

COVID-19 EPIDEMIOLOGICAL UPDATE

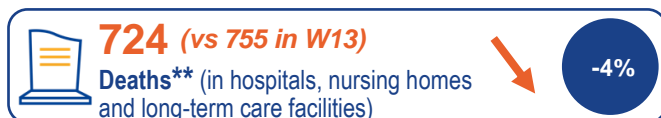
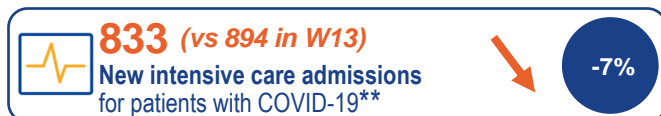
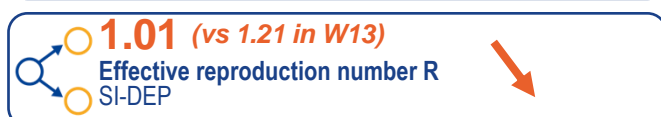
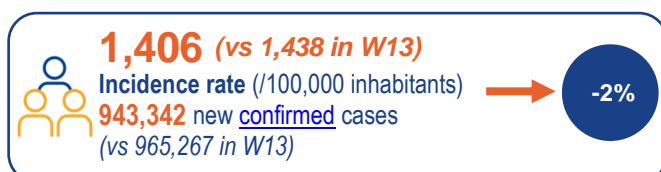
Weekly Report N° 111 / Week 14 / 14 April 2022

As part of its surveillance, alert and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners¹ as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 13 April 2022.

Key numbers

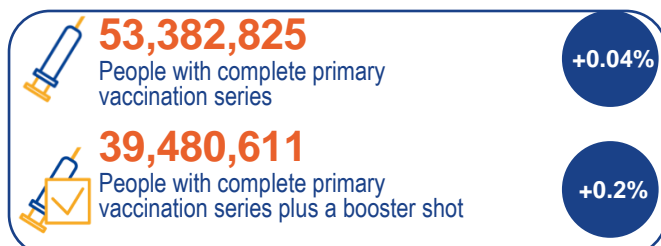
In week 14 (4-10 April 2022)

Compared to week W13 (28 March–3 April 2022)



On 11 April 2022

Compared to 4 April 2022



Key points

Epidemiological situation

In week 14, the COVID-19 incidence rate remained very high, coupled with a further increase in the positivity rate.

- Metropolitan France:
 - Incidence rate rising slightly in the population aged 50+, notably among 60-79 year-olds
 - Decrease in the incidence and positivity rates among 10-19 year-olds for the second consecutive week
 - Circulation of SARS-CoV-2 still high in all regions
 - Hospital admissions remain high and are rising in certain regions
- Overseas France:
 - Incidence rate high and still rising in Reunion Island
 - Continued improvement of the epidemiological situation in Guadeloupe and Martinique

Variants

- Omicron is almost the only variant in circulation, with its BA.2 sub-lineage accounting for 96% of sequences on 28/03/2022 (week 13 Flash Survey)

Prevention

- Vaccination on 11 April 2022 (Vaccin Covid data):
 - 73.5% of people aged 18+ and 83.4% of people aged 65+ had received a complete primary vaccination series and a booster shot
 - Only 9.2% of people aged 80+ had received the second booster shot recommended for this age group
 - Second booster shot also recommended for 60-79 year-olds, 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, at 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. **W14: 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.

SITUATION UPDATE

In week 14, SARS-CoV-2 continued to circulate intensively throughout all French territories. Incidence and positivity rates increased the most in the 60-79 age group. Conversely, both indicators decreased in the 10-19 age group for the second week in a row. The number of new hospital admissions remained high and although a stabilisation is observed in week 14, this trend will have to be confirmed after consolidation of the data given the increases recorded in previous weeks. In overseas France, the incidence rate was still very high and increasing in Reunion Island. On 11 April, 83.4% of people aged 65+ had received one booster shot and only 9.2% of people aged 80+ had received a second booster. Given the high circulation of SARS-CoV-2 and flu viruses as well as their impact on the healthcare system and hospitals, it remains essential to uphold measures that prevent infection (wearing a mask in closed areas or at large gatherings, hand washing, ventilation of enclosed spaces), 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 necessary, particularly in the event of symptoms, a positive test or high-risk contacts.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate stabilised at 1,406 cases per 100,000 inhabitants in week 14 (-2% compared to week 13), i.e., still almost 135,000 new cases on average per day. However, the rate continued rising slightly in the 50+ age group, particularly among 60-69 year-olds (1,295, +7%) and 70-79 year-olds (1,448, +6%). It fell sharply among 10-19 year-olds (1,248, -19%), and was stable or slightly down in the other age groups. The rate remained above 1,000/100,000 in all age groups except the under-10s (834/100,000). The highest rates were again found among 30-39 year-olds (1,690, -1%) and 40-49 year-olds (1,721, -4%).

