

# COVID-19 EPIDEMIOLOGICAL UPDATE

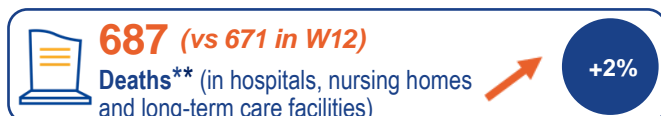
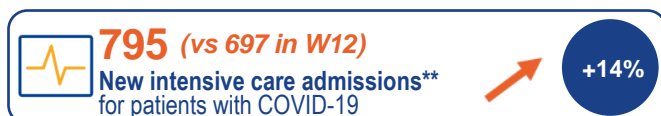
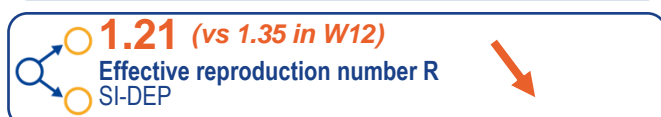
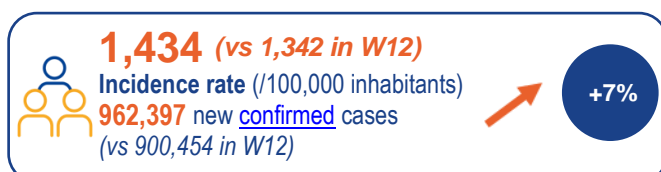
Weekly Report N° 110 / Week 13 / 7 April 2022

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 5 April 2022.

## Key numbers

In week 13 (28 March-3 April 2022)

Compared to week 12 (21-27 March 2022)



On 4 April 2022

Compared to 28 March 2022



## Key points

### Epidemiological situation

In week 13, the increase in incidence of COVID-19 appeared to be slowing down but remained at a very high level, and the increase in hospital admissions was intensifying.

- Metropolitan France:
  - Rise in incidence rate among adults, decline among the under-20s
  - SARS-CoV-2 circulation remains high in all regions
  - Positivity rate still very high at both national and regional levels
  - Hospital and intensive care admissions increasing
- Overseas France:
  - Incidence rate high and rising in Reunion Island
  - Confirmed improvement of the epidemiological situation in Guadeloupe and Martinique

### Variants

- Omicron is almost the unique variant in circulation, with the BA.2 sub-lineage accounting for 92% of sequences on 21/03/2022 (week 12 Flash Survey)

### Prevention

- Vaccination on 4 April 2022 (Vaccin Covid data):
  - 73.3% of the 18+ age group and 83.3% of the 65+ age group have been vaccinated with a complete primary series plus a booster shot
  - Only 6.6% of people aged 80+ have received the second booster shot that is recommended for this age group, as well as for nursing-home residents and people who are immunocompromised.
- Protection against the SARS-CoV-2 and flu viruses in high circulation:
  - Wearing a mask and self-isolating in the event of symptoms or a positive test for COVID-19 remain important
  - Individual precautions against infection are necessary, including wearing a mask (especially in closed areas, during large gatherings or around vulnerable people), hand washing and frequent ventilation of enclosed spaces

\*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 74% of the data usually received). The interpretation of trends remains possible on this basis. \*\*W13: unconsolidated 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 13 (28 March to 3 April 2022)

### SITUATION UPDATE

In week 13, SARS-CoV-2 continued to circulate at a very high level throughout France. While the increase in the incidence rate slowed down, new admissions to hospital and intensive care units were rising. However, this dynamic was heterogeneous because the incidence rate decreased in the under-20s. Similarly, at territorial level, incidence seemed to stabilise in some metropolitan regions. Changes observed in the incidence and screening rates should be interpreted with caution in the coming weeks due to the growing practice of self-testing, which is not captured by SI-DEP indicators unless confirmed by an antigenic or RT-PCR test performed in the medical network. The increase in admissions to intensive care units must be carefully monitored, particularly in view of the flu epidemic, which is increasing the strain on hospitals. As of 4 April, 83.3% of people aged 65 and over had received a booster shot and only 6.6% of people aged 80 and over had received a second booster shot. Given the high circulation of SARS-CoV-2 and flu viruses and their impact on the healthcare system and hospitals, preventive measures (wearing a mask in closed areas or during large gatherings, hand washing, ventilation of enclosed spaces) are essential, particularly to protect vulnerable people. Vaccination efforts, including the second booster shot, must also continue among eligible populations. Similarly, compliance with other recommended measures remains essential, particularly in the case of symptoms, a positive test or high-risk contacts.

### EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate was 1,434 cases per 100,000 inhabitants in week 13 (+7% compared to week 12), i.e., more than 135,000 new cases on average per day. The rate continued to rise among adults for the fourth consecutive week. It decreased among the under-20s, but remained in excess of 1,000/100,000 across all age groups, except the under-10s (872/100,000).

The screening rate showed the same trends as the incidence rate (+5%, 4,621/100,000 inhabitants). Consequently, the positivity rate changed little in week 13 but remained very high at 31.0% (+0.5 points). It was down in the population aged under-20, supporting the hypothesis of a decrease in circulation of SARS-CoV-2 concerning this age group, to be confirmed in the coming weeks.

The effective-R was still greater than 1 (1.21), showing that circulation of the virus has continued to grow.

The number of consultations for suspected COVID-19 stabilised in SOS Médecins organisations (2,163 consultations, -1%) and continued to rise in emergency departments (7,829 visits, +14%).

The number of new hospital admissions continued to rise in week 13 (8,728, +7%). The increase since week 12 was more marked for intensive care admissions: 795, +14% in week 13, 697 and +12% in week 12 (unconsolidated data for week 13). The number of deaths in hospitals and long-term care facilities also appeared to follow an increase in week 13 (687 deaths, +2%), although data have yet to be consolidated.

In metropolitan France, the incidence rate continued to increase in all regions, except in Brittany (1,779, -2%), Grand Est (1,581, -5%) and Nouvelle-Aquitaine (1,128, -2%) where it stabilised.

All regions had an incidence rate above 1,000/100,000. The highest rates were observed in Corsica (1,979, +13%) and Brittany. Hospital admission rates were increasing in several regions, notably in Corsica (20.0/100,000, +23%), Bourgogne-Franche-Comté (18.1, +26%) and Normandy (18.8, +18%), where they were also among the highest. Intensive care admission rates were up in all regions except Hauts-de-France, Île-de-France and Normandy, where they were stable or slightly down.

In overseas France, the incidence rate was highest and again on the rise in Reunion Island (1,503, +12%). Incidence rates decreased in Guadeloupe (811, -14%) and Martinique (735, -31%). Hospital admission rates were highest in Reunion Island but were stabilising in week 13.

### VARIANTS

Omicron was still almost the unique variant circulating across French territories. Its BA.2 sub-lineage accounted for 92% of sequences on 21/03/2022 (week 12 Flash Survey).

