

COVID-19 EPIDEMIOLOGICAL UPDATE

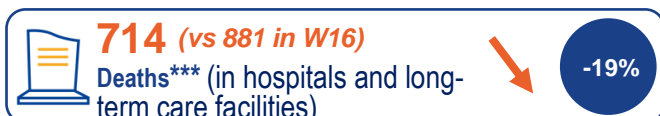
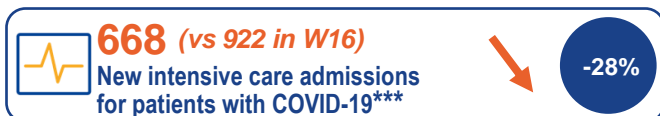
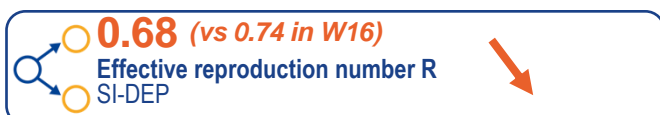
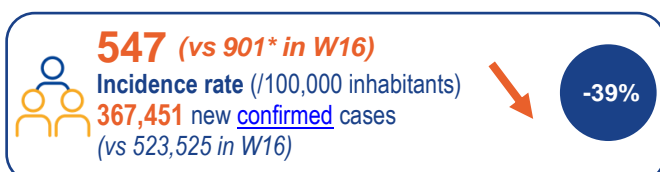
Weekly Report N° 114 / Week 17 / 5 May 2022

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 3 May.

Key numbers

In week 17 (25 April-1 May 2022)

Compared to week 16 (18-24 April 2022)



On 2 May 2022

Compared to 25 April 2022



Key points

Epidemiological situation

In week 17, the circulation of SARS-CoV-2 decreased further in French territories, with confirmation of a drop in hospital admissions; virological and hospital indicators nevertheless remained at high levels.

• Metropolitan France:

- Strong decrease in virological indicators across all age groups
- Incidence rate approaching 500/100,000
- Positivity rate still high but decreasing
- Drop in new hospital admissions

• Overseas France:

- Virological and hospital indicators remain high in Reunion Island despite the first signs of decrease

Variants

- The BA.2 sub-lineage of Omicron accounted for 99% of interpretable sequences in the Flash Survey for week 16 (19/4/22).

Prevention

• Vaccination on 2 May 2022 (Vaccin Covid data):

- 83.8% of people aged 65 years and older had received a complete primary vaccination series and a booster shot
- In the 60-79 age group, 3.9% had received a second booster shot (representing 34.1% of those eligible)
- In the 80+ age group, 15.1% had received a second booster shot (representing 22.3% of those eligible)

• Despite recent declines, SARS-CoV-2 and influenza viruses remain in active circulation, meaning the following measures remain necessary:

- Self-isolation in case of symptoms and a positive test for COVID-19
- Respect of individual precautions, such as wearing a mask (especially around vulnerable people and in enclosed spaces), washing hands and airing enclosed spaces regularly

[Dashboard](#)

[InfoCovidFrance](#)

Key figures and evolution of COVID-19 in France and worldwide

*Rates corrected for the effect of the public holiday (18 April). **Due to a technical problem, these indicators are limited to 40 SOS Médecins associations, compared to the usual 60 (approximately 74% of the data usually received). The interpretation of trends remains possible on this basis. ***W17: 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. COVID-19 Epidemiological Update: Weekly Report N° 114 / Week 17 / 5 May 2022 / P. 1

Week 17 (25 April to 1 May 2022)

SITUATION UPDATE

In week 17, a slowdown in the SARS-CoV-2 epidemic was confirmed throughout the country, with a decrease in incidence (-39%) and positivity rates (-5.0 points). This trend was observed in all metropolitan regions and all age groups. Nevertheless, these indicators remained high: the incidence rate was still well above 500/100,000 in most age groups and the positivity rate stood at 23.5%. The decrease in the number of hospital admissions observed in week 16 was confirmed (-15% after consolidation) and seemed to continue this week. In overseas France, incidence and new hospital admissions remained high in Reunion Island, although they decreased in week 17. On 2 May, 3.9% of 60-79 year-olds and 15.1% of people aged 80+ had received a second booster shot. As SARS-CoV-2 and influenza viruses are still in active circulation, it is essential to continue applying preventive measures in order to maintain the favourable epidemic trend and protect vulnerable people. Additionally, the vaccination effort must continue, particularly with regard to the second booster shot for those eligible, especially the elderly and people suffering from immunodeficiency. Other precautionary recommendations should also be followed in the event of symptoms, a positive test or contact at risk.

EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate fell sharply and approached the threshold of 500 cases per 100,000 inhabitants (547, -39% compared to week 16). The decrease was observed across all age groups and amounted to at least 40% this week among 20-49 year-olds. However, this indicator still exceeded 600/100,000 in most age groups. It remained lowest in the under-20 age group: 247 (-31%) among 0-9 year-olds and 301 (-38%) among 10-19 year-olds. Conversely, the highest incidence rates were found in the 70-79 age group (732, -37%) and in the 90+ age group (721, -38%).

The screening rate followed the same trend in week 17 (2,330/100,000, -26%). The largest decreases were once again observed in the under-20 age group with a rate of 1,308 (-30%) among 0-9 year-olds and 1,601 (-35%) among 10-19 year-olds. The 90+ age group was the only to remain at over 3,000/100,000 (3587, -25%). As for the positivity rate, it continued to fall for the second consecutive week, dropping 5 points at national level. It nevertheless remained high (23.5%), representing almost one positive test in four. Similarly, while the rate declined across all age groups, the decrease was significantly smaller among 0-19 year-olds (less than 1 point). By contrast, the largest decreases were seen in the 30-39 and 50-79 age groups (≥ 6 points). This indicator remained above 25% among 40-79 year-olds.

Consultations for suspected COVID-19 continued to decline in week 17, both in SOS Médecins associations (914, -33%) and emergency department visits (4,196, -34%).

In week 17, the number of new hospital admissions was 6,288 (-29%) and the number of new intensive care admissions was 668 (-28%). The full extent of the decreases observed will be confirmed in the next Epidemiological Update. For the previous week, after consolidation, these indicators already showed a decrease, particularly in hospital admissions (8,844, -15%), but also in admissions to intensive care,

albeit less pronounced (922, -8%). In week 17, the number of deaths in hospitals and long-term care facilities was 714 (-19%, data also unconsolidated). The moderate excess of [all-cause mortality](#) observed between weeks 12 and 16 mainly concerned the 65-84 and 85+ age groups.

In metropolitan France, the incidence rate dropped sharply across all regions. The highest rates were observed in Corsica (757, -42%) and Brittany (615, -36%) and the lowest in Île-de-France (400, -47%) and New Aquitaine (456, -40%). The screening rate, down in all regions, remained highest in Corsica (3,053, -32%). The positivity rate decreased substantially across the territory. It was less than 20% in Île-de-France (14.7%, -4.1 points) but still exceeded 30% in four regions, notably in Brittany (33.6%, -7.1 points). Hospital admission rates were again highest in Bourgogne-Franche-Comté (15.8/100,000) and Normandy (13.3). The rates of new admissions to intensive care units remained stable in Corsica and Bourgogne-Franche-Comté and decreased in all other regions.

In overseas France, although a decline in viral circulation appears to have started in Reunion Island, the incidence rate remained high (1,300, -32%). It still exceeded 500/100,000 in Guadeloupe (680, -3%) and Martinique (567, -5%). The hospital admission rate remained highest in Reunion Island.

VARIANTS

The BA.2 sub-lineage of Omicron remained omnipresent throughout the country: it accounted for 99% of interpretable sequences in the Flash Survey of 19 April for week 16.