The screening rate fell slightly in week 14 (4,385/100,000, -5%). The largest decrease was observed among 10-19 year-olds (4,315/100,000, -13%), for whom the positivity rate was dropping for the second consecutive week (28.9%, -2.3 points), another indicator of lower SARS-CoV-2 circulation in this age group. The positivity rate was stable or rising in the other age groups, with the highest increases detected among 60-69 year-olds (34.5%, +3.1 points) and 70-79 year-olds (34.3%, +3.0 points). At national level, the positivity rate continued to increase, reaching 32.1% (+1.0 point).

Consultations for suspected COVID-19 were starting to decline in the SOS Médecins network after a week of stabilisation (1,983 consultations, -8%), though this drop was mainly due to children (-20%) while consultations for adults aged 75+ continued to rise (+12%). The increase in the number of emergency department visits, observed over the last four weeks, clearly slowed down in week 14 (8,089, +3%).

The number of new hospital admissions (9,522, -3%), and new intensive care admissions (833, -7%) remained high. These trends can be interpreted next week after consolidation of the data, since there was

still a strong upward dynamic in week 13 (+17% and +25%, respectively, consolidated data).

The number of deaths in hospitals and long-term care facilities was 724 (-4%, non-consolidated data).

In metropolitan France, the incidence rate was stable or slightly decreasing in the majority of regions. It continued to rise in Auvergne-Rhône-Alpes (1,316, +10%) and to a lesser extent in Bourgogne-Franche-Comté (1,435, +5%). All regions maintained an incidence rate above 1,000/100,000, the highest being observed in Corsica (1,795, -9%), Normandy (1,682, -4%) and Brittany (1,638, -8%). Hospital admission rates were highest in Bourgogne-Franche-Comté and Bretagne (>20 per 100,000). They were rising in Occitanie, Nouvelle-Aquitaine, Bourgogne-Franche-Comté and Provence-Alpes-Côte d'Azur.

In overseas France, the incidence rate was highest and again on the rise in Reunion Island (1,653, +9%). It decreased again in Guadeloupe (704, -14%) and Martinique (581, -22%). The hospital admission rate was still highest and stable in Reunion Island.

VARIANTS

Omicron was still almost the unique variant circulating within French territories. Its BA.2 sub-lineage accounted for 96% of sequences on 28/03/2022 (week 13 Flash Survey).

