

COVID-19 EPIDEMIOLOGICAL UPDATE

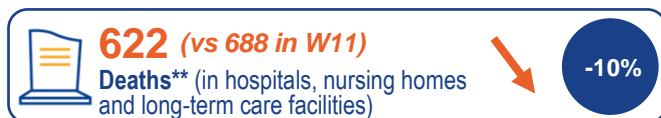
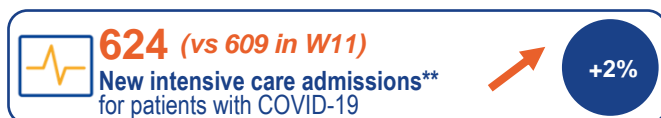
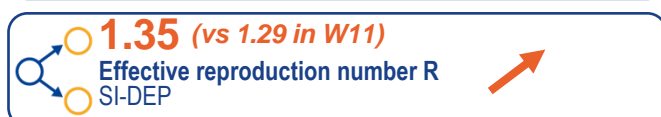
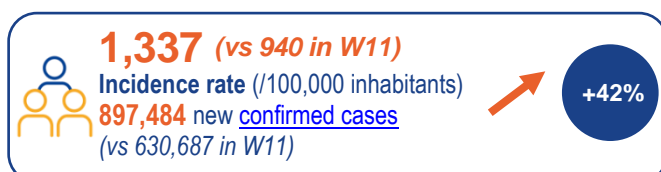
Weekly Report N° 109 / Week 12 / 31 March 2022

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 29 March 2022.

Key numbers

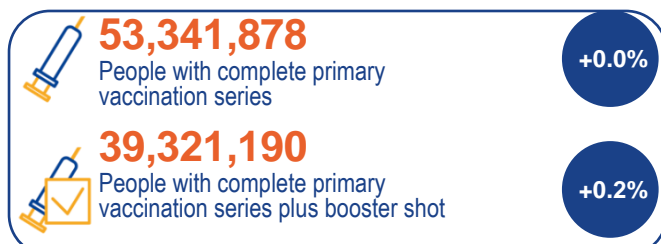
In week 12 (21 to 27 March 2022)

Compared to week 11 (14-20 March 2022)



On 28 March 2022

Compared to 21 March 2022



*Due to a technical problem, these indicators are restricted to 39 SOS Médecins associations out of the 60 that usually submit their data to Santé publique France (around 74% of the data normally received). The interpretation of trends remains possible on this basis. **W12: 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.

Key points

Epidemiological situation

In week 12, circulation of SARS-CoV-2 intensified throughout the area, with a rise in new hospital admissions.

- Metropolitan France:
 - Incidence rate up in all age groups for the third consecutive week
 - Incidence rate >1,000/100,000 in all regions
 - Positivity rate remains very high and increasing
 - Admission to intensive care is up slightly
- Overseas France:
 - Incidence rate high and rising in Reunion Island (>1,000)
 - Incidence rate high but dropping in Martinique (>1,000)
- Repeat infections: 5.4% of all confirmed cases in week 11

Variants

- Omicron accounted for over 99.9% of interpretable sequences in the Flash Survey of 14 March for week 11
- BA.2 sub-lineage in majority (84% in week 11)

Prevention

- Vaccination on 28 March 2022 (Vaccin Covid data):
 - 79.5% of the French population had completed a primary vaccination series
 - 73.2% of the 18+ age group and 83.2% of the 65+ age group had received a booster shot.
 - Need for a complete vaccination series with the booster, including a second booster for those eligible, namely those aged 80 and over, residents of a nursing homes and long-term care facilities and immuno-compromised individuals.
- With significant growth in circulation of SARS-CoV-2 and influenza:

Importance of maintaining individual precautionary measures, including wearing a mask, especially in closed areas or in the presence of vulnerable people, washing hands and frequent ventilation of enclosed spaces

Week 12 (21 to 27 March 2022)