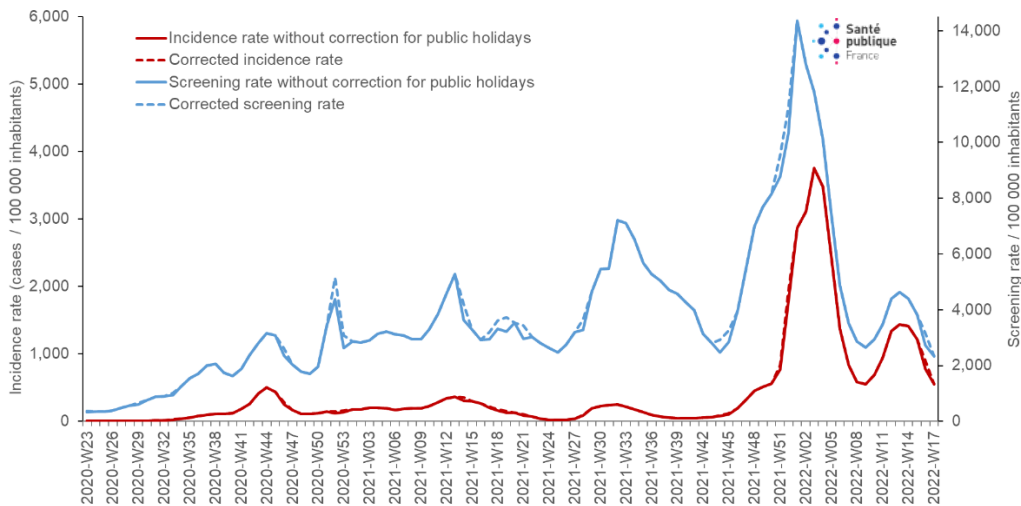
PREVENTION

On 2 May, vaccination cover for the booster shot reached 83.8% in the 65+ age group. In addition, 3.9% of 60-79 year-olds and 15.1% of people aged 80+ had received a second booster shot.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) has reduced compared to the corrected rate of the previous week (547 cases per 100,000 inhabitants vs 901 in week 16, i.e. -39%) as has the [screening rate](#) (2,330/100,000 vs 3,162, -26%). The [positivity rate](#) was also down (23.5%, -5.0 points). Among the 1,384,315 tested individuals who reported their symptom status, 70% were asymptomatic, a higher proportion than in week 16 (67%). The positivity rate was lower among both symptomatic people (54% vs 59% in week 16) and asymptomatic people (12% vs 15% in week 16). 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 4 May 2022)



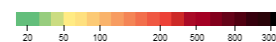
Source: SI-DEP, data processing by Santé publique France

Incidence and screening rates by age group

In week 17, the [incidence rate](#) continued to decrease in all age groups, from -31% among 0-9 year-olds to -42% among 40-49 year-olds. The highest rates were observed among 70-79 year-olds (732, -37%) and in the 90+ age group (721, -38%). Only the under-20 age group showed rates less than 500/100,000. The [screening rate](#) was also in decline across all age groups, from -21% among 70-79 year-olds to -35% among 10-19 year-olds. The highest rates were observed among people aged 90+ (3,587, -25%), 70-79 year-olds (2,870, -21%) and 80-89 year-olds (2,740, -22%). It was less than 2,000/100,000 in the under-20 age group. The [positivity rate](#) fell sharply in the population aged 20 and over, from -4.3 points in the 90+ age group (20.1%) to -7.0 points in the 60-69 age group (25.6%). It remained highest among 50-59 year-olds (26.7%, -6.3 points) and was lowest among 0-9 year-olds (18.9%, -0.4 points) and 10-19 year-olds (18.8%, -0.9 points). Among school-aged children, the incidence and screening rates fell sharply in all age groups with a stable or slightly decreasing positivity rate. The incidence rate was highest among 15-17 year olds (301, -38%) with a screening rate of 1,692 (-36%) and a positivity rate of 17.8% (-0.6 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 06-2022, France (data on 4 May 2022)

