilities (vs 61 in week 10).

## Situation at the regional level

### Incidence, positivity, and screening rates

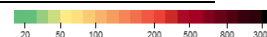
In **metropolitan France**, the incidence rate increased across the country and exceeded 1,000/100,000 in five regions: Brittany (1,330, +32%), Grand Est (1,300, +30%), Corsica (1,233, +90%), Normandy (1,115, +38%) and Hauts-de-France (1,067, +32%). The screening rate was also on an upward trend in all regions. It was highest in Corsica (4,370, +31%) and in Grand Est (4,422, +21%). The positivity rate was on the rise in all regions and was highest in Brittany (39.4%, +4.3 points), Nouvelle-Aquitaine (34.1%, +2.4 points) and Centre-Val de Loire (32.9%, +4.4 points).

In week 11, the incidence rate was above 1,000/100,000 in 33 departments (vs 8 in week 10). The highest rates were observed in Finistère (1,568, +25%), Moselle (1,529, +24%), Côtes-d'Armor (1,504, +34%), Ardennes (1,434, +7%) and Bas-Rhin (1,430, +40%).

In overseas France, the incidence rate decreased in Martinique (1,670, -48%) and in Guadeloupe (961, -10%). It increased slightly in Reunion Island (1,106, +6%) and French Guiana (106, +12%), and was stable in Mayotte (16 vs 15 in week 10). The screening rate was highest in Martinique (8,537, -22%) followed by Guadeloupe (5,738, -1%).

### Evolution of the incidence, positivity, and screening rates by region since week 6-2022, France (data on 23 March 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)		Screening rate per 100,000 inhabitants		
	W06	W07	W08	W09*	W10	W11	W11 vs W10 (%)	W11	W11 vs W10 (points)	W11	W11 vs W10 (%)
Auvergne-Rhône-Alpes	1307	688	453	373	442	668	51	26.0	5.6	2,575	19
Bourgogne-Franche-Comté	1502	841	533	429	507	775	53	29.2	5.1	2,653	26
Brittany	1378	889	719	787	1006	1330	32	39.4	4.3	3,380	18
Centre-Val de Loire	1128	716	523	519	675	940	39	32.9	4.4	2,857	21
Corsica	1417	967	606	483	648	1233	90	28.2	8.7	4,370	31
Grand Est	1522	1006	773	762	999	1300	30	29.4	2.1	4,422	21
Hauts-de-France	1212	779	577	578	811	1067	32	28.0	2.6	3,810	19
Île-de-France	822	516	332	307	415	691	66	19.3	5.0	3,582	23
Normandy	1131	747	568	614	806	1115	38	31.1	4.3	3,585	19
Nouvelle-Aquitaine	2115	1226	826	678	782	975	25	34.1	2.4	2,858	16
Occitanie	1787	1068	695	561	585	826	41	28.0	4.7	2,946	17
Pays de la Loire	1274	765	550	524	663	911	37	32.5	4.4	2,805	19
Provence-Alpes-Côte d'Azur	1258	788	600	581	683	894	31	23.3	3.4	3,833	11
Guadeloupe	1079	625	464	683	1070	961	-10	16.7	-1.7	5,738	-1
French Guiana	174	79	57	81	95	106	12	9.0	2.3	1,185	-16
Martinique	2039	1380	900	2468	3198	1670	-48	19.6	-9.6	8,537	-22
Mayotte	25	15	10	20	15	16	10	1.7	0.1	994	3
Reunion Island	2216	1560	1127	958	1042	1106	6	36.2	5.5	3,053	-10



\*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).

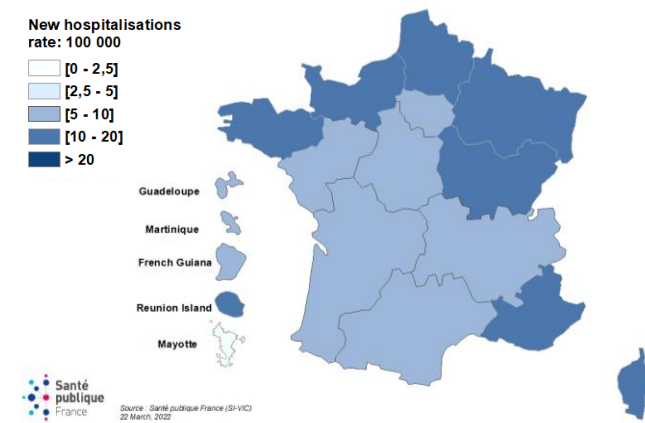
### Hospital and intensive care admissions