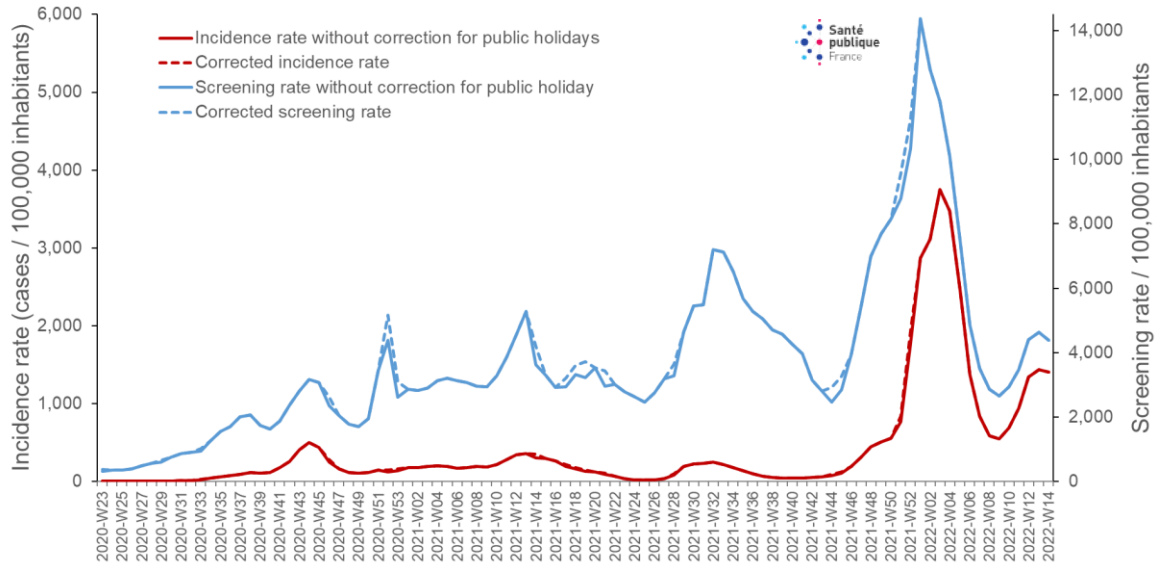
PREVENTION

On 11 April, vaccination coverage in France for the booster shot reached 73.5% in the population aged 18+ and 83.4% in the 65+ age group. Only 9.2% of people aged 80+ have received a second booster shot, which is recommended for this age group as well as for nursing home residents and people who are immunocompromised. Since 7 April, a second booster shot is also recommended for 60-79 year-olds.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was stable compared to the previous week (1,406 per 100,000 inhabitants vs 1,438 in week 13, i.e. -2%). A slight drop in the [screening rate](#) was recorded in week 14 (4,385/100,000 vs 4,628, -5%). As for the [positivity rate](#), it was again on the rise (32.1%, +1.0 point). Among the 2,656,604 tested individuals who reported their symptom status, 62% were asymptomatic, a stable proportion compared to week 13. The positivity rate increased slightly among symptomatic people (57% vs 55% in week 13) and was stable among asymptomatic people (18%). Among people that tested positive, the proportion experiencing symptoms remained 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 13 April 2022)



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

Incidence and screening rates by age group

In week 14, the [incidence rate](#) dropped among 10-19 year-olds (1,248, -19%) and to a lesser extent among 0-9 year-olds (834, -5%). It was stable or slightly rising in all other age groups. The biggest increases were observed among 60-69 year-olds (1,295, +7%) and 70-79 year-olds (1,448, +6%). This indicator was highest among 40-49 year-olds (1,721, -4) and 30-39 year-olds (1,690, -1%). The [screening rate](#) was stable among adults aged 60+, and decreasing to various extents among people aged 0-59 years. The greatest decline was recorded among 10-19 year-olds (4,315, -13%). It was highest in the 90+ age group (5,322, +2%) and lowest among 60-69 year-olds (3,756, -3%) and 0-9 year-olds (3,763, -5%). The [positivity rate](#) was rising or stable in all age groups, except among 10-19 year-olds, where it decreased (28.9%, -2.3 points). It exceeded 33% among adults aged 30-79 years, reaching 36.8% in the 50-59 age group (+2.1 points). An increase of at least 3 points was observed among 60-69 year-olds (34.5%, +3.1 points) and 70-79 year-olds (34.3%, +3.0 points). Among school-age children, incidence and positivity rates were falling in the 6-17 age group. The highest incidence rate was observed among 11-14 year-olds (1,348, -22%), with a screening rate of 4,362 (-14%) and a positivity rate of 30.9% (-3.3 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 03-2022, France (data on 13 April 2022)

1418	1707	1683	1236	906	669	560	636	837	1074	1334	1390	90 yrs +
864	1002	952	714	533	408	371	467	689	969	1162	1184	80-89 yrs
973	1082	1000	730	544	426	388	527	797	1147	1364	1448	70-79 yrs
1345	1400	1195	816	580	431	384	499	726	1051	1211	1295	60-69 yrs
2433	2353	1830	1142	744	528	489	634	897	1340	1566	1597	50-59 yrs
4377	4154	3016	1685	1017	666	610	797	1120	1660	1794	1721	40-49 yrs
5276	4819	3423	1988	1198	786	731	898	1172	1609	1709	1690	30-39 yrs
4539	3842	2713	1619	1051	792	711	785	973	1354	1483	1452	20-29 yrs
6828	6231	3960	1755	909	628	598	770	1081	1650	1539	1248	10-19 yrs
4877	4383	2744	1318	666	455	504	643	807	998	874	834	0-9 yrs
3754	3476	2459	1373	836	587	549	689	941	1343	1438	1406	All ages
W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	