SITUATION UPDATE

In week 12, circulation of SARS-CoV-2 intensified throughout the country, confirming the resurgence of the pandemic for the third consecutive week. The incidence rate, which is rising, exceeded the threshold of 1,000 cases for 100,000 inhabitants in all metropolitan regions. The highest rates were observed among 10-19 year-olds and 30-49 year-olds. Furthermore, new hospital admissions increased, while the number of deaths continued to fall. On 28 March, 83.2% of people aged 65 and over and 71.1% of residents in nursing homes and long-term care facilities had received a booster shot, with this proportion showing little change since the previous week. In the current context of continued growth in circulation of SARS-CoV-2 and influenza, the use of precautionary measures (wearing a mask indoors or in crowded places, washing hands, ventilation of enclosed spaces) is essential in terms of prevention, particularly to protect vulnerable people. The vaccination effort, including the second booster shot, must also continue among eligible populations. Similarly, compliance with other recommended measures is required in the event of symptoms, a positive test or high-risk contact.

EPIDEMIOLOGICAL UPDATE

The incidence rate exceeded the threshold of 1,000 cases per 100,000 inhabitants nationally in week 12 (1,337, +42%), with more than 120,000 new cases on average per day. This rate continued to increase in all age groups for the third consecutive week. The incidence rate was highest among 10-19 year-olds, 30-39 year-olds and 40-49 year-olds (>1,600/100,000). The effective R (1.35) rose again. The screening rate also continued to increase (4,391/100,000, +27%). Similarly, the positivity rate was up and reached 30.5% (+3.4 points). It was highest among 40-49 year-olds and 10-19 year-olds, with nonetheless sharper increases in the older populations (50-89 year-olds), as in the previous week.

The number of consultations for suspected COVID-19 increased for the third consecutive week in SOS-Médecins organisations (2,171 visits, +21%) and in emergency departments (6,758 visits, +27%). These increases concerned all age groups.

The number of new hospital admissions increased in week 12 (7,215, +5%) and new intensive care admissions were up slightly (624, +2%) (unconsolidated data). The number of deaths in hospitals and long-term care facilities continued to decrease (unconsolidated data). [All-cause mortality](#) remained within the usual margins of fluctuation.

In metropolitan France, the incidence rate continued to increase in all regions, by +17% in Nouvelle-Aquitaine (1,142) to +78% in Île-de-France (1,232). All regions had a rate above 1,000/100,000. The highest rates were observed in Brittany (1,800, +35%) and in Corsica (1,746, +41%). New hospital admission rates increased in several regions, including Pays de la Loire, Île-de-France, Centre-Val de Loire and Auvergne-Rhône-Alpes. New hospital admission rates were the highest and rising in the Grand Est region and in Brittany.

In overseas France, the incidence rate was highest and rising in Reunion Island (1,341, +21%).

High rates were observed in Martinique (1,063, -37%) and in Guadeloupe (938, -3%). The new hospital admission rate was the highest and stable in Reunion Island.

VARIANTS

Omicron accounted for over 99.9% of interpretable sequences in the Flash Survey for week 11 (14/03), the BA.2 sub-lineage remaining dominant in metropolitan France (84%).

REPEAT INFECTIONS

Possible repeat SARS-CoV-2 infections accounted for 5.4% of confirmed cases in week 11, a proportion that had been increasing since week 4. This increase is probably related to the drop in post-infection or post-vaccine immunity over time, as well as to the high circulation of the Omicron variant, which has the ability to evade the immune response. In addition, the proportion of health professionals and people aged 18 to 40 was higher among the possible cases of reinfection compared with all confirmed cases for the same period.

