

COVID-19 EPIDEMIOLOGICAL UPDATE

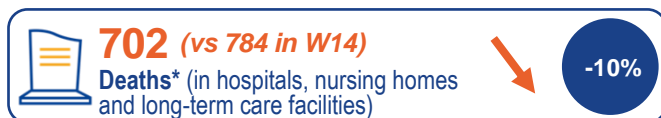
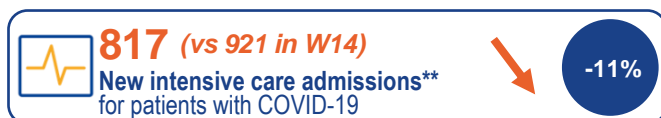
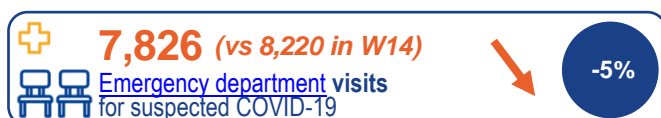
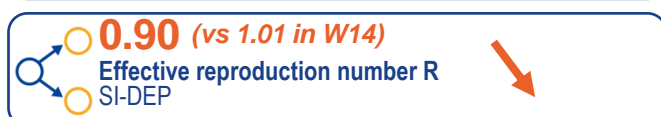
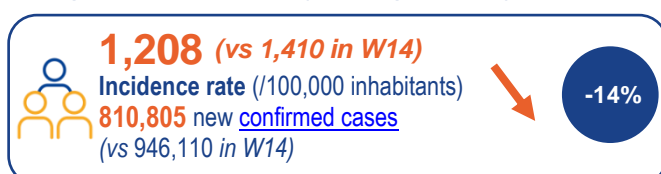
Weekly Report N° 112 / Week 15 / 21 April 2022

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 19 April.

Key numbers

In week 15 (11-17 April 2022)

Compared to week 14 (4-10 April 2022)



On 18 April 2022

Compared to 11 April 2022



Key points

Epidemiological situation

In week 15, the incidence rate of COVID-19 fell but nonetheless remained very high, with a stabilisation trend among people aged 60 and over.

- Metropolitan France:
 - Positivity rate stable and still very high nationally
 - Sharp drop in virological indicators in people aged under 20.
 - Incidence rate down but still higher than 1,000/100,000 in all regions
 - Hospital admissions remain high
- Overseas France:
 - Incidence rate 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 99% of sequences on 04/04 (week 14 Flash Survey)

Prevention

- Vaccination on 18 April 2022 (Vaccin Covid data):
 - 83.6% of people aged 65+ had received a complete primary vaccination series and a booster shot
 - 2.7% of people aged 60-79 had received a second booster shot (28.8% of those eligible in this age group)
 - 11.2% of people aged 80 and over had received their second booster shot (17.4% of those eligible among this population)
- Protection against the SARS-CoV-2 and flu viruses in joint circulation:
 - Importance of self-isolating in the event of symptoms or a positive test for COVID-19
 - The need to continue to take individual precautions: first and foremost 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 restricted to the 39 SOS Médecins associations that transmitted their data to Santé publique France, compared to the usual 60 (around 71% of the data usually received). The interpretation of trends remains possible on this basis **W15: unconsolidated data

¹ 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.