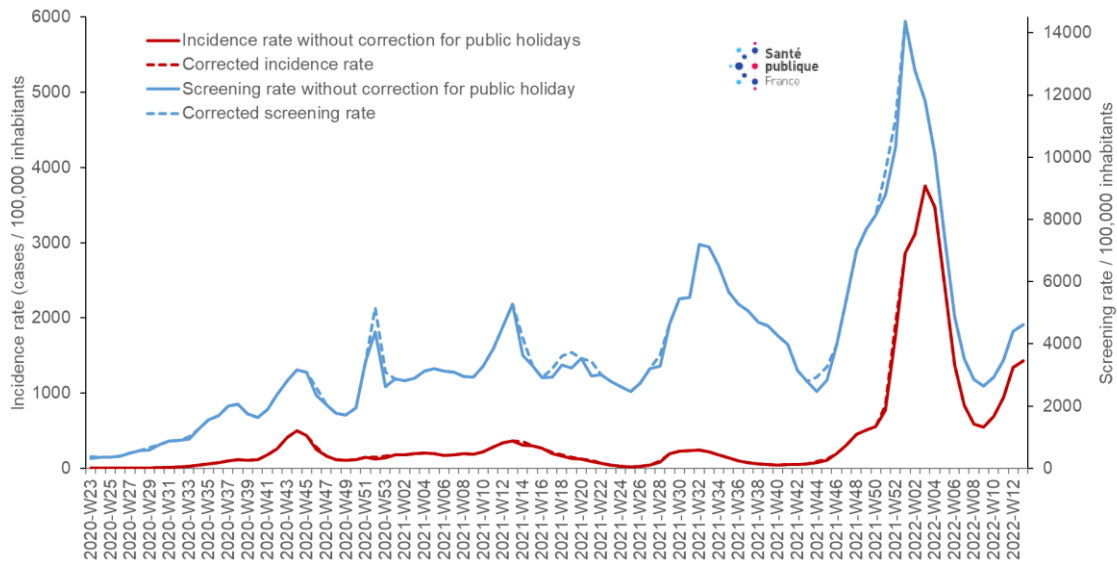
### PREVENTION

On 4 April, vaccination coverage in France for the booster shot reached 73.3% among adults aged 18+ and 83.3% in the 65+ age group. Only 6.6% of people aged 80+ have received the second booster shot that is recommended for this age group, as well as for nursing-home residents and people who are immunocompromised.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) increased again, but less significantly than in the preceding week (1,434 per 100,000 inhabitants vs 1,342 in week 12, i.e. +7%), as did the [screening rate](#) (4,621/100,000 vs 4,400, +5%). A slight rise in the [positivity rate](#) was also observed (31.0%, +0.5 points). Among the 2,811,611 tested individuals who reported their symptom status, 62% were asymptomatic, a stable proportion compared to week 12 (63%). The positivity rate was stable among both symptomatic people (55% vs 56% in week 12) and asymptomatic people (18% vs 17%). Among people that tested positive, the proportion experiencing symptoms remained stable at 66%.

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 6 April 2022)



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

### Incidence and screening rates by age group

In week 13, the [incidence rate](#) was higher in all age groups except among 0-9 year-olds (872, -13%) and 10-19 year-olds (1,536, -7%) where it was lower. The greatest increases were observed in the over-50s, where the incidence rate was up by over 15%, particularly in the 90+ age group (1,314, +23%). This indicator exceeded 1,700 among 30-49 year-olds. The corrected [screening rate](#) was stable among 0-9 year-olds (3,964, -1%) and 10-19 year-olds (4,927, -1%). It was rising in all other age groups, particularly among people aged 80+, who registered an increase of at least 10%. It was higher than 5,000 among 20-29 year-olds (5,329, +6%), 30-49 year-olds (5,172, +4%) and people aged 90+ (5,199, +15%), and was lowest among 60-69 year-olds (3,856, +8%). The [positivity rate](#) was on the rise in all age groups, except among 0-9 year-olds (22.0%, -2.9 points) and 10-19 year-olds (31.2%, -2.1 points) where a decrease was seen. It exceeded 30% among 10-19 year-olds and 30-79 year-olds, reaching 36.4% among 40-49 year-olds (+1.0 point). Among school-aged children, the highest incidence rate was observed among 11-14 year-olds (1,724, -11%), with a screening rate of 5,047 (-4%) and a positivity rate of 34.2% (-2.5 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 02-2022, France (data on 6 April 2022)

1061	1418	1707	1683	1236	906	669	560	636	835	1067	1314	90 yrs +
664	864	1002	952	714	533	408	371	467	688	967	1154	80-89 yrs
761	973	1082	1000	730	544	426	388	527	797	1146	1357	70-79 yrs
1096	1345	1400	1195	816	580	431	384	499	726	1050	1207	60-69 yrs
2091	2433	2353	1830	1142	744	528	489	634	896	1339	1561	50-59 yrs
3525	4377	4154	3016	1685	1017	666	610	797	1120	1659	1790	40-49 yrs
4295	5276	4819	3423	1988	1198	786	731	898	1172	1608	1706	30-39 yrs
4171	4539	3842	2713	1619	1051	792	711	785	972	1354	1480	20-29 yrs
5528	6828	6231	3960	1755	909	628	598	770	1081	1649	1536	10-19 yrs
4029	4877	4383	2744	1318	666	455	504	643	807	997	872	0-9 yrs
3116	3754	3476	2459	1373	836	587	549	689	940	1342	1434	All ages