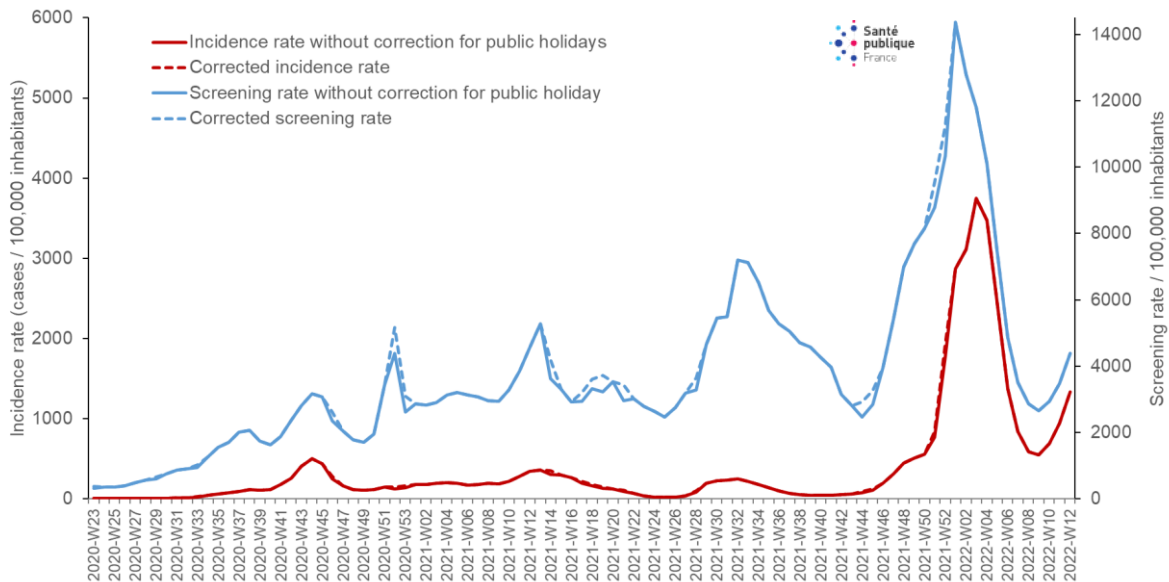
PREVENTION

On 28 March, 79.5% of the French population had completed a primary vaccination series. Vaccination cover for the booster shot reached 83.2% in the 65+ age group and 71.1% among residents of nursing homes and long-term care facilities.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) increased compared with the previous week (1,337 cases per 100,000 inhabitants vs 940 in week 11, i.e. +42%), as did the [screening rate](#) (4,391/100,000 vs 3,467, +27%) and [the positivity rate](#) (30.5%, +3.4 points). Among the 2,675,135 tested individuals who had reported their symptom status, 63% were asymptomatic, a decrease from week 11 (66%). There was a slight rise in the positivity rate among both symptomatic people (56% vs 55%) and asymptomatic people (17% vs 15%). The proportion of symptomatic individuals among positive cases had also increased (66% vs 65% in week 11).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 30 March 2022)



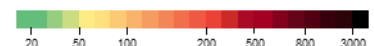
Source: SI-DEP, data processing by Santé publique France

Incidence and screening rates by age group

In week 12, the [incidence rate](#) increased in all age groups. The sharpest increases were observed among 10-19 year-olds (1,646, +52%), 50-59 year-olds (1,335, +49%) and 40-49 year-olds (1,655, +48%). It exceeded 1,500 among 10-19 year-olds and 30-49 year-olds, and remained below 1,000 only among 0-9 year-olds (995, +23%) and 80-89 year-olds (957, +40%). The [screening rate](#) also increased in all age groups. It was highest among 20-29 year-olds (5,005, +23%) and lowest among 60-89 year-olds (less than 4,000). The [positivity rate](#) was on the rise in all age groups except among 0-9 year-olds, where it was stable (24.9%, -0.2 point). It exceeded 30% among 10-19 year-olds and 30-59 year-olds, and reached 35.4% among 40-49 year-olds (+3.8 points). Among school-aged children, the highest incidence rate was in the 11-14 age group (1,924, +55%) with a positivity rate of 36.6% (+0.6 point). The screening rate was also highest in this age group (5,254, +52%).

Weekly evolution of the incidence rate per 100,000 inhabitants by week and by age group since week 01-2022, France (data on 30 March 2022)

