

# COVID-19 EPIDEMIOLOGICAL UPDATE

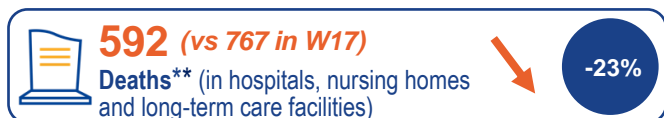
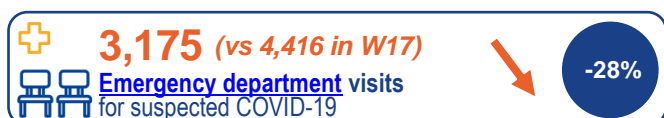
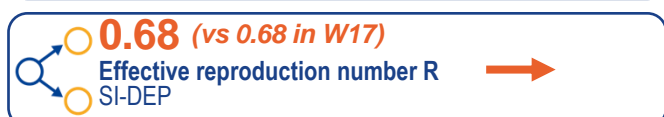
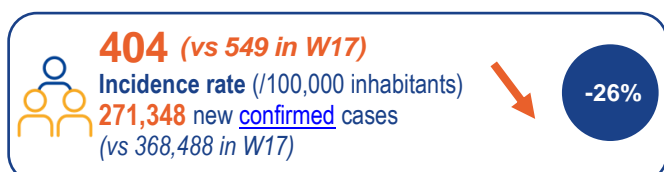
Weekly Report N° 115 / Week 18 / 12 May 2022

As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of 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 10 May 2022.

## Key numbers

In week 18 (2-8 May 2022)

Compared to week 17 (25 April-1 May 2022)



On 9 May 2022

Compared to 2 May 2022



## Key points

### Epidemiological situation

In week 18, circulation of SARS-CoV-2 and hospital admissions continued to decrease nationwide. Virological indicators remained at high levels, particularly in Reunion Island and Martinique.

- Metropolitan France:
  - Incidence rate below the 500/100,000 threshold in almost all age groups
  - Positivity rate still high (20.1%)
  - Decrease in hospital admissions
- Overseas France:
  - Virological and hospital indicators highest but decreasing in Reunion Island
  - Strong increase in virological indicators in Martinique
- Reinfections: 6.9% of all confirmed cases in week 16, increasing since week 4

### Variants

- Omicron BA.2 sub-lineage: 98.6% of interpretable sequences in the Flash Survey for week 17 (25 April)

### Prevention

- CoviPrev survey wave 33 (8-15 April): mental health remains deteriorated
  - Sleep problems declared by 69% of respondents
  - Anxiety or depressiveness reported by 30% of respondents
- Vaccination on 9 May 2022 (Vaccin Covid data):
  - 83.9% of people aged 65+ had received a complete primary vaccination series and a booster shot
  - In the 60-79 age group, 4.5% had received a second booster shot (representing 34.6% of those eligible)
  - In the 80+ age group, 16.7% had received a second booster shot (representing 24.0% of those eligible)
- Amid continued circulation of SARS-CoV-2 and influenza viruses, it remains necessary to:
  - Self-isolate in case of symptoms and a positive test for COVID-19
  - Respect individual precautions, such as wearing a mask (especially around vulnerable people and in enclosed spaces), washing hands and airing enclosed spaces regularly

\*Due to a technical problem, these indicators are limited to the 40 SOS Médecins associations that transmitted their data to Santé publique France, compared to the usual 60 (approximately 71% of the data usually received). The interpretation of trends remains possible on this basis. \*\*W18: 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 18 (2 to 8 May 2022)