W02

W03

W04

W05

W06

W07

W08

W09

W10

W11

W12

W13



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

# Hospitalisations, intensive care admissions, and deaths

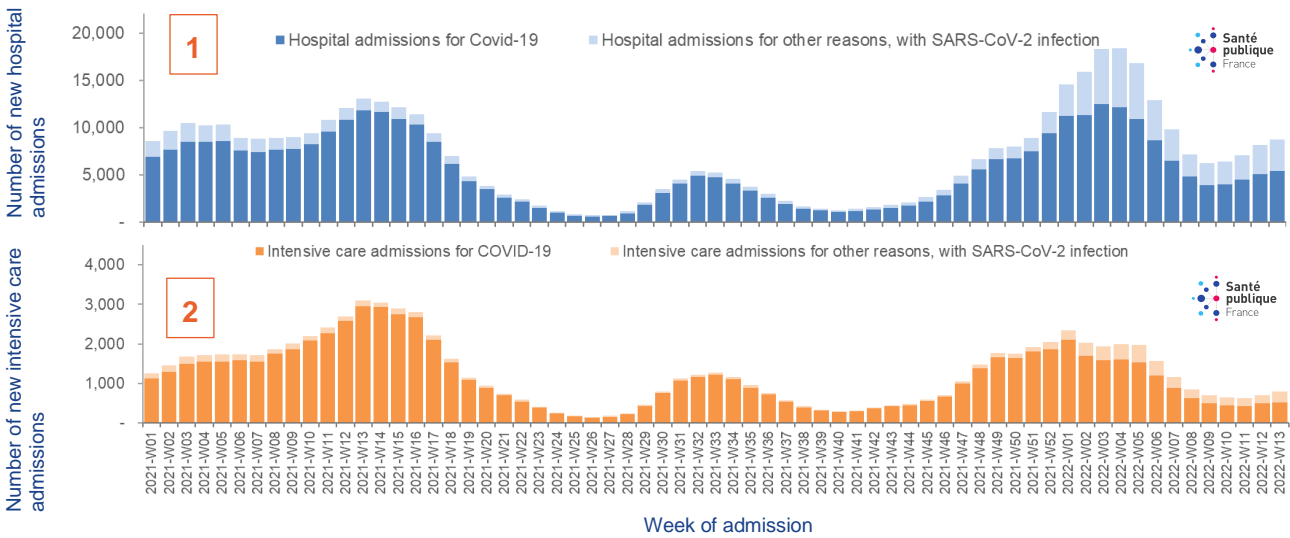
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 13, collected until 5 April 2022, are not yet consolidated and may be underestimated.**

On 5 April 2022, 23,085 COVID-19 patients were hospitalised in France (vs 21,375 on 29 March, +8%), including 1,566 in intensive care (vs 1,552 on 29 March, +1%).

Nationally, the number of [hospital admissions](#) continued to rise in week 13: 8,728, +7% (unconsolidated data) vs +15% between weeks 11 and 12 (after consolidation). Admissions to intensive care units also increased (795, +14% vs +12% between weeks 11 and 12). A total of 5,434 patients were admitted for COVID-19 management and 3,294 patients with SARS-CoV-2 were admitted for other reasons (+6% and +9%, respectively). Regarding intensive care units, 523 patients (+6%) were admitted for COVID-19 in week 13 and 272 for other reasons (+33%).

In week 13, the proportion of patients carrying SARS-CoV-2 but admitted for a reason other than COVID-19 was stable across all hospital services (38%), but increased slightly for intensive care units (34%) and resuscitation rooms (28%).