872	1061	1418	1707	1683	1236	906	669	560	633	829	1046	90 yrs +
687	664	864	1002	952	714	533	408	371	467	686	957	80-89 yrs
853	761	973	1082	1000	730	544	426	388	527	797	1140	70-79 yrs
1187	1096	1345	1400	1195	816	580	431	384	499	725	1046	60-69 yrs
2127	2091	2433	2353	1830	1142	744	528	489	634	896	1335	50-59 yrs
3087	3525	4377	4154	3016	1685	1017	666	610	797	1119	1655	40-49 yrs
3839	4295	5276	4819	3423	1988	1198	786	731	897	1171	1604	30-39 yrs
5305	4171	4539	3842	2713	1619	1051	792	711	785	972	1351	20-29 yrs
4607	5528	6828	6231	3960	1755	909	628	598	770	1080	1646	10-19 yrs
2574	4029	4877	4383	2744	1318	666	455	504	643	806	995	0-9 yrs
2869	3116	3754	3476	2459	1373	836	587	549	689	940	1337	All ages
W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	



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

Hospitalisations, intensive care admissions, and deaths

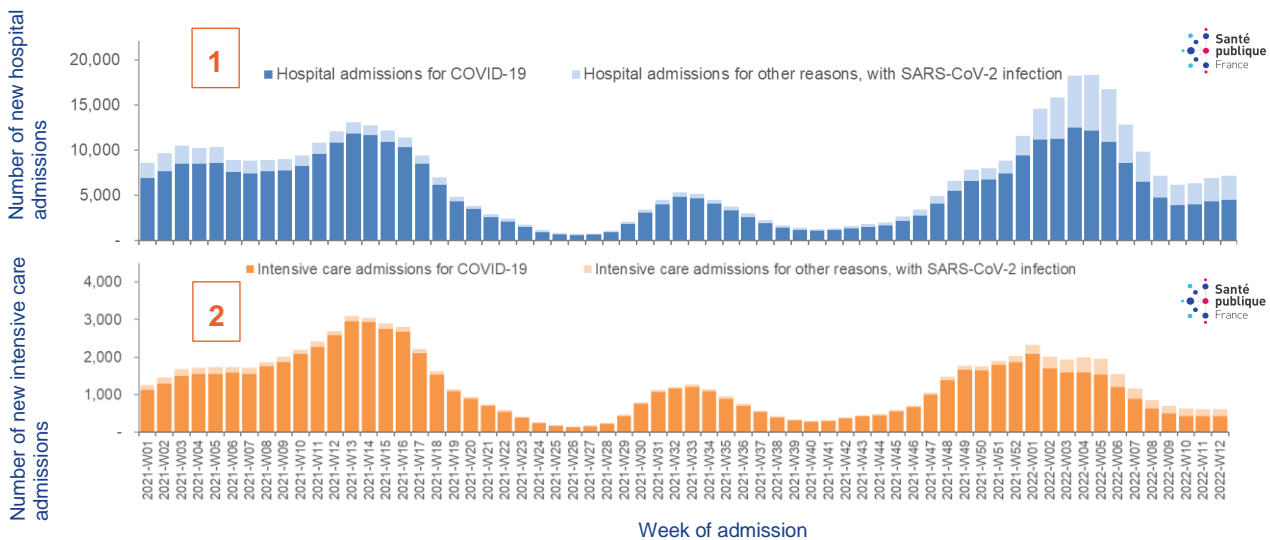
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 12, collected until 29 March 2022, are not yet consolidated and may be underestimated.**

On 29 March 2022, 21,375 COVID-19 patients were hospitalised in France (vs 20,815 on 22 March, +3%), including 1,552 in intensive care units (vs 1,618 on 22 March, -4%).

Nationally, the number of [new hospital admissions](#) increased in week 12: 7,215, i.e. +5% (unconsolidated data) vs +9% between week 10 and week 11 (after consolidation), and new intensive care admissions rose slightly (624, +2% vs -4% between week 10 and week 11). 4,542 patients were hospitalised for management of COVID-19 and 2,673 positive for SARS-CoV-2 were hospitalised for another reason (+4% and +6%, respectively). Regarding intensive care units, 439 patients were admitted for COVID-19 in week 12 (+4%) and 185 for other reasons (-1%).

In week 12, the proportion of patients positive for SARS-CoV-2 hospitalised for a reason other than COVID-19 remained stable for hospital admissions in all departments (37%) and for intensive care admissions (30%) and increased slightly for admissions in resuscitation units (20%).