In metropolitan France, the weekly rate of new [hospital admissions](#) was stable or increasing in week 11 across all regions, except in Occitanie where it was in decline (-21%). Hospital admission rates were highest in Bourgogne-Franche-Comté (13.5/100,000), Grand Est (13.2), Brittany (13.0), Normandy (12.8), Provence-Alpes-Côte d'Azur (12.5), Corsica (11.3) and Hauts-de-France (10.8).

The rate of new admissions to intensive care units was stable or declining in all regions, except in Normandy where it was rising.

In overseas France, the rate of new hospital admissions was increasing in French Guiana, slightly decreasing in Reunion Island, and stable in the other regions. It remained highest in Reunion Island (10.8). The rate of new admissions to intensive care units was stable in all regions and highest in Guadeloupe (1.3).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 11-2022, France



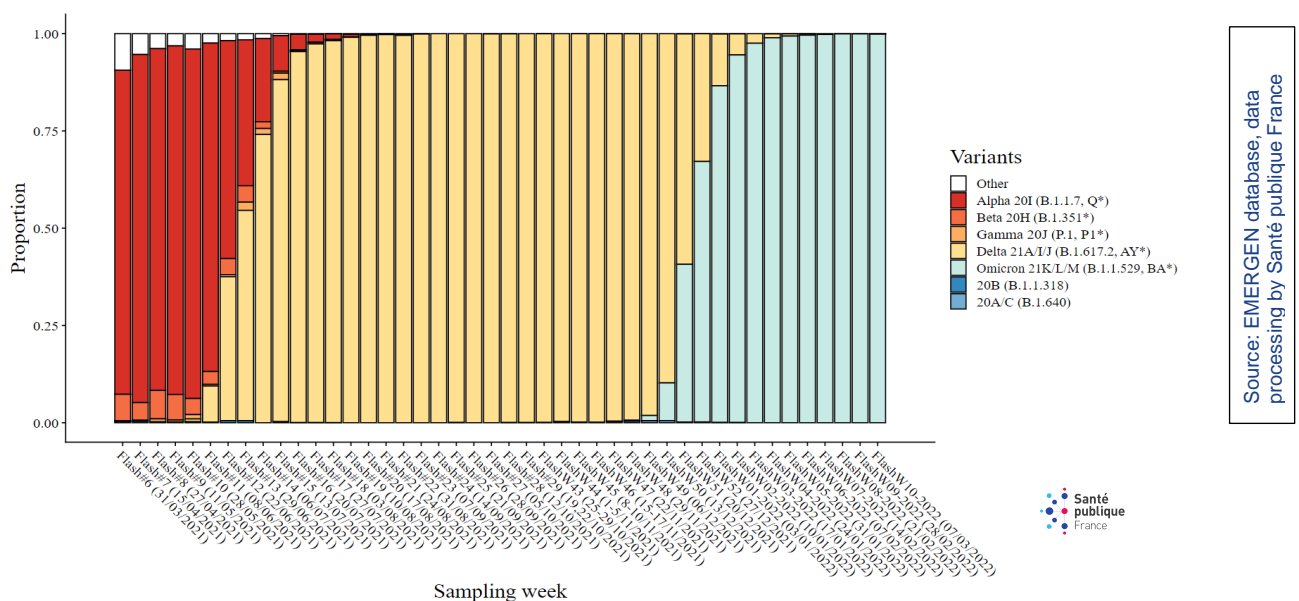
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

## 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 11, the proportion of samples in France with a **screening result compatible with Omicron was 99.5% for the A0C0 proxy** (against 99.4% in week 10) and **98.4% for the D1 proxy** (against 98.5% in week 10).

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in France**. In metropolitan France, it represented **99.9% of interpretable sequences in the week 10 Flash Survey** (from 07/03/22, based on 2,233 interpretable sequences) and in the week 9 Flash Survey (from 28/02/22, based on 3,161 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (07/02/22). These data highlight the near-disappearance of Delta following its replacement by Omicron.