1236	906	669	560	636	837	1076	1343	1418	1417	1166	721	90 yrs +
714	533	408	371	467	689	970	1166	1197	1191	961	614	80-89 yrs
730	544	426	388	527	797	1148	1366	1457	1453	1167	732	70-79 yrs
816	580	431	384	499	726	1052	1214	1302	1276	1022	629	60-69 yrs
1142	744	528	489	634	897	1341	1568	1604	1434	1092	659	50-59 yrs
1685	1017	666	610	797	1120	1660	1796	1727	1440	1029	595	40-49 yrs
1988	1198	786	731	898	1172	1609	1711	1696	1460	1077	634	30-39 yrs
1619	1051	792	711	785	973	1354	1484	1456	1263	969	574	20-29 yrs
1755	909	628	598	770	1081	1650	1540	1252	807	485	301	10-19 yrs
1318	666	455	504	643	807	998	874	838	591	360	247	0-9 yrs
1373	836	587	549	689	941	1343	1440	1412	1215	901	547	All ages
W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16*	W17	



*Rate corrected for the public holiday effect

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

Hospitalisations, intensive care admissions, and deaths

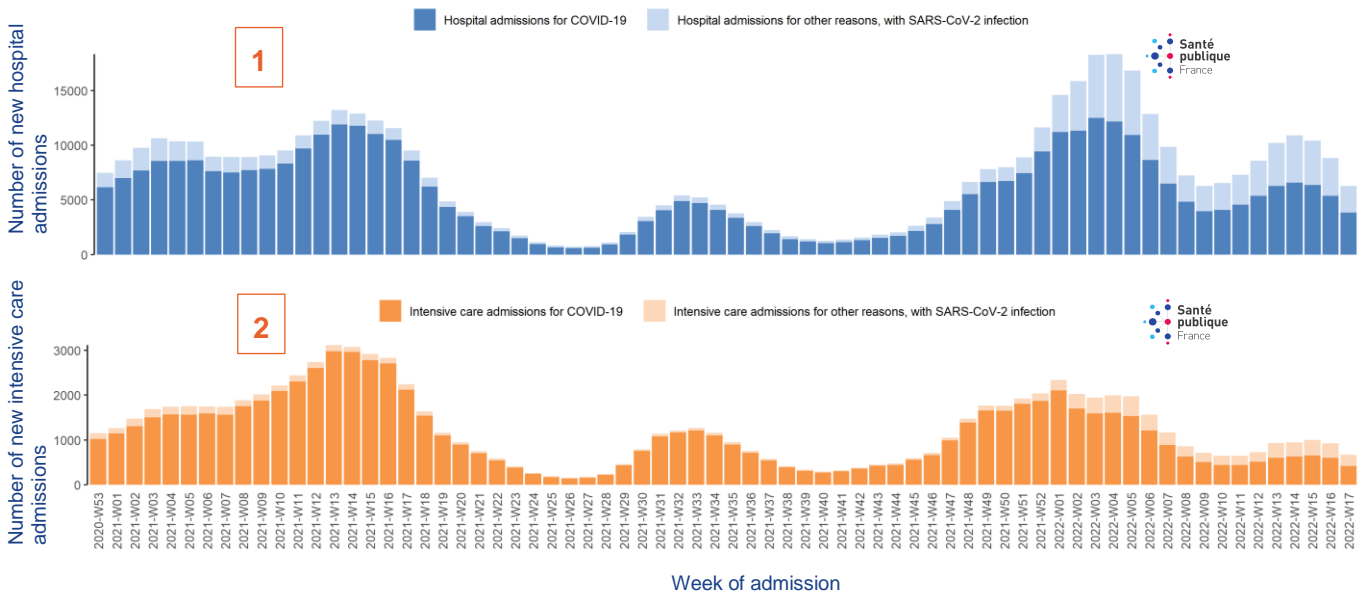
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 17, collected until 3 May 2022, are not yet consolidated and may be underestimated.**

On 3 May 2022, 22,924 COVID-19 patients were hospitalised in France (vs 24,778 on 26 April, -7%), including 1,512 in intensive care (vs 1,681 on 26 April, -10%).

Nationally, the number of [hospital admissions](#) was 6,288 in week 17, i.e. -29% (unconsolidated data) vs -15% between weeks 15 and 16 (after consolidation). Admissions to intensive care units reached 668, -28% (vs -8% between weeks 15 and 16). 3,840 patients were admitted for management of COVID-19 (-29%) and 2,448 patients with SARS-CoV-2 were admitted for other reasons (-29%). Regarding intensive care units, 417 patients were admitted for COVID-19 in week 17 (-31%) and 251 for other reasons (-22%).