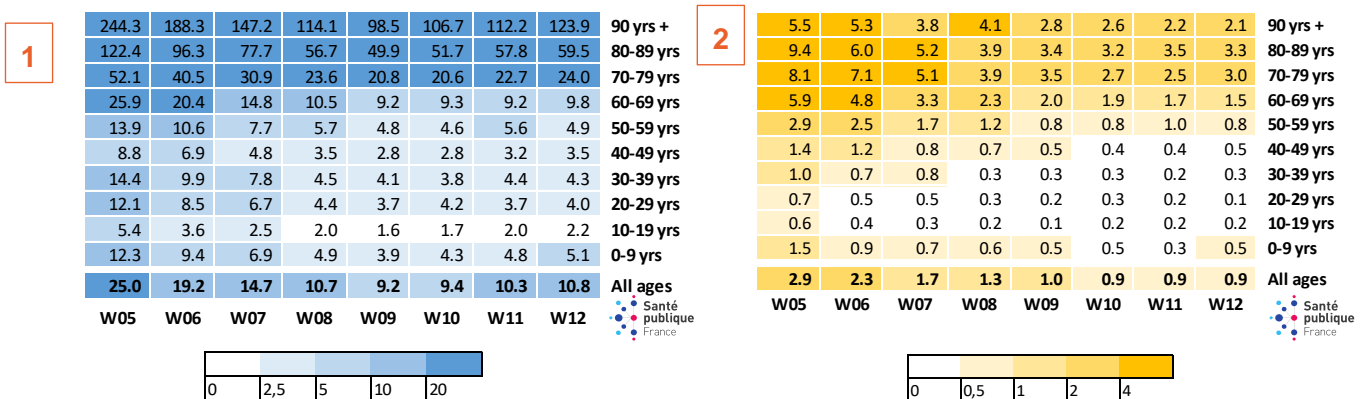
Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 29 March 2022)



W12: unconsolidated data

In week 12, the weekly rate of new hospital admissions was stable or up in all age groups except among 50-59 year-olds, where it was down slightly. Intensive care admissions were stable or down in most age groups, but up among 70-79 year-olds, 0-9 year-olds and 30-49 year-olds, although numbers were relatively low for the last two age groups.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 5-2022 to week 12-2022, France



In week 12 (unconsolidated data), 579 deaths in hospital were recorded nationwide (-9% compared to week 11 vs -16% between week 10 and week 11). There were also 43 deaths recorded in long-term care facilities (vs 49 in week 11).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate increased again throughout the country, exceeding 1,000 cases per 100,000 inhabitants in all regions. It was highest in Brittany (1,800, +35%), in Corsica (1,746, +41%), in Grand Est (1,658, +27%) and in Normandy (1,639, +46%). The screening rate also increased throughout the country and reached 5,918/100,000 in Corsica (+35%), 5,183 in the Grand Est region (+17%) and 5,090 in Île-de-France (+42%). The positivity rate, also up in all regions, was highest in Brittany (43.0%, +3.6 points), Centre-Val de Loire (37.5%, +4.6 points) and Pays de la Loire (37.0%, +4.5 points).

In week 12, the incidence rate was above 1,000/100,000 in 87 departments (vs 34 in week 11). The highest rates were observed in Côtes-d'Armor (2,012, +33%), Finistère (1,977, +25%), Manche (1,907, +40%) and Bas-Rhin (1,875, +31%).

In **overseas France**, the incidence rate was highest in Reunion Island (1,341, +21%), followed by Martinique (1,063, -37%) and Guadeloupe (938, -3%). It was up in French Guiana (142, +33%) and stable at a low level in Mayotte (13 vs 16 in week 11). The screening rate remained highest in Martinique (7,161, -16%) and in Guadeloupe (5,684, -1%).