### SITUATION UPDATE

In week 18, circulation of SARS-CoV-2 continued to decrease nationwide with the incidence rate (404, -26%) falling below the threshold of 500 cases per 100,000 inhabitants, a trend observed in almost all age groups. The positivity rate nevertheless remained high (20.1%). The incidence rates were highest, above 900 cases per 100,000 inhabitants, in Reunion Island and Martinique. Concerning hospitals, indicators were down again this week. On 9 May, 4.5% of 60-79 year-olds and 16.7% of people aged 80+ had received a second booster shot. As SARS-CoV-2 and influenza viruses are still in active circulation, continued application of precautionary measures remains necessary to further improve the current epidemic situation. In addition, the vaccination effort must continue, particularly with regard to the second booster shot for those eligible, including 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 continued its decline and fell below the threshold of 500 cases per 100,000 inhabitants (404, -26% compared to week 17). A decrease in incidence rate was observed in all age groups, except among the under-10s, for whom the rate was stable. Within this age group, a moderate increase was observed for children aged 3-10 years. However, the lowest values for this indicator were still found among the under-10s (253, +2%) and 10-19 year-olds (255, -16%). The rate was highest among 70-79 year-olds (501, -32%) and 30-39 year-olds (481, -24%).

The screening rate had likewise continued to fall in week 18 (2,008/100,000, -14%) across all age groups. It remained highest among people aged 90+ (2,888, -20%). The positivity rate was in decline (20.1%, -3.4 points). An increase of this rate was observed among 0-9 year-olds (21.1%, +2.1 points) and 10-19 year-olds (20.7%, +1.8 points). These trends were observed in the context of a new school term and will need confirmation over the coming weeks. The positivity rate continued to decrease in all other age groups, most significantly among adults aged 50+.

While emergency department visits for suspected COVID-19 continued to fall in week 18 (3,175, -28%), the number of consultations in SOS Médecins organisations stabilised after 4 weeks of decline (896, -2%).

In week 18, the number of new hospital admissions was down for the fourth consecutive week (4,938, -28%), while the number of new admissions to intensive care decreased for the third week in a row (541, -25%). In week 18, the number of deaths in hospitals and long-term care facilities was 592 (-23%, unconsolidated data). The moderate excess of [all-cause mortality](#) observed between weeks 12 and 16 appeared to return within regular margins of fluctuation in week 17.

In metropolitan France, the incidence rate was still decreasing across the whole territory. The highest rates were observed in Brittany (490, -20%) and Normandy (450, -21%), and the lowest in Île-de-France (272, -32%) and Nouvelle-Aquitaine (312, -32%). The screening rate continued to decline in all

regions, with the highest values observed in Provence-Alpes-Côte d'Azur (2,553, -9%) and Corsica (2,258, -26%). The positivity rate also continued to fall in all regions. It remained above 25% in Brittany, Pays de la Loire, Centre-Val de Loire and Normandy. The hospital admission rate decreased in all regions. It was still highest in Bourgogne-Franche-Comté (12.6/100,000), Normandy (9.9) and Brittany (9.4). The rates of new admissions to intensive care were stable in Normandy, Grand Est and Nouvelle-Aquitaine, while they decreased in all other regions.

In overseas France, the incidence rate was high and rising sharply in Martinique (932, +62%). The situation was improving in Reunion Island, which retained the highest incidence rate this week (959, -27%). Despite a sustained decrease, the hospital admission rate also remained highest in Reunion Island. In other territories, the number of new hospital admissions was relatively low but nevertheless on the rise in Guadeloupe.

### VARIANTS

The Omicron BA.2 sub-lineage accounted for 98.6% of interpretable sequences in the Flash Survey for week 17 (25 April).

### REINFECTIONS

Possible reinfections with SARS-CoV-2 represented 6.9% of confirmed cases in week 16, a proportion that has been steadily increasing since week 4.

A larger proportion of possible reinfections was observed among health professionals and people aged 18-40 years compared to the total number of confirmed cases over the same period.