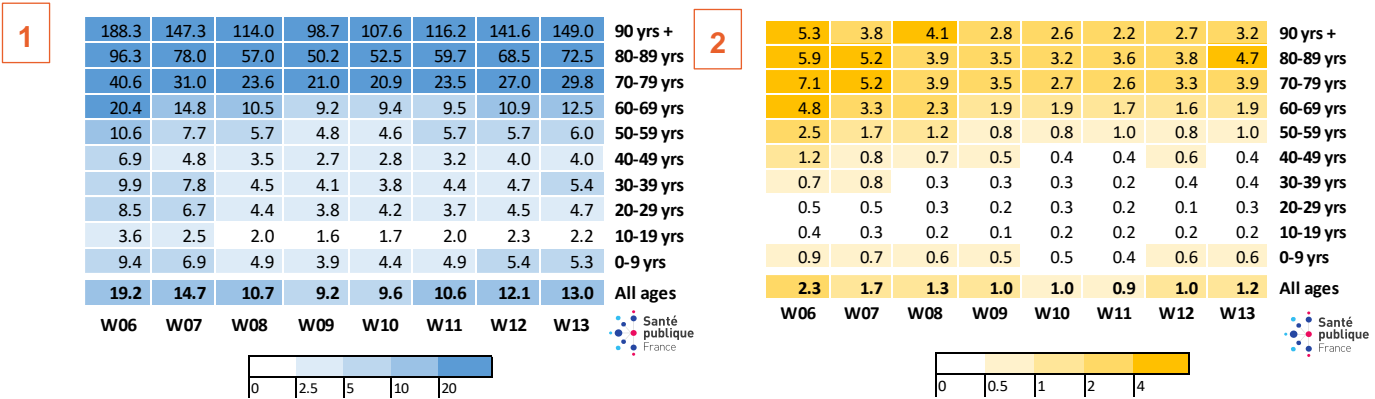
## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 5 April 2022)



W13: unconsolidated data

In week 13, the weekly rate of new hospital admissions was stable or rising in all age groups. The rate of intensive care admissions was increasing in the majority of age groups, especially among people aged 50 years and over.

## Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 6-2022 to week 13-2022, France



In week 13 (unconsolidated data), 630 deaths in hospital were recorded nationwide (+1% compared to week 12, vs -4% between weeks 11 and 12). There were also 57 deaths recorded in long-term care facilities (vs 45 in week 12).

## Situation at the regional level

### Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate still exceeded 1,000 cases per 100,000 inhabitants in all regions. It was highest in Corsica (1,979, +13%) Brittany (1,779, -2%) and Normandy (1,746, +6%). It was rising across the territory except in Brittany, Nouvelle-Aquitaine (1,128, -2%) and Grand Est (1,581, -5%). The screening rate was on the rise in the majority of regions except Brittany (4,217, +1%), Nouvelle-Aquitaine (3,201, -1%) and Grand Est (5,086, -2%). It was highest in Corsica (6,401, +8%), Ile-de-France (5,420, +6%) and Grand Est. The positivity rate increased in all regions except Brittany (42.2%, -0.9 points), Grand Est (31.1%, -0.9 points) and Nouvelle-Aquitaine (35.2%, -0.3 points). It was highest in Brittany, Centre-Val de Loire (38.4%, +0.9 points) and Pays de la Loire (37.6%, +0.5 points).

In week 13, the incidence rate was above 1,000/100,000 in 91 departments (vs 88 in week 12). The highest rates were observed in Southern Corsica (2,045, +16%), la Manche (1,989, +4%), Côtes-d'Armor (1,923, -5%), Calvados (1,922, +4%) and Upper Corsica (1,920, +10%).

In **overseas France**, the incidence rate was highest and rising in Reunion Island (1,503, +12%). The decline continued in Guadeloupe (811, -14%) and Martinique (735, -31%). It stabilised in French Guiana (140, -2%), and remained low in Mayotte (20 vs 13 in week 12). The screening rate was still highest in Martinique (5,866, -18%) followed by Guadeloupe (5,109, -10%).