Evolution of the incidence, positivity, and screening rates by region since week 7-2022, France (data on 30 March 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	W07	W08	W09*	W10	W11	W12	W12 vs W11 (%)	W12	W12 vs W11 (point)	W12	W12 vs W11 (%)
Auvergne-Rhône-Alpes	688	453	373	442	670	1041	55	30.9	4.9	3,368	31
Bourgogne-Franche-Comté	841	533	429	507	776	1196	54	34.2	5.0	3,497	32
Brittany	889	719	787	1007	1337	1800	35	43.0	3.6	4,184	24
Centre-Val de Loire	716	523	519	675	942	1362	45	37.5	4.6	3,636	27
Corsica	967	606	484	648	1237	1746	41	29.5	1.2	5,918	35
Grand Est	1006	773	763	1000	1302	1658	27	32.0	2.6	5,183	17
Hauts-de-France	779	577	578	811	1070	1466	37	30.9	2.9	4,740	24
Île-de-France	516	332	307	415	692	1232	78	24.2	4.9	5,090	42
Normandy	747	568	615	807	1120	1639	46	35.5	4.5	4,619	28
Nouvelle-Aquitaine	1226	826	679	783	978	1142	17	35.5	1.3	3,216	12
Occitanie	1068	695	561	585	827	1207	46	31.5	3.5	3,828	30
Pays de la Loire	765	550	524	664	913	1335	46	37.0	4.5	3,609	29
Provence-Alpes-Côte d'Azur	788	600	581	684	897	1178	31	25.8	2.5	4,566	19
Guadeloupe	625	464	681	1072	967	938	-3	16.5	-0.3	5,684	-1
French Guiana	79	57	81	96	107	142	33	11.1	2.1	1,280	8
Martinique	1380	900	2464	3203	1685	1063	-37	14.8	-4.8	7,161	-16
Mayotte	15	10	20	15	16	13	-24	1.5	-0.2	857	-14
Reunion Island	1560	1127	959	1043	1110	1341	21	37.4	1.2	3,581	17

*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).

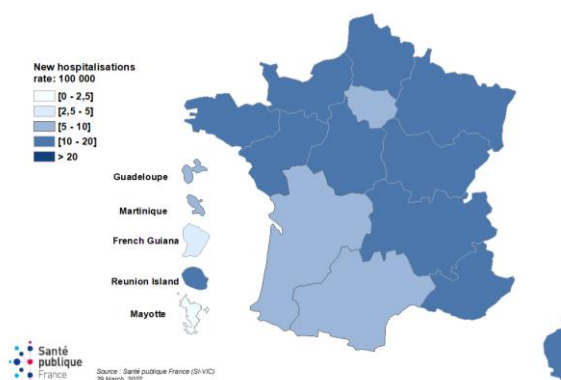
Hospital and intensive care admissions

In metropolitan France, the weekly rate of [new hospital admissions](#) was stable or increasing in most regions, particularly in Pays de la Loire (+32%), Île-de-France (+22%), Centre-Val de Loire (+21%) and Auvergne-Rhône-Alpes (+17%). It was highest in Grand Est (15.8/100,000, +9%), Brittany (15.4, +11%), Corsica (13.6, +4%) and Provence-Alpes-Côte d'Azur (13.4, -1%).

The rate of new intensive care admissions was stable or falling in most regions, but increasing in Provence-Alpes-Côte d'Azur, Île-de-France and Grand Est.

In overseas France, the rate of new hospital admissions dropped in all regions, except Reunion Island, where it was stable and remained the highest (11.3). The rate of new intensive care admissions was stable or decreasing in all regions, and was again the highest in Guadeloupe (2.1).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 12-2022, France