### PREVENTION

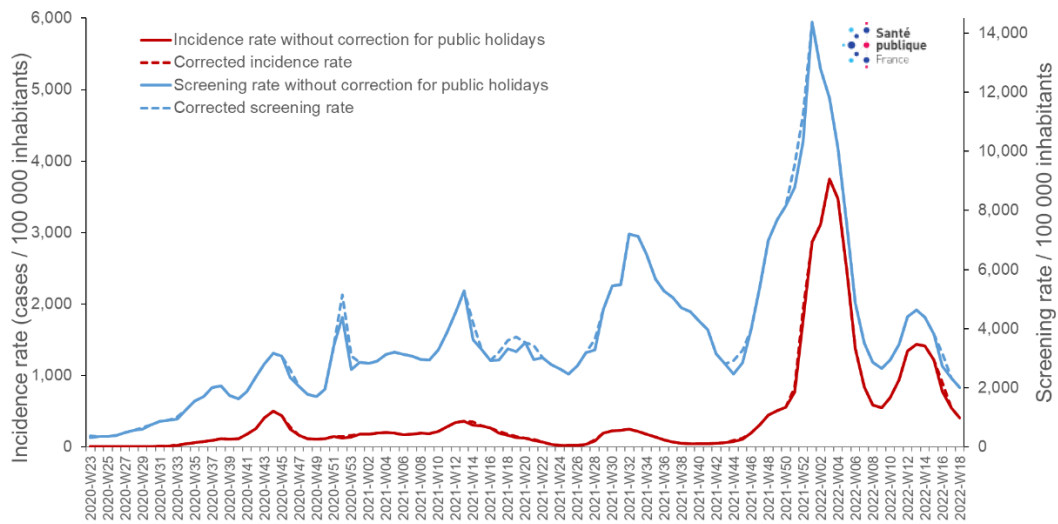
According to the CoviPrev survey (wave 33 from 8-15 April), the mental health of the French remained deteriorated: 69% of respondents declared having sleep problems and 30% declared anxiety or depressiveness, which was stable compared to the previous survey.

On 9 May, vaccination cover for the booster shot reached 83.9% in the 65+ age group. In addition, 4.5% of 60-79 year-olds and 16.7% of people aged 80+ had received a second booster shot.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than the previous week (404 cases per 100,000 inhabitants vs 549 in week 17, i.e. -26%), as was the [screening rate](#) (2,008/100,000 vs 2,333, -14%). The [positivity rate](#) was also down (20.1%, -3.4 points). Among the 1,185,364 tested individuals who had reported their symptom status, 73% were asymptomatic, a proportion that has been increasing for several weeks (70% in week 17 and 67% in week 16). The positivity rate was decreasing among both symptomatic people (51% vs 54% in week 17) and asymptomatic people (10% vs 12% in week 17). Among people who tested positive, the proportion experiencing symptoms remained at 66%, as in previous weeks.

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 11 May 2022)



### Incidence and screening rates by age group

In week 18, the [incidence rate](#) continued to decline in all age groups, except among 0-9 year-olds, where it was stable (253/100,000, +2%). The decrease was smaller among 10-19 year-olds (255, -16%). The lowest rates (below 300) were observed in these same age groups. This indicator was below 500/100,000 in all age groups except among 70-79 year-olds (501, -32%), who had the highest rate, followed by 30-39 year-olds (481, -24%). The [screening rate](#) was also in decline across all age groups, from -8% among 0-9 year-olds to -23% among 10-19 year-olds. The highest rates were observed in the 90+ age group (2,888, -20%) and among 70-79 year-olds (2,581, -10%). It was less than 1,300/100,000 in the under-20 age group and below 2,000 among 40-49 year-olds. The [positivity rate](#) was decreasing among adults aged 20+, especially in the 50+ age group where it dropped by more than 4.5 points. It increased among 0-9-year-olds (21.1%, +2.1 points) and 10-19 year-olds (20.7%, +1.8 points) this week. It remained  $\geq 20\%$  in the majority of age groups. It was highest among 40-49 year-olds (22.6%, -2.7 points) and lowest in the 90+ age group (15.6%, -4.6 points). Among school-age children, the incidence rate decreased for 0-2 year-olds and 11-17 year-olds but increased for 3-10 year-olds. The screening rate fell in all age groups, except among 3-5 year-olds where it was stable. The positivity rate was rising in all age groups, except among 0-2 year-olds where it decreased (20.1%, -1.1 points). The incidence rate was highest among 6-10 year-olds (289, +5%) with a screening rate of 1,289 (-13%) and a positivity rate of 22.4% (+3.8 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 07-2022, France (data on 11 May 2022)