In week 17, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (39%), but rising slightly for inpatients of intensive care units (38%) and resuscitation rooms (30%).

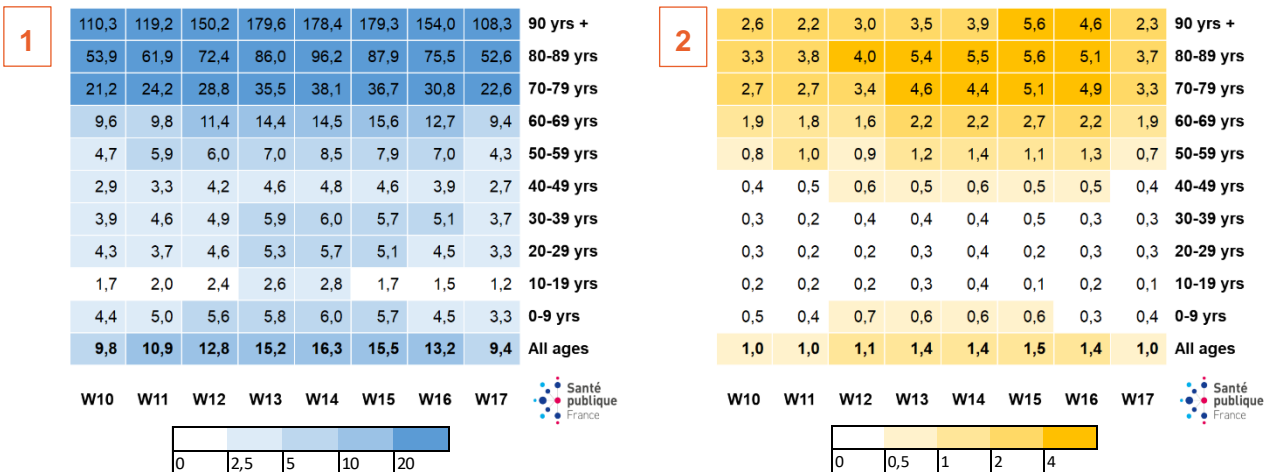
Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2020, France (data on 3 May 2022)



W17: unconsolidated data

In week 17, the weekly rate of new hospital admissions was decreasing across all age groups. The rate of new admissions to intensive care units was decreasing or stable in all age groups.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 10 to week 17-2022, France



In week 17 (unconsolidated data), 670 deaths in hospital were recorded nationwide (-19% compared to week 16, vs +3% between weeks 15 and 16). There were also 44 deaths recorded in long-term care facilities (vs 53 in week 16).

Situation at the regional level

Incidence, positivity, and screening rates

In **metropolitan France**, the incidence rate was falling sharply across the territory. Île-de-France (400/100,000, -47%) and Nouvelle-Aquitaine (456, -40%) dropped below the threshold of 500 cases per 100,000 inhabitants. The highest rates were observed in Corsica (757, -42%), Brittany (615, -36%) and Bourgogne-Franche-Comté (592, -39%). The screening has also reduced in all regions. It was highest in Corsica (3,053, -32%), followed by Provence-Alpes-Côte d'Azur (2,792, -17%) and Île-de-France (2,717, -32%). The positivity rate fell by at least 4 points in each region. It was highest in Brittany (33.6%, -7.1 points) and Centre-Val de Loire (31.7%, -5.5 points).

In week 17, all departments dropped below the threshold of 1,000 cases per 100,000 inhabitants (20 were still above the threshold in week 16). The highest rates were observed in Upper Corsica (769, -40%), Southern Corsica (743, -45%), Cher (740, -19%) and Alpes-de-Haute-Provence (710, -34%).

In **overseas France**, the incident rate decreased in Reunion Island but remained at a very high level (1,300, -32%). It was stable in Martinique (567, -5%), Guadeloupe (680, -3%) and French Guiana (153, +1%), and remained low in Mayotte (32 vs 22 in week 16).