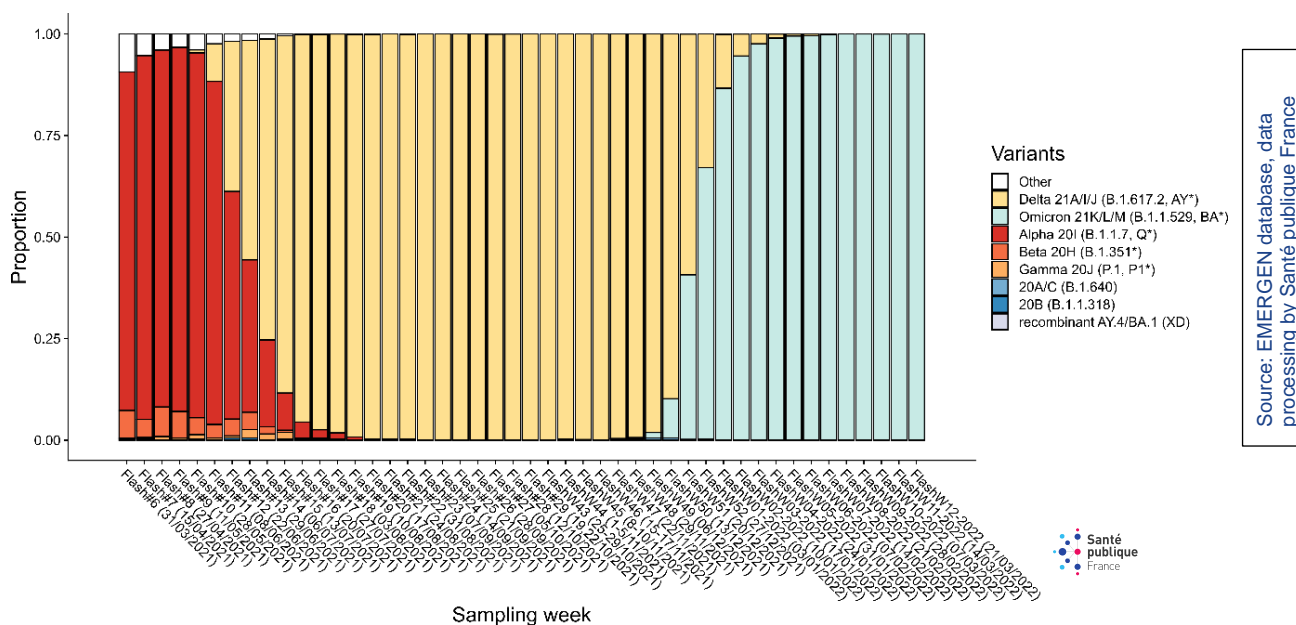
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 12, the proportion of samples in France with a **screening result compatible with Omicron was 99.6% for the A0C0 proxy** (vs 99.5% in week 11) and 98.3% for the [D1](#) proxy (vs 98.5% in week 11).

Furthermore, [sequencing data](#) confirm the **dominance of Omicron in France**: In metropolitan France, it represented **over 99.9% of interpretable sequences in the week 11 Flash Survey** (14/03, based on 2,329 interpretable sequences), and 99.9% in the week 10 Flash Survey (07/03, based on 4,869 interpretable sequences). In the French overseas territories, Omicron is the only variant detected since the week 6 Flash Survey (07/02/22). These data show that Delta has almost disappeared and been replaced by Omicron.

Evolution of the proportions for each classified variants (VOC, VOI, and VUM) in Flash Surveys, metropolitan France (data on 28 March 2022; Flash Surveys from weeks 11 and 12-2022 unconsolidated)