906	669	560	636	837	1076	1343	1418	1419	1172	729	449	90 yrs +
533	408	371	467	689	970	1166	1197	1192	963	617	397	80-89 yrs
544	426	388	527	797	1148	1366	1457	1454	1168	735	501	70-79 yrs
580	431	384	499	726	1052	1214	1302	1277	1023	631	443	60-69 yrs
744	528	489	634	897	1341	1568	1604	1434	1093	661	474	50-59 yrs
1017	666	610	797	1120	1660	1796	1727	1441	1030	596	442	40-49 yrs
1198	786	731	898	1172	1609	1711	1696	1460	1078	635	481	30-39 yrs
1051	792	711	785	973	1354	1484	1456	1263	969	575	399	20-29 yrs
909	628	598	770	1081	1650	1540	1252	808	485	302	255	10-19 yrs
666	455	504	643	807	998	874	838	591	360	248	253	0-9 yrs
836	587	549	689	941	1343	1440	1412	1215	902	549	404	All ages
W07	W08	W09	W10	W11	W12	W13	W14	W15	W16*	W17	W18	

\*Rate corrected for the public holiday effect



# Hospitalisations, intensive care admissions, and deaths

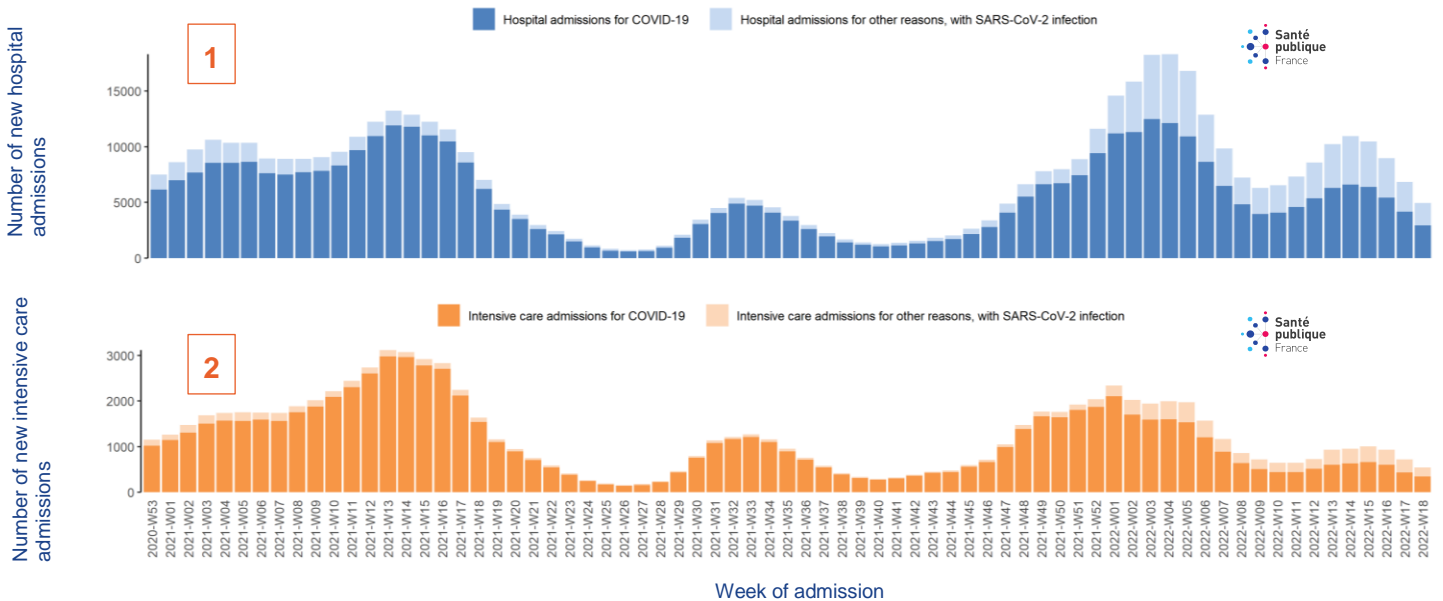
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data for week 18, collected until 10 May 2022, are not yet consolidated and may be underestimated.**

On 10 May 2022, 20,574 COVID-19 patients were hospitalised in France (vs 22,924 on 3 May, -10%), including 1,378 in intensive care (vs 1,512 on 3 May, -9%).