### Evolution of the incidence, positivity, and screening rates by region since week 8-2022, France (data on 6 April 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	W08	W09*	W10	W11	W12	W13	W13 vs W12 (%)	W13	W13 vs W12 (point)	W13	W13 vs W12 (%)
Auvergne-Rhône-Alpes	453	373	442	671	1043	1194	14	32.3	1.4	3,696	10
Bourgogne-Franche-Comté	533	429	508	776	1199	1370	14	35.8	1.5	3,828	9
Brittany	719	787	1008	1337	1809	1779	-2	42.2	-0.9	4,217	1
Centre-Val de Loire	523	519	675	943	1365	1465	9	38.4	0.9	3,868	6
Corsica	606	484	649	1237	1749	1979	13	30.9	1.4	6,401	8
Grand Est	773	763	1000	1302	1660	1581	-5	31.1	-0.9	5,086	-2
Hauts-de-France	577	578	812	1070	1470	1552	6	31.2	0.2	4,979	5
Île-de-France	332	307	416	693	1238	1361	10	25.1	0.9	5,420	6
Normandy	568	615	807	1121	1643	1746	6	36.4	0.8	4,804	4
Nouvelle-Aquitaine	826	679	783	980	1146	1128	-2	35.2	-0.3	3,201	-1
Occitanie	695	561	585	828	1209	1352	12	31.9	0.4	4,234	10
Pays de la Loire	550	524	664	914	1341	1459	9	37.6	0.5	3,877	7
Provence-Alpes-Côte d'Azur	600	581	685	899	1184	1342	13	27.3	1.5	4,915	7
Guadeloupe	464	680	1072	969	944	811	-14	15.9	-0.7	5,109	-10
French Guiana	57	81	96	107	142	140	-2	10.5	-0.6	1,333	4
Martinique	900	2461	3205	1687	1071	735	-31	12.5	-2.4	5,866	-18
Mayotte	10	20	15	16	13	20	60	2.2	0.8	905	6
Reunion Island	1127	959	1043	1110	1345	1503	12	38.1	0.6	3,948	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).

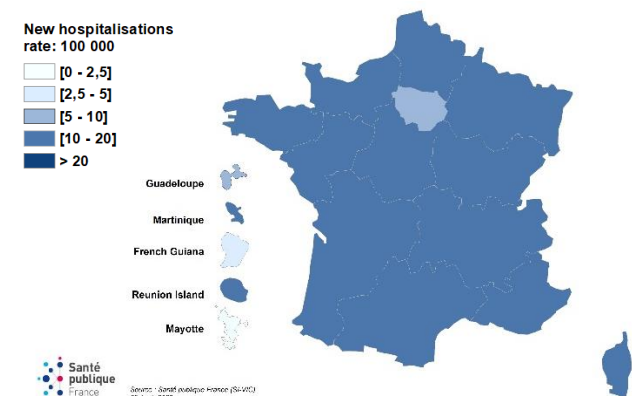
### Hospital and intensive care admissions

In metropolitan France, the weekly [hospital admission](#) rate was increasing or stable in all regions. The highest rates were observed in Corsica (20.0, +23%), Normandy (18.8, +18%), Brittany (18.3, +10%) and Bourgogne-Franche-Comté (18.1, +26%).

The rate of new admissions to intensive care units was rising across most of the territory. A slight decline was nonetheless observed in Normandy (unconsolidated data).