SITUATION UPDATE

In week 15, circulation of SARS-CoV-2 slowed down throughout the country with an effective R below 1 and a 14% drop in incidence rate. This indicator remained high however (>1,200/100,000) and the trend varied according to age groups: incidence fell sharply among people aged under 20 but remained stable among those aged 60 and older. Similarly, although the positivity rate fell among people aged under 20, it was on the rise among those aged 60 and older. The number of new hospital admissions remained high and the downward trends from SI-VIC data will be confirmed next week after consolidation. In overseas France, the incidence and hospital admission rates remained high and rising in Reunion Island. On 18 April, 2.7% of the 60-79 age group and 11.2% of the 80+ age group had received a booster shot. Within the current context of the COVID-19 and flu epidemics, the need for precautionary measures remains, including mask wearing (especially in closed areas or at large gatherings), hand washing and ventilation of enclosed spaces, in order to protect vulnerable people and limit the burden on the health care system. At the same time the vaccination effort must continue, including in particular the second booster shot for eligible populations. Compliance with other recommended measures also remains crucial in the event of symptoms, a positive test or high-risk contacts.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate dropped to 1,208 cases per 100,000 inhabitants in week 15 (-14% compared to week 14), which represented almost 116,000 new cases on average per day. Nonetheless this trend remained very heterogeneous across age group. This indicator dropped at least 30% among people aged under 20, fell less sharply among those aged 20-59 and remained stable among people aged 60 and over. In addition it remained above 1,000/100,000 in all age groups except the under-10s (587/100,000, -30%) and the 10-19 age group (805, -36%). The highest rates this week were found among 30-39 year-olds (1,454, -14%) and 70-79 year-olds (1,442, -1%).

The screening rate also fell in week 15 (3,815/100,000, -13%), in particular among 0-9 year-olds (2,778, -26%), and 10-19 year-olds (3,202, -26%). The sharpest drop in the positivity rate was observed among 10-19 year-olds (25.1%, -3.8 points), confirming the reduced circulation of SARS-CoV-2 in this age group for the third consecutive week. The positivity rate was decreasing in the under-60 age group and rising among older people, especially among 70-79 year-olds (35.9%, 1.6 point). It remained highest among those aged 50-59 (36.5%, -0.3 points). Nationally, this rate had stabilised (31.7%, -0.4 points).

The fall in consultations for suspected COVID-19 observed last week in SOS-Médecins organisations continued (1,654, -17%) in week 15. Visits to emergency departments also started to fall for the first time (7,826, -5%) after five weeks of increases. This trend was mainly led by the 2-14 age group in both networks.

The number of new hospital admissions (8,348, -20%), and new intensive care admissions (817, -11%) remained high. Given the non-consolidation of data for week 15, these results tend to over-estimate the scale of the decrease and will be adjusted at the next epidemiological update. The indicators consolidated in week 14 indicated that hospital admissions were still rising (+5%) and that intensive

care admissions were stable (+0.3%). This same caution is required when estimating the number of deaths in hospitals and long-term care facilities (702, -10%). Concerning [all-cause mortality](#), the number of deaths for all age groups stayed close to the upper limit of the usual fluctuation margins between week 9 and week 14. However, it remained in excess among the 65-84 age group until week 14.

In metropolitan France the incidence rate stabilised in Auvergne-Rhône-Alpes and fell in the rest of the country. The drop was greater than 20% in five regions, including in Hauts-de-France (1,124, -24%) and in Normandy (1,306, -23%). All regions, however, maintained an incidence rate above 1,000/100,000, the highest being observed in Corsica (1,565, -14%), Bourgogne-Franche-Comté (1,360, -5%) and Normandy. Hospital admission rates were highest in Brittany (18.8/100,000) and in Bourgogne-Franche-Comté (16.7). The rates of intensive care admissions were up in some regions, particularly in Pays de la Loire.

In overseas France, the incidence rate was highest and again on the rise in Reunion Island (1,827, +10%). However it had dropped sharply in Guadeloupe (631, -12%) and Martinique (480, -18%). The hospital admission rate was still highest and rising in Reunion Island.

VARIANTS

The BA.2 sub-lineage of the Omicron variant was almost the only variant across the country: it represented 99% of sequences in the week 14 Flash survey of 04/04.