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

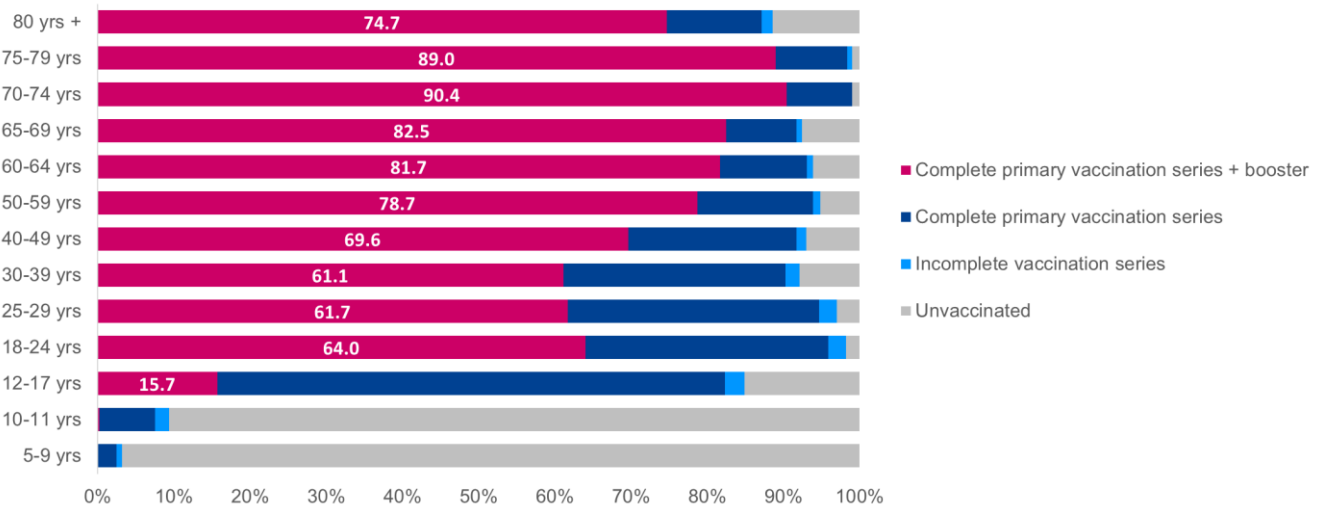
The Omicron variant includes the three sub-lineages: BA.1, BA.2 and BA.3. Following circulation of BA.1 and BA.2, they were in turn sub-divided into sub-lineages. As the trends from previous weeks suggest, **the BA.2 sub-lineage is now dominant in France, accounting for 84% of the 2,329 sequences from the week 11 Flash Survey**. The growth of BA.2 over BA.1 is observed throughout metropolitan France, but at different levels according to regions. In the French overseas territories, BA.2 also seems to be growing: in the Flash Surveys for weeks 8 to 10 combined, the proportion of BA.2 was 1.5% in Martinique, 17% in Guadeloupe, 18% in Reunion Island and 25% in French Guiana. While BA.2 has been showed to be more transmissible than BA.1, the two sub-lineages are similar in terms of immune escape and severity.

The **AY.4/BA.1 (XD)** recombinant is classified VUM since the [variant risk analysis of 23/03/2022](#), due to its genetic features derived from parental VOC (Delta AY.4 and Omicron BA.1). On 28 March, **63 sequences were detected in France**. These sequences corresponded to cases from several regions of metropolitan France. The XD variant accounts for less than 0.1% of interpretable sequences since the week 1 Flash Survey, including the week 11 Flash Survey (14/03). In addition, 54 cases (by sequencing) or suspected (related to a confirmed case) cases of infection by the XD variant were investigated by regional units of Santé publique France in collaboration with the CNR and the laboratories of the EMERGEN consortium. Although the majority had received a complete primary vaccination series (54%), of which 24% had received one booster shot, only three cases (6%) reported a previous SARS-CoV-2 infection, which is lower than with Omicron (14% of the 468 cases investigated between November 2021 and January 2022). Compared with Omicron, the proportion of cases that had reported loss of smell or taste was higher among the XD variant infection cases. More information is available in the [variants risk analysis of 23/03/2022](#).

Vaccination

On 28/03/2022, vaccination coverage in France based on Vaccin Covid was 79.5% for a complete primary vaccination series* and 58.6% for the booster dose. Vaccination coverage for the booster shot reached 73.2% among adults over 18 years of age and 83.2% in the 65+ age group. In addition, 9.4% of children aged 10-11 years had received a first dose of vaccine (3.2% for 5-9 year-olds).

Vaccination coverage, by age group, France (data on 28 March 2022)



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

On 28/03/2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series and 71.1% had received a booster shot.

As regards **health professionals**, vaccination coverage for the booster shot was 78.0% for those working in nursing homes or long-term care facilities, 86.5% for professionals in private practice and 77.1% 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 the second booster shot for those aged 80 and over, as well as residents of nursing homes and long-term care facilities, the data for vaccination coverage for the second booster shot will be published soon.

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

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

This week's surveys

Update on [possible reinfections by SARS-CoV-2](#)
Latest results from [monitoring of COVID-19 cases among health professionals](#)
Update on monitoring [of cases of paediatric inflammatory multisystem syndrome](#)

To find out more about COVID-19, monitoring systems and vaccination refer to the file [Santé publique France](#) and the website [Vaccination Info Service](#)

For more information on the regional data, see the [Regional Epidemiological Updates](#)
Find all the open access data on [Géodes](#)