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

Hospitalisations, intensive care admissions, and deaths

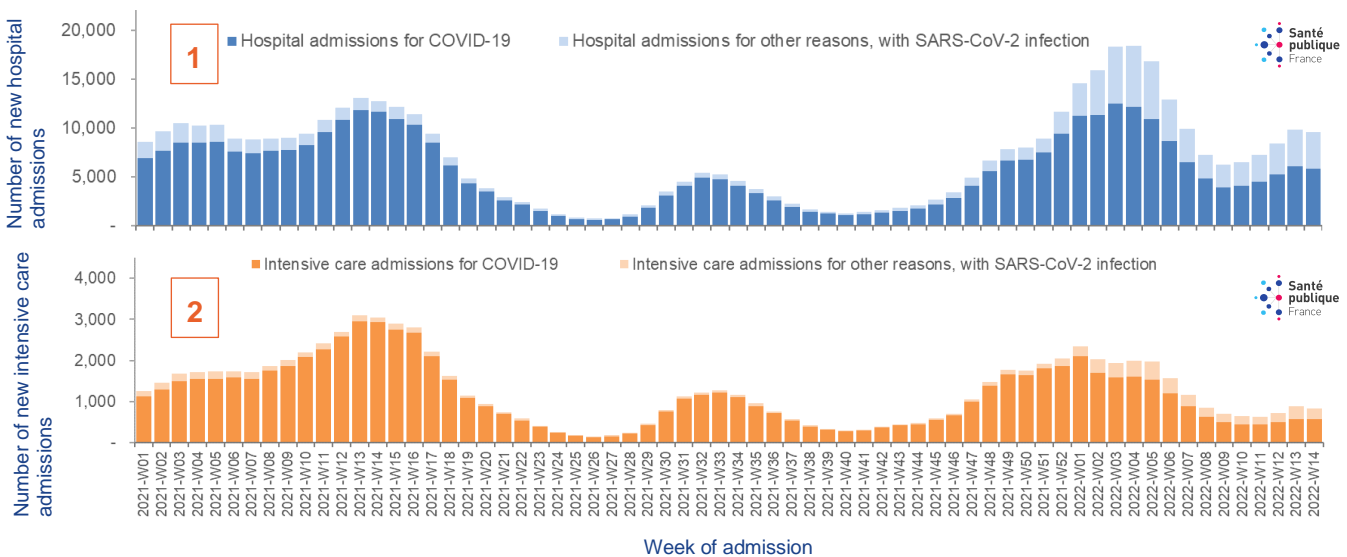
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 14, collected until 12 April 2022, are not yet consolidated and may be underestimated.**

On 12 April 2022, 24,768 COVID-19 patients were hospitalised in France (vs 23,085 on 5 April, +7%), including 1,658 in intensive care (vs 1,566 on 5 April, +6%).

Nationally, the number of [hospital admissions](#) was stable in week 14: 9,522, -3% (unconsolidated data) vs +17% between weeks 12 and 13 (after consolidation). Admissions to intensive care units reached 833, -7% (vs +25% between weeks 12 and 13). A total of 5,792 patients were admitted for COVID-19 management and 3,730 patients with SARS-CoV-2 were admitted for other reasons (-4% and -0.3%, respectively). Regarding intensive care units, 570 patients were admitted for COVID-19 in week 14 (-2%) and 263 for other reasons (-16%).

In week 14, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (39%), as well as for inpatients of intensive care units (32%) and resuscitation rooms (26%).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2021, France (data on 12 April 2022)



W14: unconsolidated data

In week 14, the weekly rate of new hospital admissions was stable or falling slightly in all age groups except among 50-59 year-olds, where a slight rise was recorded. The rate of intensive care admissions was stable in the majority of age groups and falling slightly among 70-89 year-olds.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 7-2022 to week 14-2022, France