Nationally, the number of [hospital admissions](#) was 4,938 in week 18, i.e. -28% (unconsolidated data) vs -24% between weeks 16 and 17 (after consolidation). The number of intensive care admissions amounted to 541, -25% (vs -23% between weeks 16 and 17). 2,939 patients were admitted to hospital for management of COVID-19 (-30%) and 1,999 patients with SARS-CoV-2 were admitted for other reasons (-26%). Regarding intensive care units, 343 patients were admitted for COVID-19 in week 18 (-22%) and 198 for other reasons (-30%).

In week 18, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (40%), as well as for inpatients of intensive care units (37%) and resuscitation rooms (31%).

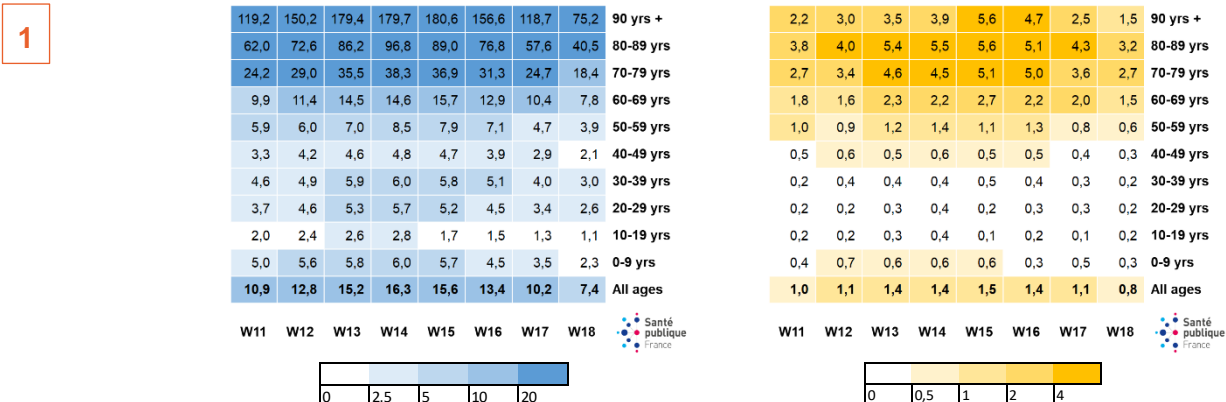
## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2020, France (data on 10 May 2022)



W18: unconsolidated data

In week 18, 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 11 to week 18-2022, France



In week 18 (unconsolidated data), 557 deaths in hospital were recorded nationwide (-23% compared to week 17, vs -15% between weeks 16 and 17). There were also 35 deaths recorded in long-term care facilities (vs 48 in week 17).

## Situation at the regional level

### Incidence, positivity, and screening rates

In metropolitan France, the incidence rate was falling sharply throughout the territory, from -15% (in Hauts-de-France) to -43% (in Corsica). All regions fell below the threshold of 500 cases/100,000 inhabitants in week 18. The highest rates were observed in Brittany (490, -20%) and Normandy (450, -21%). The screening rate also decreased in all regions. It remained highest in Provence-Alpes-Côte d'Azur (2,553, -9%), Corsica (2,258, -26%) and Grand Est (2,212, -7%). The positivity rate was down across the territory. It was highest in Brittany (29.8%, -3.8 points), Pays de la Loire (27.8%, -3.3 points) and Centre-Val de Loire (26.9%, -4.9 points).

In week 18, the incidence rate continued to decrease in all departments: only five departments exceeded the threshold of 500/100,000 inhabitants (vs 75 in week 17): Somme (537, -14%), Morbihan (525, -18%), Ardennes (524, -14%), Finistère (520, -18%) and Cher (510, -31%).