Evolution of the incidence, positivity, and screening rates by region since week 12-2022, France (data on 4 May 2022)

Regions	Incidence rate per 100,000 inhabitants						Positivity rate (%)		Screening rate per 100,000 inhabitants		
	W12	W13	W14	W15*	W16**	W17	W17 vs W16* (%)	W17	W17 vs W16 (points)	W17	W17 vs W16* (%)
Auvergne-Rhône-Alpes	1044	1198	1321	1291	931	544	-42	28.1	-4.5	1,937	-32
Bourgogne-Franche-Comté	1200	1372	1438	1365	977	592	-39	30.9	-4.6	1,915	-30
Brittany	1811	1791	1648	1298	964	615	-36	33.6	-7.1	1,831	-23
Centre-Val de Loire	1366	1494	1512	1223	872	582	-33	31.7	-5.5	1,835	-22
Corsica	1750	1992	1818	1573	1313	757	-42	24.8	-4.6	3,053	-32
Grand Est	1661	1585	1425	1112	860	561	-35	23.6	-7.7	2,376	-13
Hauts-de-France	1472	1558	1472	1133	836	526	-37	24.9	-6.5	2,112	-21
Île-de-France	1240	1367	1283	1074	749	400	-47	14.7	-4.1	2,717	-32
Normandy	1645	1753	1689	1315	964	566	-41	29.8	-7.5	1,901	-26
Nouvelle-Aquitaine	1148	1137	1133	1039	755	456	-40	26.8	-4.4	1,700	-30
Occitanie	1210	1356	1359	1271	979	556	-43	23.4	-4.8	2,370	-32
Pays de la Loire	1342	1466	1458	1152	844	537	-36	31.1	-7.1	1,724	-22
Provence-Alpes-Côte d'Azur	1185	1348	1331	1172	894	576	-36	20.6	-5.9	2,792	-17
Guadeloupe	946	825	722	672	701	680	-3	19.1	1.1	3,550	-9
French Guiana	143	141	168	168	152	153	1	8.9	-1.0	1,728	13
Martinique	1072	745	586	515	596	567	-5	17.5	0.7	3,245	-9
Mayotte	13	21	31	24	22	32	49	3.6	0.9	903	13
Reunion Island	1347	1511	1670	1835	1907	1300	-32	35.6	-6.0	3,648	-20

*Data corrected for the effect of public holidays on 15 April in Guadeloupe and Martinique only.

**Data corrected for the effect of public holidays on 18 April.

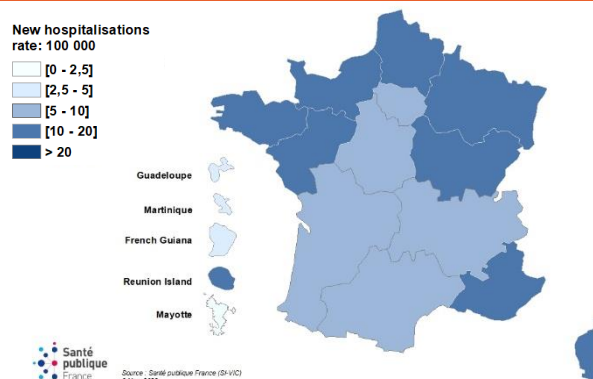


Hospital and intensive care admissions

In metropolitan France, the weekly rate of [hospital admissions](#) fell in all regions. The highest rates were observed in Bourgogne-Franche-Comté (15.8/100,000), Normandy (13.3) and Brittany (11.6). The rate of new admissions to intensive care units was stable in Corsica and Bourgogne-Franche-Comté and decreased in the other regions.