Age group	Weekly rate of new hospital admissions per 100,000 inhabitants							Weekly rate of new intensive care admissions per 100,000 inhabitants								
	W07	W08	W09	W10	W11	W12	W13	W14	W07	W08	W09	W10	W11	W12	W13	W14
90 yrs +	147.8	114.6	99.3	108.5	117.1	146.0	169.8	153.8	3.8	4.1	3.0	2.6	2.3	2.8	3.4	3.5
80-89 yrs	78.0	57.2	50.6	53.0	60.7	70.7	82.4	84.0	5.2	4.0	3.5	3.3	3.6	3.9	5.1	4.6
70-79 yrs	31.1	23.7	21.2	21.1	23.9	28.0	33.9	32.8	5.2	3.9	3.6	2.7	2.6	3.4	4.4	3.9
60-69 yrs	14.8	10.5	9.3	9.5	9.7	11.1	14.0	12.7	3.3	2.3	2.0	1.9	1.7	1.6	2.2	2.0
50-59 yrs	7.7	5.7	4.8	4.6	5.8	5.9	6.7	7.2	1.7	1.2	0.8	0.8	1.0	0.9	1.1	1.2
40-49 yrs	4.8	3.5	2.7	2.8	3.2	4.1	4.4	4.2	0.8	0.7	0.5	0.4	0.5	0.6	0.5	0.5
30-39 yrs	7.8	4.5	4.2	3.9	4.5	4.8	5.7	5.4	0.8	0.3	0.3	0.3	0.2	0.4	0.4	0.3
20-29 yrs	6.7	4.4	3.8	4.3	3.7	4.5	5.2	5.1	0.5	0.3	0.2	0.3	0.2	0.1	0.3	0.4
10-19 yrs	2.5	2.0	1.6	1.7	2.0	2.4	2.5	2.5	0.3	0.2	0.1	0.2	0.2	0.2	0.3	0.3
0-9 yrs	6.9	4.9	3.9	4.4	5.0	5.5	5.6	5.4	0.7	0.6	0.5	0.5	0.4	0.6	0.6	0.5
All ages	14.7	10.7	9.3	9.6	10.7	12.5	14.6	14.2	1.7	1.3	1.1	1.0	0.9	1.1	1.3	1.2

In week 14 (unconsolidated data), 667 deaths in hospital were recorded nationwide (-3% compared to week 13, vs +9% between weeks 12 and 13). There were also 57 deaths recorded in long-term care facilities (vs 68 in week 13).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate still exceeded 1000 cases/100,000 inhabitants in all regions. It was highest in Corsica (1,795, -9%), Normandy (1,682, -4%) and Brittany (1,638, -8%). It was stable or falling slightly across the territory except in Auvergne-Rhône-Alpes (1,316, +10%) and Bourgogne-Franche-Comté (1,435, +5%). The screening rate was decreasing or stable in all regions. It was highest in Corsica (5,675, -11%), Ile-de-France (4,932, -9%) and Provence-Alpes-Côte d'Azur (4,877, -1%). The positivity rate increased in the majority of regions, particularly in Auvergne-Rhône-Alpes (35.5%, +3.2 points) and Bourgogne-Franche-Comté (38.4%, +2.6 points). It was highest in Brittany (41.5%, -0.8 points) and Centre-Val de Loire (39.4%, +0.9 points).

In week 14, the incidence rate was above 1,500/100,000 in 27 departments (vs 33 in week 13). The highest rates were observed in Southern Corsica (1,901, -7%), Calvados (1,841, -4%), La Manche (1,759, -12%), Cantal (1,737, +15%) and Côtes-d'Armor (1,728, -11%).

In **overseas France**, the incidence rate was highest and rising in Reunion Island (1,653, +9%). An increase was also recorded in French Guiana (165, +18%), while the decline continued in Guadeloupe (704, -14%) and Martinique (581, -22%). It remained low in Mayotte (30 vs 20 in week 13). The screening rate was highest in Martinique (4,452, -24%).

Evolution of the incidence, positivity, and screening rates by region since week 9-2022, France (data on 13 April 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	W09*	W10	W11	W12	W13	W14	W14 vs W13 (%)	W14	W14 vs W13 (points)	W14	W14 vs W13 (%)
Auvergne-Rhône-Alpes	373	442	671	1044	1197	1316	10	35.5	3.2	3,703	0
Bourgogne-Franche-Comté	429	508	776	1199	1372	1435	5	38.4	2.6	3,738	-2
Brittany	787	1008	1338	1811	1787	1638	-8	41.5	-0.8	3,952	-7
Centre-Val de Loire	519	675	943	1365	1492	1505	1	39.4	0.9	3,822	-2
Corsica	484	649	1238	1750	1983	1795	-9	31.6	0.7	5,675	-11
Grand Est	763	1000	1303	1661	1584	1421	-10	30.9	-0.2	4,605	-10
Hauts-de-France	578	812	1071	1472	1556	1466	-6	31.1	-0.1	4,712	-5
Île-de-France	307	416	693	1239	1365	1277	-6	25.9	0.7	4,932	-9
Normandy	615	807	1122	1645	1752	1682	-4	37.4	1.0	4,499	-6
Nouvelle-Aquitaine	679	783	980	1147	1134	1127	-1	36.2	0.9	3,110	-3
Occitanie	561	585	828	1210	1355	1354	0	33.3	1.3	4,067	-4
Pays de la Loire	524	664	915	1342	1464	1450	-1	37.8	0.1	3,837	-1
Provence-Alpes-Côte d'Azur	581	685	899	1184	1346	1325	-2	27.2	-0.2	4,877	-1
Guadeloupe	680	1072	970	945	816	704	-14	18.9	2.9	3,736	-27
French Guiana	81	96	107	142	140	165	18	11.4	0.9	1,446	8
Martinique	2462	3205	1688	1072	743	581	-22	13.1	0.4	4,452	-24
Mayotte	20	15	16	13	20	30	50	3.9	1.7	770	-15
Reunion Island	959	1043	1111	1346	1509	1653	9	41.3	3.2	4,000	1