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 21 March 2022; Flash Surveys from weeks 9 and 10-2022 unconsolidated)



\*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 and some of these are now detected sporadically in France. 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, immune escape 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 73% of the 2,229 Omicron sequences in the week 10 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 France, BA.2 also appears to be increasing, but the data requires consolidation. While BA.2 has been shown to be more transmissible than BA.1, the two sub-lineages are similar in terms of immune escape and severity.

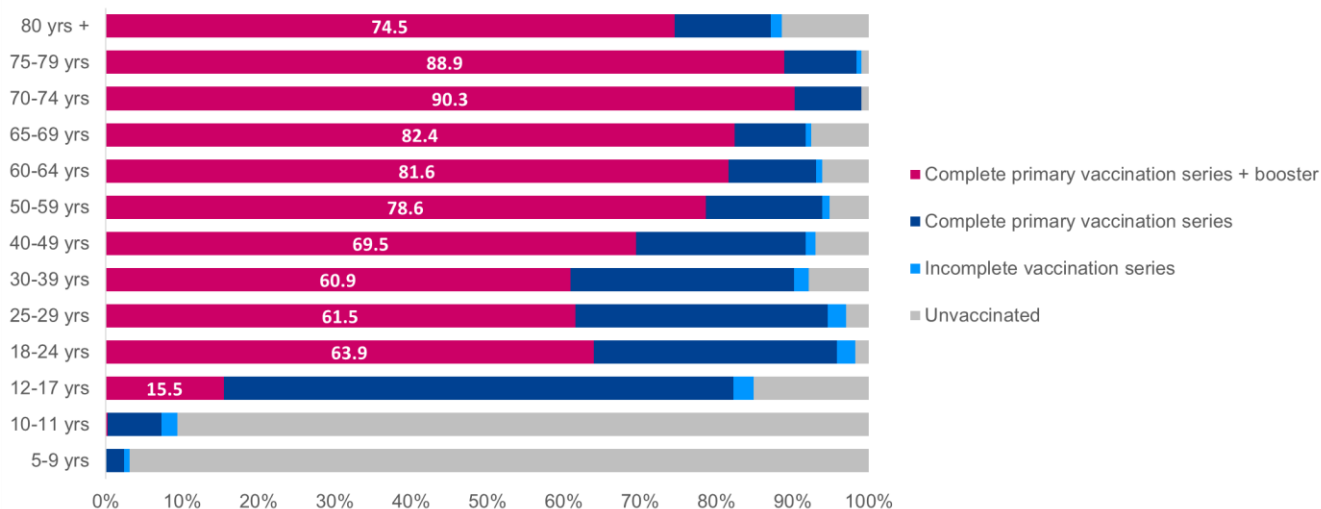
Since February 18, 2022, the **Delta/Omicron recombinant named XD** has been the subject of reinforced monitoring by the EMERGEN consortium laboratories, Santé publique France and the French National Research Centre for Respiratory Viruses. The majority of the genome corresponds to the Delta variant (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 21 March, **44 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 the recombinant has been in circulation at low level for several weeks. However, the frequency of detection of the XD variant during the Flash Surveys does not seem to have increased between weeks 1 and 10. 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 21 March 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.4% for a complete primary vaccination series\* and 58.5% for the booster shot. Vaccination coverage for the booster shot reached 73.1% among adults over 18 years of age and 83.1% in the 65+ age group. In addition, 9.4% of children aged 10-11 years had received a first dose of vaccine (3.1% for 5-9 year-olds).

Following the deletion of vaccination files from the Vaccin Covid database by the Caisse Nationale d'Assurance Maladie (national health insurance fund), decreases in vaccination coverage were observed between 14/03/2022 and 21/03/2022.

### Vaccination coverage, by age group, France (data on 21 March 2022)



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

On 21 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 77.9% for those working in nursing homes or long-term care facilities, 86.4% for professionals in private practice and 77.0% 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).

Following the latest [recommendations](#) concerning a second booster shot for people aged 80 years and over, as well as for residents in nursing homes and long-term care facilities, data on vaccination coverage for the second booster shot will soon be published.

Data on vaccination coverage by department are published on [Géodes](#).

\*The definition of a complete primary vaccination series was [published](#) previously.

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 data in open access on [Géodes](#)