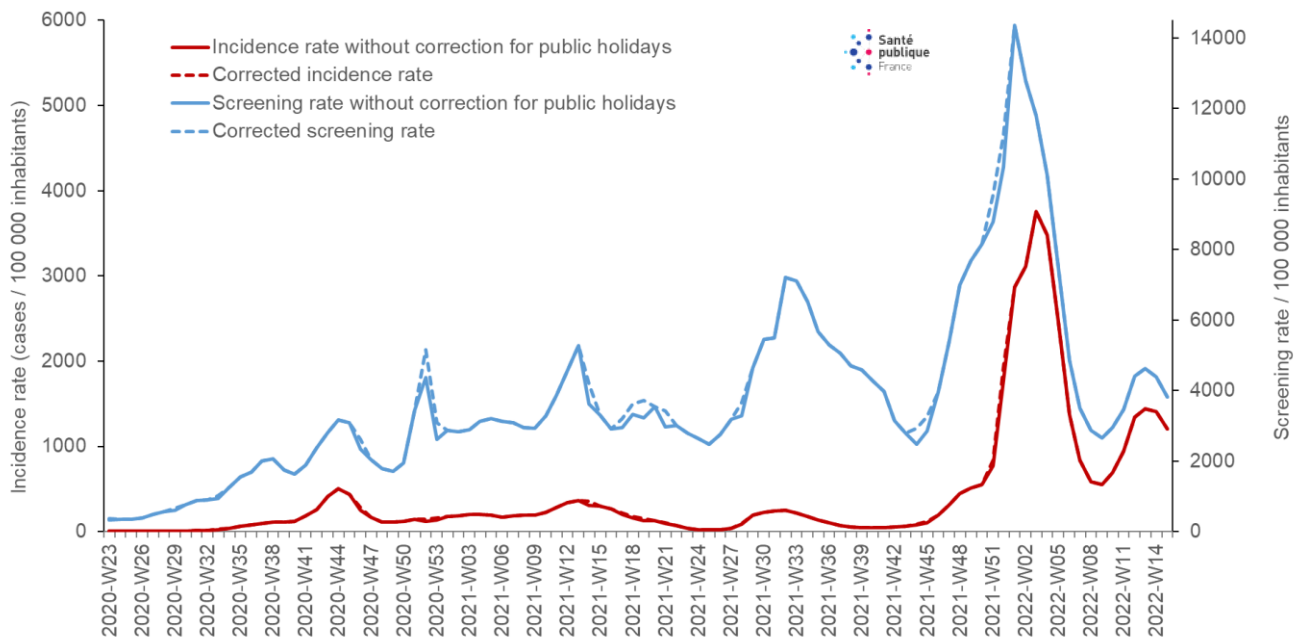
PREVENTION

On 18 April, vaccination coverage in France for the booster shot reached 83.6% in the 65+ age group. 2.7% of people aged 60-79 and 11.2% of people aged 80 and over had received a second booster shot.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (1,208 per 100,000 inhabitants vs 1,410 in week 14, i.e., -14%), as was the [screening rate](#) (3,815/100,000 vs 4,393, -13%). The [positivity rate](#) stabilised again (31.7%, -0.4 points). Among the 2,300,346 tested individuals who reported their symptom status, 64% were asymptomatic, a slightly higher proportion than in week 14 (62%). The positivity rate had increased slightly among symptomatic people (59% vs 57% in week 14) 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 20 April 2022)



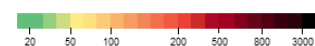
Source: SI-DEP, data processing by Santé publique France

Incidence and screening rates by age group

In week 15, the [incidence rate](#) was on the decrease among people aged under 60 years, and had stabilised among people aged 60 years or over. The lowest rates and the sharpest decreases were observed among 0-9 year-olds (587, -30%) and 10-19 year-olds (805, -36%). The incidence rate remained above 1,000/100,000 in the other age groups. The [screening rate](#) fell across all age groups and more sharply among the under 60s. The lowest rates and the sharpest decreases were observed among 0-9 year-olds (2,778, -26%) and 10-19 year-olds (3,202, -26%). The screening rate remained highest among those aged 90 and over (5,155, -4%). The [positivity rate](#) was decreasing among the under-60s and increasing for those aged 60 and over. It decreased the most among 10-19 year-olds (25.1%, -3.8 points) and was above 31% among 30-89 year-olds, reaching 36.5% among 50-59 year-olds (-0.3 point). Among school-age children, incidence and screening rates fell in all age groups. The highest incidence rate was observed among 11-14 year olds (820, -39%), with a screening rate of 3,112 (-29%) and a positivity rate of 26.3% (-4.6 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 04-2022, France (data on 20 April 2022)