In overseas France, the incidence rate rose sharply in Martinique (932, +62%), remained stable in Guadeloupe (684, +0%) and fell slightly in French Guiana (145, -6%). Although in decline, it remained at a high level in Reunion Island (959, -27%). This indicator remained very low in Mayotte (26 vs 32 in week 17).

### Evolution of the incidence, positivity, and screening rates by region since week 13-2022, France (data on 11 May 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W13	W14	W15*	W16**	W17	W18	W18 vs W17 (%)	W18	W17 vs W16 (point)	W18	W18 vs W17 (%)
Auvergne-Rhône-Alpes	1198	1321	1292	932	546	367	-33	21.5	-6.7	1,710	-12
Bourgogne-Franche-Comté	1372	1438	1366	977	593	413	-30	24.6	-6.3	1,678	-13
Brittany	1791	1648	1299	965	616	490	-20	29.8	-3.8	1,646	-10
Centre-Val de Loire	1494	1512	1224	872	584	447	-23	26.9	-4.9	1,666	-9
Corsica	1992	1818	1574	1315	761	431	-43	19.1	-5.7	2,258	-26
Grand Est	1585	1425	1113	860	562	438	-22	19.8	-3.8	2,212	-7
Hauts-de-France	1558	1472	1133	837	528	446	-15	22.3	-2.6	1,999	-5
Île-de-France	1367	1283	1075	749	401	272	-32	13.1	-1.7	2,080	-24
Normandy	1753	1689	1315	965	567	450	-21	25.4	-4.4	1,776	-7
Nouvelle-Aquitaine	1137	1133	1039	755	457	312	-32	20.9	-6.0	1,490	-12
Occitanie	1356	1359	1271	979	557	359	-36	19.7	-3.8	1,820	-23
Pays de la Loire	1466	1458	1152	845	538	442	-18	27.8	-3.3	1,589	-8
Provence-Alpes-Côte d'Azur	1348	1331	1173	895	578	415	-28	16.3	-4.4	2,553	-9
Guadeloupe	825	722	673	702	683	684	0	19.2	0.0	3,568	0
French Guiana	141	168	169	152	154	145	-6	10.3	1.4	1,404	-19
Martinique	745	586	515	599	575	932	62	24.3	6.7	3,828	18
Mayotte	21	31	24	22	32	26	-20	2.9	-0.7	903	0
Reunion Island	1511	1670	1836	1909	1306	959	-27	32.5	-3.2	2,954	-19

\*Data corrected for the effect of the public holiday on 15 April 2022 in Guadeloupe and Martinique only.

\*\*Data corrected for the effect of the public holiday on 18 April 2022.

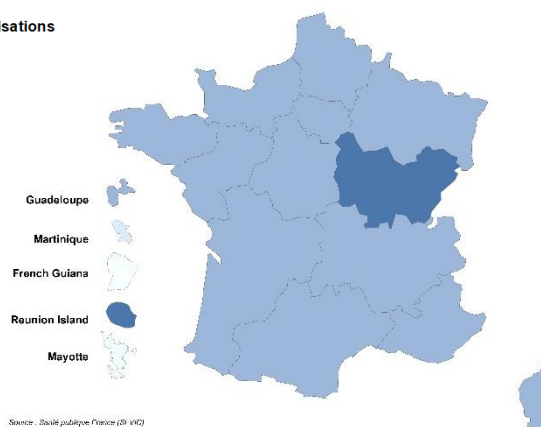
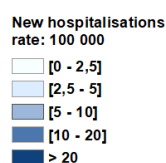


### Hospital and intensive care admissions

In metropolitan France, the weekly rate of [hospital admissions](#) fell in all regions. The highest rates were again observed in Bourgogne-Franche-Comté (12.6/100,000), Normandy (9.9) and Brittany (9.4). The rate of new admissions to intensive care units was stable in Normandy, Grand Est and Nouvelle-Aquitaine, and decreased in all other regions. It was highest in Corsica (1.2) and Hauts-de-France (1.1).