In overseas France, the hospital admission rate was decreasing in Reunion Island and Guadeloupe but stable in the other territories. The rate of new admissions to intensive care units was dropping slightly in Reunion Island and stable elsewhere. The hospital admission rate remained highest in Reunion Island (12.7), while the intensive care admission rate was highest in Guadeloupe (1.6).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 17-2022, France



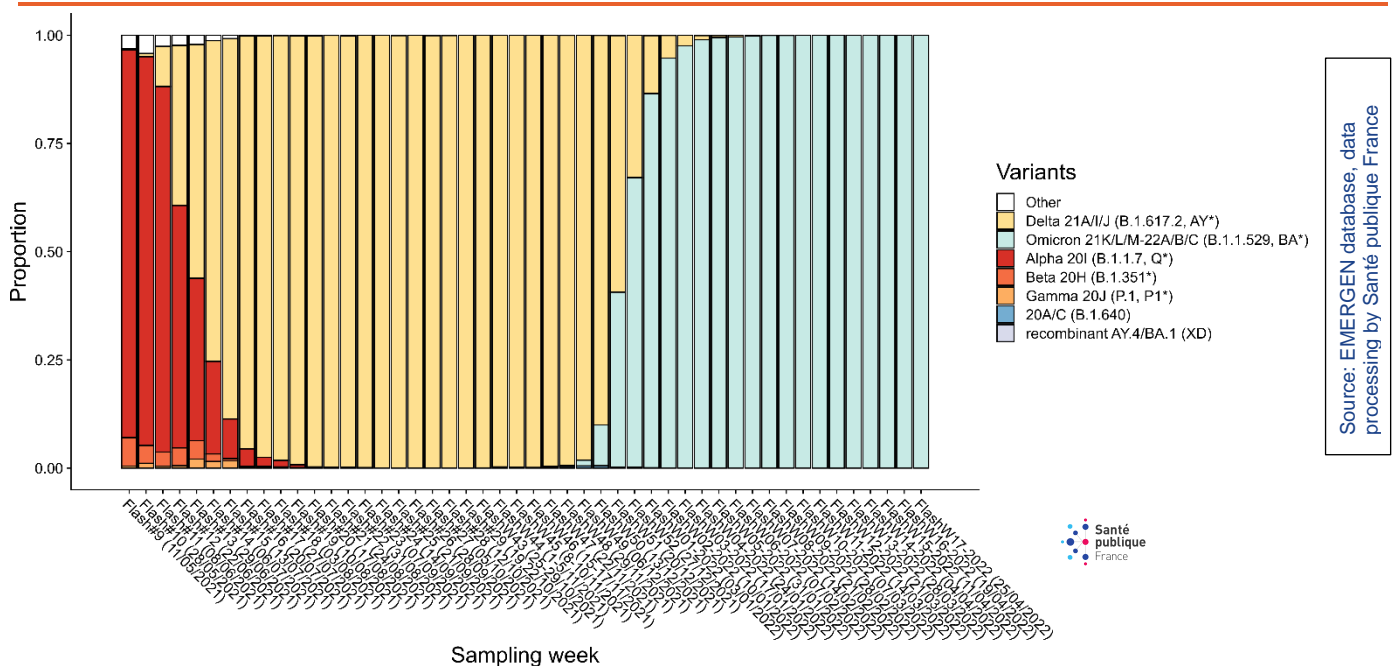
For further information on the epidemic situation in the regions, consult the [regional epidemiological updates](#).

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 17, the proportion of samples in France showing a **screening result compatible with Omicron was 99.5% for the AOC0 proxy** (against 99.7% in week 16) and **98.1% for the D1 proxy** (against 98.3% in week 16).

Furthermore, [sequencing data](#) confirms the **omnipresence of Omicron in France**. In metropolitan France, it represented **99.9% of interpretable sequences in the week 16 Flash Survey** (from 19/04/22, based on 1,821 interpretable sequences) and 100% in the week 15 Flash Survey (from 11/04/22, based on 3,193 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 1,451 interpretable sequences from these territories in Flash Surveys between weeks 6 and 16). These data illustrate the near-exclusive circulation of Omicron throughout the territory.

Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 2 May 2022; Flash Surveys from weeks 15, 16 and 17 unconsolidated)



*VOC: variant of concern; VOI: variant of interest; VUM: variant under monitoring.
Flash W17-2022: very preliminary data (519 sequences)

The variant Omicron includes five sub-lineages: BA.1, BA.2, BA.3, BA.4 and BA.5. 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 99% of the 1,821 sequences in the week 16 Flash Survey (19/04/22)**. 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. Omicron sub-lineages BA.4 and BA.5 are the subject of enhanced surveillance based on their genetic profile. They circulate mainly in South Africa where characterisation studies are underway. As of 2 May 2022, two cases of BA.4 and six cases of BA.5 have been confirmed in France and are under investigation. More information on these sub-lineages is available in the [variants risk assessment of 20/04/2022](#).