1707	1683	1236	906	669	560	636	837	1076	1338	1410	1381	90 yrs +
1002	952	714	533	408	371	467	689	970	1165	1193	1178	80-89 yrs
1082	1000	730	544	426	388	527	797	1148	1365	1454	1442	70-79 yrs
1400	1195	816	580	431	384	499	726	1052	1213	1299	1269	60-69 yrs
2353	1830	1142	744	528	489	634	897	1341	1567	1602	1427	50-59 yrs
4154	3016	1685	1017	666	610	797	1120	1660	1795	1725	1434	40-49 yrs
4819	3423	1988	1198	786	731	898	1172	1609	1710	1694	1454	30-39 yrs
3842	2713	1619	1051	792	711	785	973	1354	1483	1455	1259	20-29 yrs
6231	3960	1755	909	628	598	770	1081	1650	1539	1250	805	10-19 yrs
4383	2744	1318	666	455	504	643	807	998	874	836	587	0-9 yrs
3476	2459	1373	836	587	549	689	941	1343	1439	1410	1208	All ages
W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	Santé publique France



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

Hospitalisations, intensive care admissions, and deaths

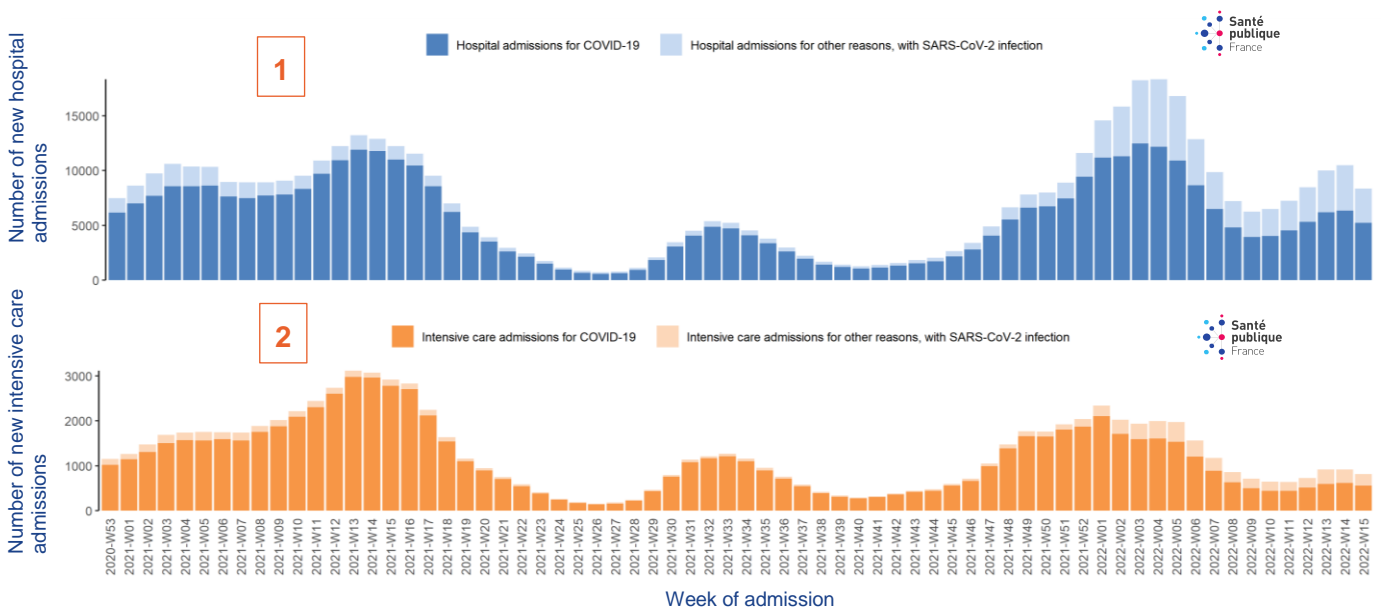
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 15, collected until 19/04/2022, are not yet consolidated and may be underestimated.**

On 19 April 2022, 25,352 COVID-19 patients were hospitalised in France (vs 24,768 on 12 April, +2%), including 1,695 in intensive care (vs 1,658 on 12 April, +2%).