*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).

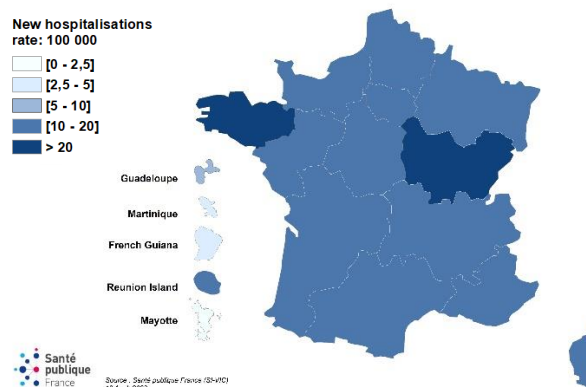
Hospital and intensive care admissions

In metropolitan France, the weekly rate of new [hospital admissions](#) was stable or on the rise in the majority of regions. The highest rates were observed in Bourgogne-Franche-Comté (21,0/100,000) and Brittany (20.1), followed by Grand Est and Corsica (18.6).

The rate of new admissions to intensive care units was stable or falling across most of the territory. However, an increase was observed in Normandy and in Bourgogne-Franche-Comté.

In overseas France, new hospital admissions were in decline in Martinique as well as Guadeloupe, and stable across other territories. Hospital and intensive care admission rates were highest in Reunion Island (12.1 and 0.9, respectively).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 14-2022, France



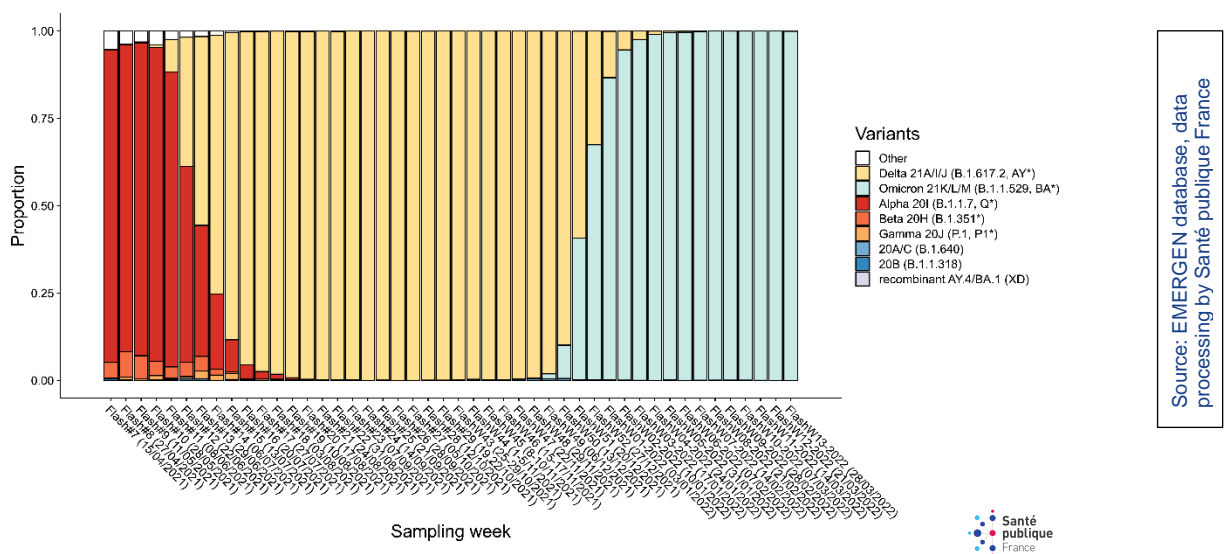
For further information on the epidemic situation in the regions, consult the [regional epidemiological updates](#).