In overseas France, the rates of new hospital and intensive care admissions were stable in all regions, except in Martinique where hospital admissions were increasing (+34%). Hospital admission rates remained highest in Reunion Island (11.5), while the rate of intensive care admissions was again highest in Guadeloupe (1.9).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 13-2022, France



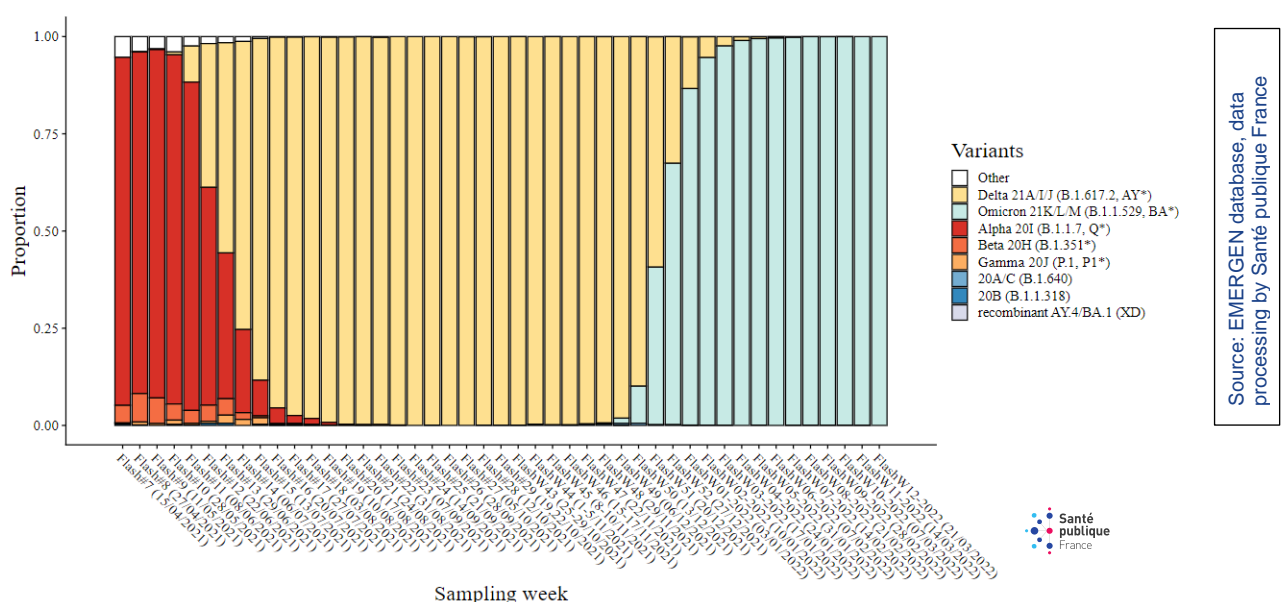
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

## 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 13, the proportion of samples in France with a **screening result compatible with Omicron was 99.7% for the A0C0 proxy** (against 99.6% in week 12) and **98.3% for the D1 proxy** (stable compared to week 12).

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in France**. In metropolitan France, it represented **99.9% of interpretable sequences in the week 12 Flash Survey** (from 21/03/22, based on 2,506 interpretable sequences) and the week 11 Flash Survey (from 14/03/22, based on 3,246 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (07/02/22, based on a total of 815 interpretable sequences in Flash Surveys between weeks 6 and 12 from the overseas regions and departments). These data highlight the near-disappearance of Delta and its replacement by Omicron.

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, Metropolitan France (data on 4 April 2022; Flash Surveys from weeks 12 and 13-2022 unconsolidated)



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

The variant Omicron includes three sub-lineages: BA.1, BA.2 and BA.3. Following the circulation of BA.1 and BA.2, they were in turn divided into further sub-lineages. **The BA.2 sub-lineage is dominant in France, accounting for 92% of the 2,506 sequences in the week 12 Flash Survey (21/03/22)**. The progression of BA.2 at the expense of BA.1 is observed throughout metropolitan and overseas France. 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.

The **AY.4/BA.1 recombinant (named XD)** is classified as a VUM\* since the [variant risk assessment of 23/03/2022](#) due to its genetic characteristics derived from the parental VOC\* (Delta AY.4 and Omicron BA.1). On 4 April, **65 sequences had been detected in France**. These sequences correspond to cases from several metropolitan regions. The XD variant represents less than 0.1% of interpretable sequences in the Flash Surveys from week 1 (03/01/22) to week 11 (14/03/22), and wasn't detected during the week 12 Flash Survey. More information is available in the [variants risk assessment of 23/03/2022](#).