Nationally, the number of [new hospital admissions](#) decreased in week 15: 8,348, or -20% (unconsolidated data) vs +5% between weeks 13 and 14 (after consolidation). Admissions to intensive care units reached 817, -11% (vs +0.3% between weeks 13 and 14). 5,227 patients were hospitalised for management of COVID-19 and 3,121 positive for SARS-CoV-2 were hospitalised for another reason (-17% and -25%, respectively). Regarding intensive care units, 560 patients were admitted for COVID-19 in week 15 (-9%) and 257 for other reasons (-15%).

In week 15, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (37%), as well as for inpatients of intensive care units (31%) and resuscitation rooms (24%).

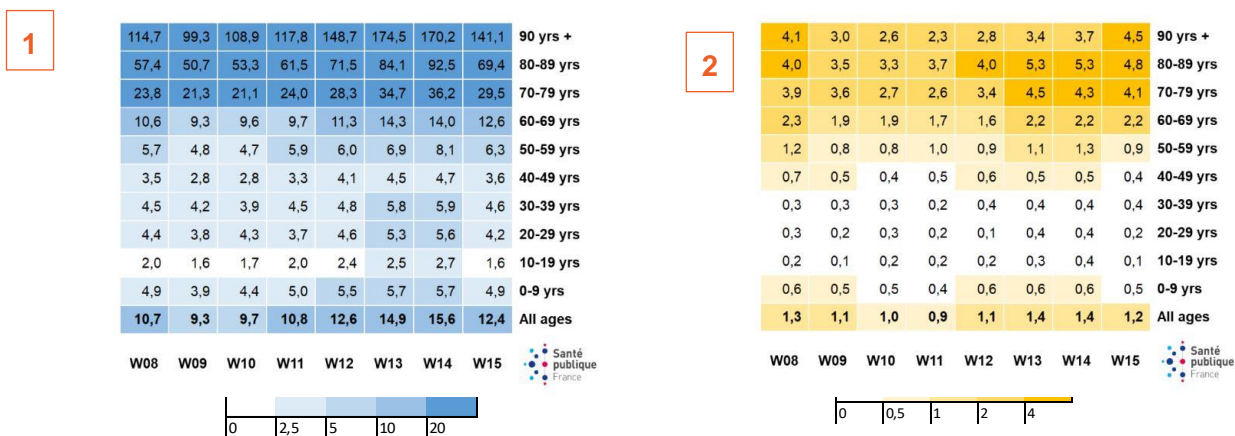
Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2020, France (data on 19 April 2022)



W15: unconsolidated data

In week 15, the weekly rate of new hospitalisations was decreasing in all age groups. The rate of intensive care admissions was stable or falling in all age groups except among those aged 90 years or over, where the rate increased although numbers were low.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 8 to week 15-2022, France



In week 15 (unconsolidated data), 647 deaths in hospital were recorded nationwide (-10% compared to week 14, vs +3% between weeks 13 and 14). There were also 55 deaths recorded in long-term care facilities vs 67 in week 14.

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate stabilised in Auvergne-Rhône-Alpes (1,286/100,000, -2%) and fell in the rest of the country, from -5% in Bourgogne-Franche-Comté (1,360) to -24% in Hauts-de-France (1,124). It remained above 1,000/100,000 in all regions. It was highest in Corsica (1,565, -14%), in Bourgogne-Franche-Comté and in Normandy (1,306, -23%). The screening rate was stable or falling in all regions. It was highest in Corsica (5,060, -13%), Île-de-France (4,517, -9%) and Provence-Alpes-Côte d'Azur (4,161, -15%). The positivity rate was highest in Brittany (42.5%, +1.0 points) and Centre-Val de Loire (40.1%, +0.7 points). It increased the most in Grand Est (33.4%, +2.6 points) and the sharpest decreases were found in Nouvelle-Aquitaine (33.8%, -2.5 points) and in Île-de-France (23.6%, -2.3 points).