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 14, the proportion of samples in France with a **screening result compatible with Omicron was 99.7% for the AOC0 proxy** (stable compared to week 13) and **98.4% for the D1 proxy** (against 98.3% in week 13).

Furthermore, [sequencing data](#) confirms the **dominance of Omicron in France**. In metropolitan France, it represented **99.9% of interpretable sequences in the week 13 Flash Survey** (from 28/03/22, based on 2,349 interpretable sequences) and 100% in the week 12 Flash Survey (from 21/03/22, based on 5,919 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 868 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 13). 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 11 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 96% of the 2,349 sequences in the week 13 Flash Survey (28/03/22)**. 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 11 April, **72 sequences had been detected in France**. The XD variant represents less than 0.1% of interpretable sequences in the Flash Surveys from week 1 (03/01/22) to week 12 (21/03/22), and wasn't detected during the week 13 Flash Survey. More information is available in the [variants risk assessment of 23/03/2022](#).

Vaccination

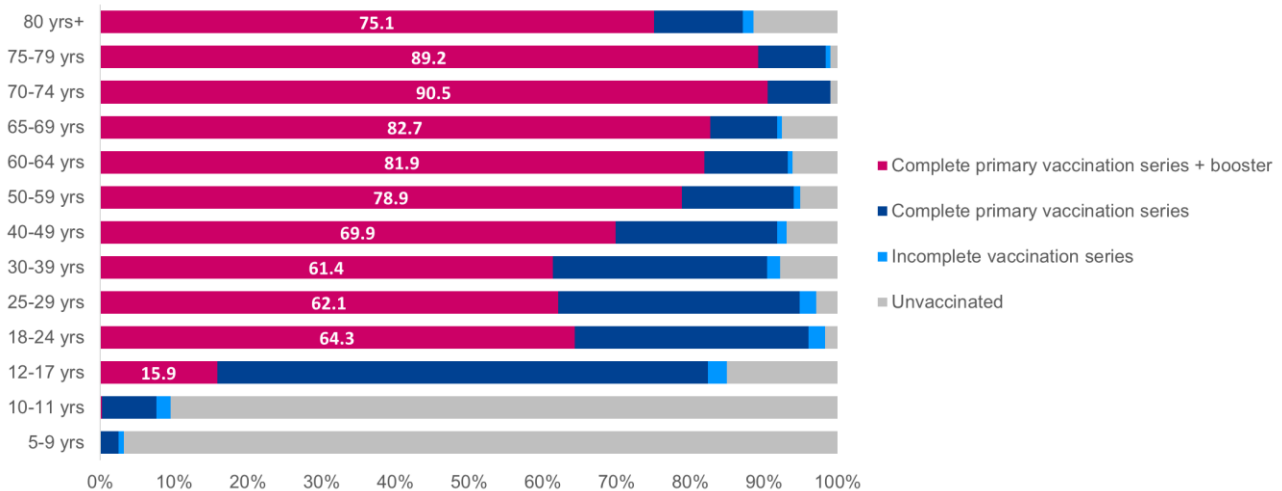
On 11 April 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.5% for a complete primary vaccination series* and 58.8% for the booster shot.

Vaccination coverage for the booster shot reached 73.5% among the population aged 18+ and 83.4% 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 9.2% in the 80+ age group.

Vaccination coverage, by age group, France (data on 11 April 2022)



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

On 11 April 2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 71.7% had received one booster shot and 5.6% had received a second booster shot.

As regards **health professionals**, vaccination coverage for the booster shot was 78.3% for those working in nursing homes or long-term care facilities, 86.7% for professionals in private practice and 77.4% 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 changes in the cohorts since their initial constitution (March 2021).

Following the latest [recommendations](#) on extending the second booster shot to people aged 60 to 79 years, related data will be published soon.

Data on vaccination coverage by department are published on [Géodes](#); data concerning the second booster shot for people aged 80+ and residents of nursing homes or long-term care facilities are also available since 7 April 2022.

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

This week's surveys

- Update on [reported nosocomial SARS-CoV-2 infections](#)
- Update on [the epidemiological situation related to COVID-19 in 0-17 year-olds](#)
- Latest results from [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 data in open access on [Géodes](#)