In overseas France, hospital indicators were highest in Reunion Island, although the rate of new admissions (11.7) was down and the rate of intensive care admissions (1.3) was stable. In the other territories, numbers were lower. The hospital admission rate was up in Guadeloupe, stable in Martinique and French Guiana. Meanwhile, the rate of new admissions to intensive care was down in Guadeloupe and stable in other regions.

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 18-2022, France



Santé publique France  
Source: Santé publique France (SI-VIC)  
10 May, 2022

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

## Variants

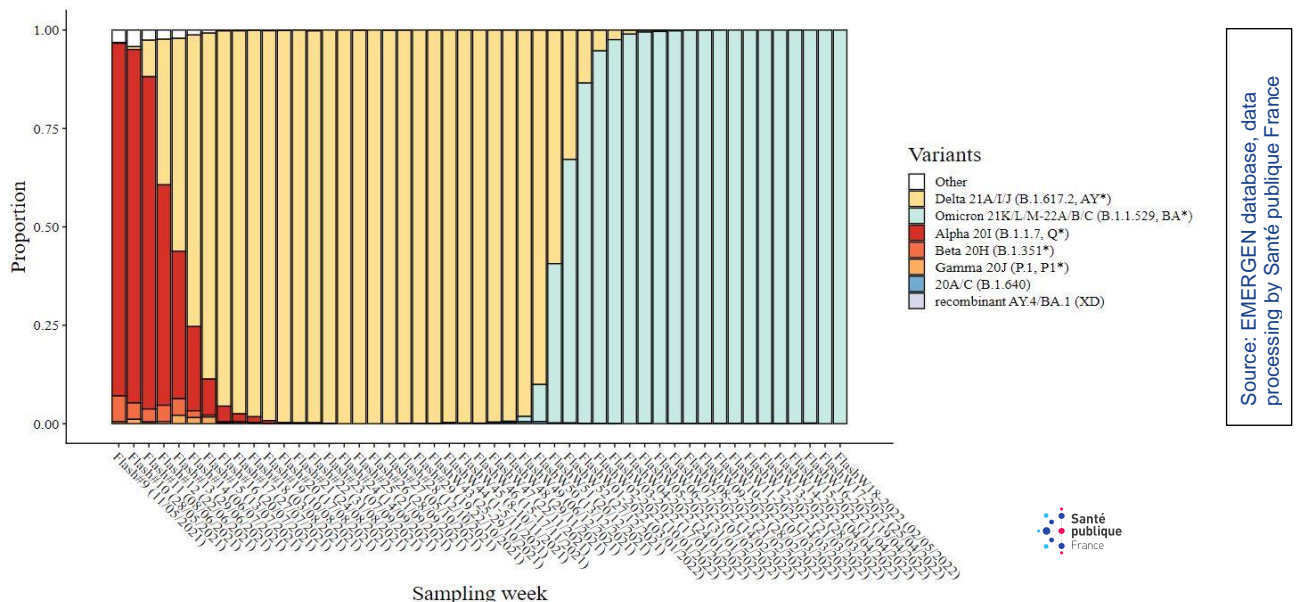
The [screening strategy](#) deployed in France aims to reactively detect mutations that affect the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 18, the proportion of samples in France showing a **screening result compatible with Omicron was 99.2% for the A0C0 proxy** (against 99.5% in week 17) and **98% for the D1 proxy** (against 98.1% in week 17).

The proportion of detection for the L452R mutation (screening result C1), which was predominantly present in Delta, increased from 0.4% in week 17 to 0.8% in week 18. This mutation is found in the Omicron sub-lineages BA.4 and BA.5, but also in other sub-lineages of BA.1 and BA.2 (including BA.2.11).

Furthermore, [sequencing data](#) confirms the **omnipresence of Omicron in France**. In metropolitan France, it represented **100% of interpretable sequences in the week 17 Flash Survey** (from 25/04/22, based on 1,158 interpretable sequences) and almost 99.9% in the week 16 Flash Survey (19/04/22, based on 2,700 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 1,566 interpretable sequences from these territories in Flash Surveys between weeks 6 and 17). These data illustrate the near-exclusive circulation of Omicron throughout the territory.