In week 15, the incidence rate was above 1,500/100,000 in 3 departments (vs 28 in week 14). The highest rates were observed in Corse-du-Sud (1,644, -15%), in Puy-de-Dôme (1,566, -6%), in Cantal (1,534, -12%) and in Haute-Corse (1,495, -12%).

In **overseas France**, the incidence rate was highest and rising in Reunion Island (1,827, +10%). It decreased again in Guadeloupe (631, -12%) and Martinique (480, -18%). It stabilised in French Guiana (167, -1%), and remained low in Mayotte (24 vs 30 in week 14).

Evolution of the incidence, positivity, and screening rates by region since week 10-2022, France (data on 20 April 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)		Screening rate per 100,000 inhabitants		
	W10	W11	W12	W13	W14	W15	W15 vs W14 (%)	W15	W15 vs W14 (points)	W15	W15 vs W14 (%)
Auvergne-Rhône-Alpes	442	671	1044	1198	1319	1286	-2	34.0	-1.6	3,784	2
Bourgogne-Franche-Comté	508	776	1200	1372	1437	1360	-5	37.3	-1.1	3,644	-3
Brittany	1008	1338	1811	1789	1646	1290	-22	42.5	1.0	3,034	-23
Centre-Val de Loire	675	943	1366	1493	1511	1218	-19	40.1	0.7	3,035	-21
Corsica	649	1238	1750	1991	1815	1565	-14	30.9	-0.4	5,060	-13
Grand Est	1000	1303	1661	1584	1423	1108	-22	33.4	2.6	3,314	-28
Hauts-de-France	812	1071	1472	1558	1470	1124	-24	32.9	1.7	3,418	-28
Île-de-France	416	693	1240	1366	1280	1067	-17	23.6	-2.3	4,517	-9
Normandy	807	1122	1645	1752	1687	1306	-23	39.2	1.8	3,330	-26
Nouvelle-Aquitaine	783	980	1148	1135	1131	1033	-9	33.8	-2.5	3,057	-2
Occitanie	585	828	1210	1355	1358	1266	-7	33.1	-0.3	3,829	-6
Pays de la Loire	664	915	1342	1466	1455	1146	-21	39.5	1.6	2,904	-24
Provence-Alpes-Côte d'Azur	685	899	1185	1347	1328	1164	-12	28.0	0.8	4,161	-15
Guadeloupe	1072	970	946	823	718	631	-12	18.2	-0.5	3,478	-10
French Guiana	96	107	143	141	168	167	-1	10.1	-1.4	1,644	13
Martinique	3205	1688	1072	744	585	480	-18	15.4	2.3	3,117	-30
Mayotte	15	16	13	20	30	24	-22	3.0	-0.9	779	1
Reunion Island	1043	1111	1347	1511	1667	1827	10	41.3	0.0	4,428	10



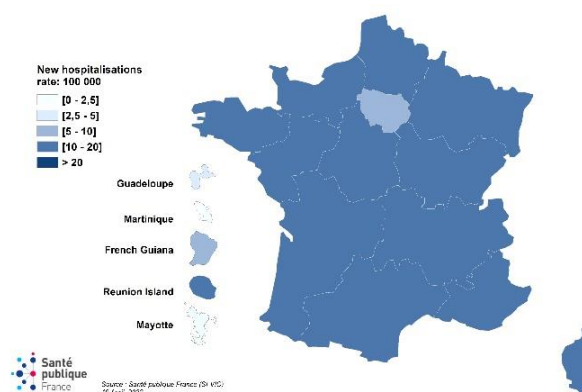
Hospital and intensive care admissions

In metropolitan France, the weekly rate of new [hospital admissions](#) was stable or falling in all regions. Hospital admission rates were highest in Brittany (18.8/100,000), in Bourgogne-Franche-Comté (16.7/100,000), in Normandy (15.4) and in Provence-Alpes-Côte d'Azur (14.9).

The rate of intensive care admissions was stable or decreasing in the majority of regions. There was an increase in Pays de la Loire, in Brittany, in Occitanie and in Nouvelle-Aquitaine.