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 (03/01/22) to week 16 (19/04/22). More information is available in the [variants risk assessment of 20/04/2022](#).

Vaccination

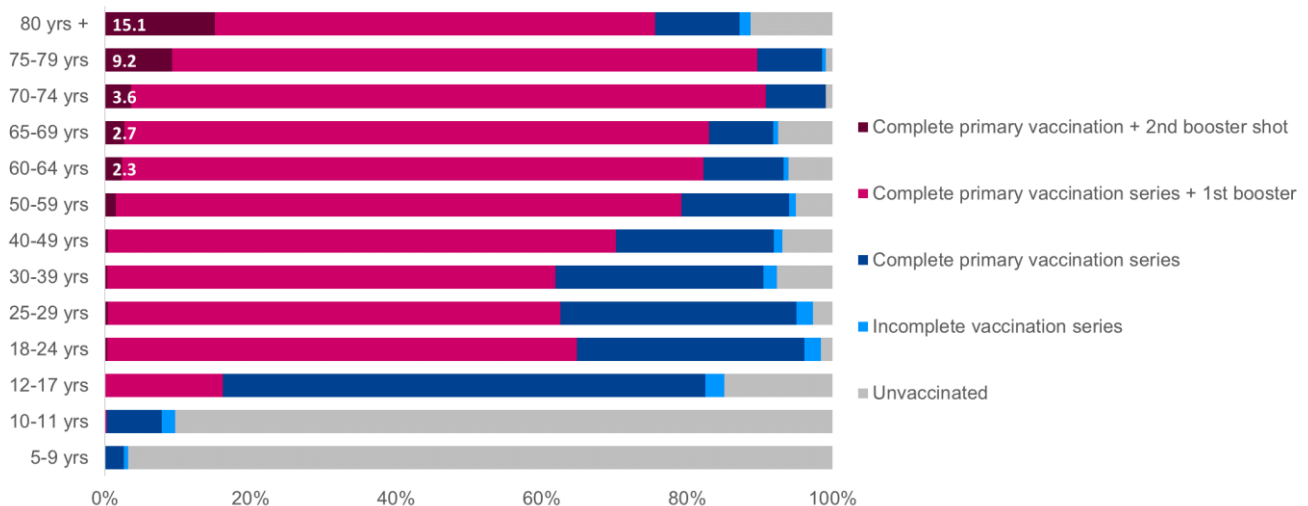
On 2 May 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.6% for a complete primary vaccination series* and 59.1% for the booster shot.

Vaccination coverage for the booster shot reached 73.8% among adults over 18 years of age and 83.8% 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 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](#). Furthermore, following the [recommendations](#) made on 7 April 2022, eligibility for the second booster shot was extended to people aged 60-79 years at 6 months after their last injection.

In the 60-79 age group, 3.9% had received a second booster shot (3.3% on 25/04/2022), representing 34.1% of those eligible** for it at the time. In the 80+ age group, vaccination coverage for the second booster shot was 15.1% (13.2% on 18/04/2022), representing 22.3% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 2 May 2022)



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

On 2 May 2022, 93.6% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 73.0% had received one booster shot and 15.5% (11.8% on 25/04/2022) had received a second booster shot. Among those who were eligible for the second booster shot at that date**, 22.1% had received it.

As regards **health professionals**, vaccination coverage for the booster shot was 78.7% for those working in nursing homes or long-term care facilities, 87.0% for professionals in private practice and 77.7% 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 available.

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

**Eligibility for the second booster dose is defined as 3 months since the first booster shot for people aged 80+ and for residents of nursing homes or long-term care facilities, and 6 months for people aged 60-79. In order to allow time for eligible people to organise their injection, eligibility is measured with an extra month's delay since the last injection, i.e. 4 months for people aged 80+ and nursing-home residents, and 7 months for people aged 60-79.

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](#)