The **recombinant XD**, meanwhile, is still detected at low levels (0.2% in Flash Survey week 16-2022 and undetected in Flash Survey week 17-2022).

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 9 May 2022; Flash Surveys from weeks 16, 17 and 18 unconsolidated)



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

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, these sub-lineages were in turn divided into further sub-lineages. **The BA.2 sub-lineage is dominant in France, accounting for 98.6% of the 1,158 sequences in the week 17 Flash Survey (25/04/22)**. 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, and have been detected in France since the Flash Surveys of week 13 for BA.5 and week 16 for BA.4. On 10 May 2022, seven cases of BA.4 and 15 cases of BA.5 had been identified in the country during Flash Surveys. More information on these sub-lineages is available in the [variants risk assessment of 20/04/2022](#).

## Vaccination

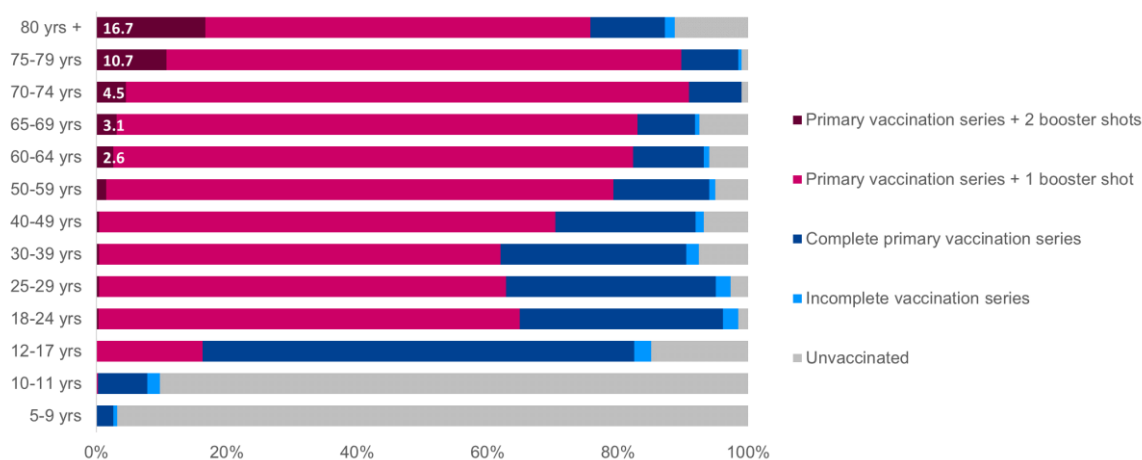
On 9 May 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.6% for a complete primary vaccination series\* and 59.2% for the booster shot.

Vaccination coverage for the booster shot reached 74.0% among adults aged 18+ and 83.9% in the 65+ age group. In addition, 9.7% of children aged 10-11 years have 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, 4.5% have received a second booster shot (3.9% on 02/05/2022), representing 34.6% of those eligible\*\* for it at the time. In the 80+ age group, vaccination coverage for the second booster shot was 16.7% (15.1% on 02/05/2022), representing 24.0% of those eligible for it at the time.

### Vaccination coverage, by age group, France (data on 9 May 2022)



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

On 9 May 2022, 93.6% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 73.4% had received one booster shot and 18.3% had received a second booster shot (15.5% on 02/05/2022). Among those who were eligible for the second booster shot at that date\*\*, 26.0% had received it.

As regards **health professionals**, vaccination coverage for the booster shot was 78.9% for those working in nursing homes or long-term care facilities, 87.1% for professionals in private practice and 77.9% 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 via the platform.

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

\*\*Eligibility for the second booster shot 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 for the time it takes people to organise their injection, eligibility is measured including 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.

### This week's surveys

- Update on [mental health](#) (CoviPrev survey, wave 33)
- Update on [possible reinfections with SARS-CoV-2](#)
- 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 open access data on [Géodes](#)