In overseas France, the rate of new hospital admissions was down again in Guadeloupe and Martinique, but rising in French Guiana and Reunion Island. The rate of new intensive care admissions was also up in Reunion Island, a region where the indicators remained the highest (14.8 and 1.4 respectively).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 15-2022, France



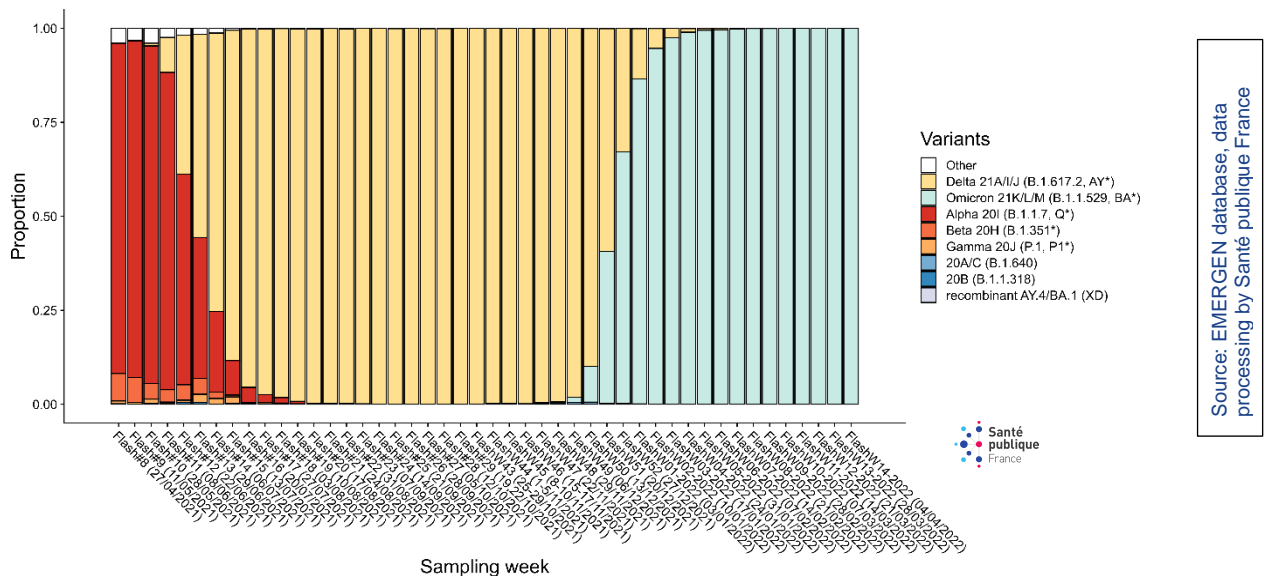
For further information on the epidemic situation in the regions, consult the [Regional Epidemiological Updates](#).

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 15, the proportion of samples in France with a **screening result compatible with Omicron was 99.8% for the AOC0 proxy** (vs 99.7% in week 14) and 98.5% for the [D1](#) proxy (vs 98.3% in week 14).

Furthermore, [sequencing data](#) confirm the **omnipresence of Omicron in France**: In metropolitan France, it represented 100% of interpretable sequences in the week 14 Flash Survey (04/04, based on 1,005 interpretable sequences), and 99.9% in the week 13 Flash Survey (28/03, based on 4,776 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (07/02, based on a total of 1,271 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 14). These data highlight Delta's replacement by Omicron.

Evolution of the proportions for each classified variant (VOC, VOI, and VUM*) in Flash Surveys, metropolitan France (data on 11 April 2022; Flash Surveys from weeks 13, 14 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. **The BA.2 sub-lineage is dominant in France, accounting for 99% of the 1,005 sequences in the week 14 Flash Survey (04/04)**. The progression of BA.2 at the expense of BA.1 is observed throughout metropolitan and overseas France. 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. Two new Omicron sub-lineages were recently identified: BA.4 and BA.5. They are circulating mostly in South Africa, and although few data are currently available, the situation in this region does not seem concerning.