<sup>1</sup>Following maintenance of the EMERGEN sequencing database, the number of sequences obtained during week 13 was generally lower than usual. Bioinformatics problems in one of the sequencing laboratories also had a negative impact on the sequencing volumes for the last week, with a different influence in each region.

## Vaccination

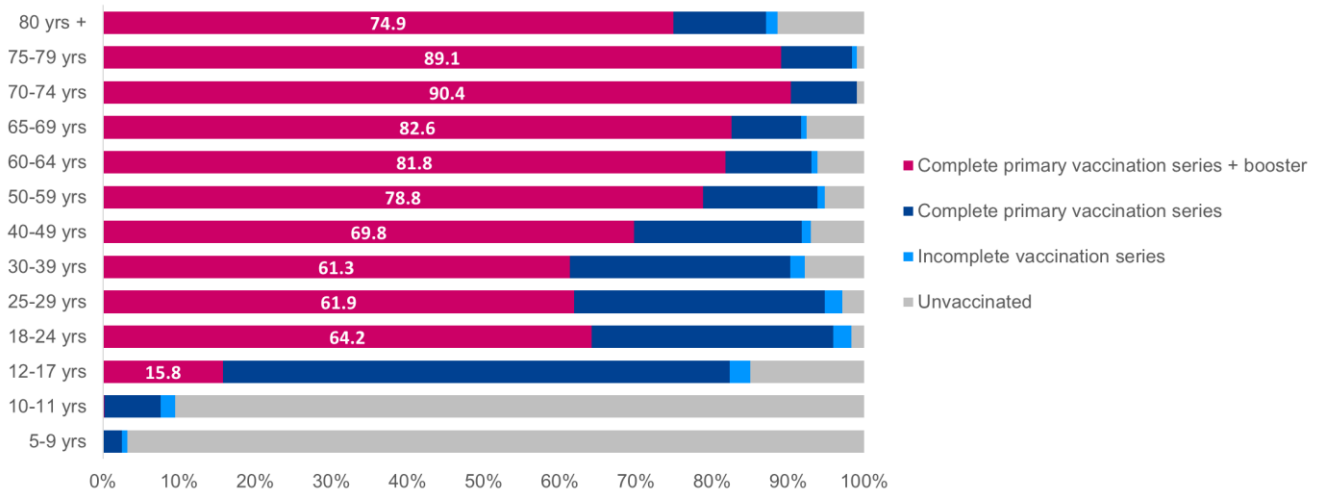
On 4 April 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.5% for a complete primary vaccination series\* and 58.7% for the booster shot.

Vaccination coverage for the booster shot reached 73.3% among adults over 18 years of age and 83.3% in the 65+ age group. In addition, 9.5% of children aged 10-11 years had received a first dose of vaccine (3.2% for 5-9 year-olds).

People aged 80 years and over as well as residents of nursing homes and long-term care facilities are eligible for a second booster shot, from 3 months after the first booster shot, in accordance with the [opinion of the Conseil d'orientation de la stratégie vaccinale \(Vaccine Strategy Council\) of 18 February 2022](#).

Vaccination coverage for the second booster shot was 6.6% in the 80+ age group.

### Vaccination coverage, by age group, France (data on 4 April 2022)



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

On 4 April 2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 71.3% had received a booster shot and 2.7% had received a second booster shot.

As regards **health professionals**, vaccination coverage for the booster shot was 78.2% for those working in nursing homes or long-term care facilities, 86.6% for professionals in private practice and 77.2% for employees in healthcare institutions.

Vaccination coverage of the booster shots among residents in nursing homes and long-term care facilities and among health professionals may be underestimated due to the change in cohorts since their initial constitution (March 2021).

Data on vaccination coverage by department are published on [Géodes](#) along with data concerning the second booster shot since 7 April 2022.

\*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](#)