The **XD variant (AY.4/BA.1 recombinant)** 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). The XD variant represents less than 0.1% of interpretable sequences in the Flash Surveys from week 1 (03/01) to week 14 (04/04), and wasn't detected during the week 14 Flash Survey. More information is available in the [variants risk analysis of 23/03/2022](#).

Vaccination

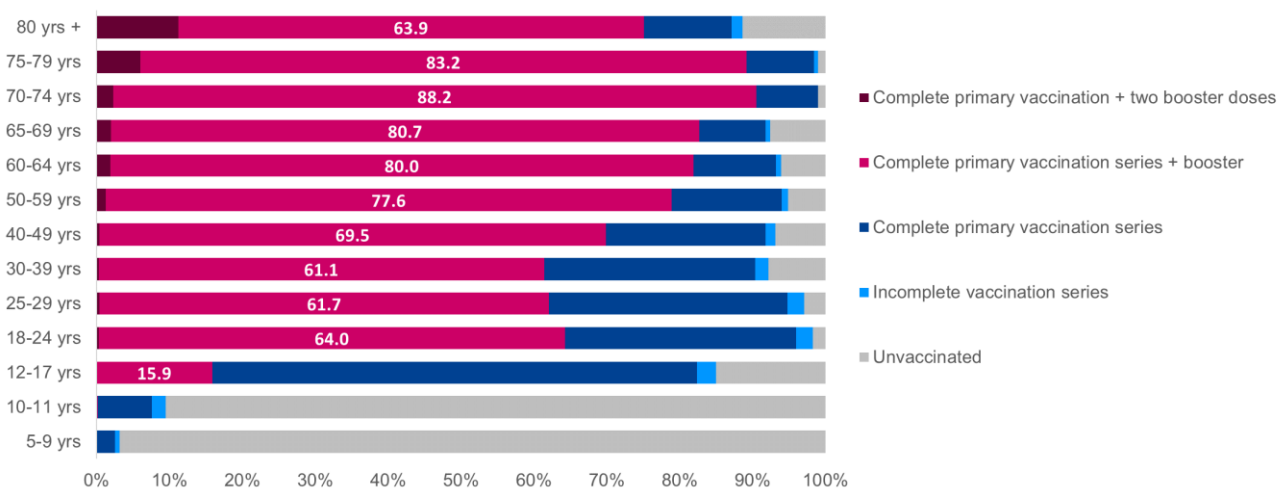
On 18/04/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.6% for a complete primary vaccination series* and 58.9% for the booster shot.

Vaccination coverage for the booster shot reached 73.6% among adults over 18 years of age and 83.6% in the 65+ age group. In addition, 9.6% 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](#). In addition, following the [recommendations](#) of 7 April, 2022, eligibility for the second booster shot was extended to people aged 60-79, to be given six months after the last injection.

In the 60-79 age group, 2.7% had received a booster shot, representing 28.8% of those eligible** for it at the time. In the 80+ age group, 11.2% had received a second booster shot (9.2% on 11/04/2022), representing 17.4% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 18 April 2022)



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

On 18/04/2022, 93.5% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 72.1% had received one booster shot and 8.6% had received a second booster shot. Among those eligible for the second booster shot at that date, 12.4% had received it.

As regards **health professionals**, vaccination coverage for the booster shot was 78.4% for those working in nursing homes or long-term care facilities, 86.8% for professionals in private practice and 77.5% 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).

Data on vaccination coverage by department are published on [Géodes](#); data concerning the second booster shot for people aged 60+ and residents of nursing homes or long-term care facilities are also published.

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

**Eligibility for the second booster shot comes after a period of 3 months since the first booster shot for those aged 80 and over, and for residents of nursing homes or long-term care facilities, and a period of 6 months for 60-79 year-olds. To give time to eligible individuals to make arrangements to get vaccinated, eligibility is measured with 1 extra month from the last injection, i.e. 4 months for those aged 80 and over and for residents of nursing homes and long-term care facilities, and 7 months for 60-79 years-olds.

This week's surveys

Update on [COVID-19 vaccine coverage among health professionals and care home residents](#)

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](#)