

# COVID-19 EPIDEMIOLOGICAL UPDATE

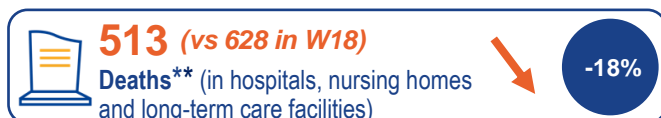
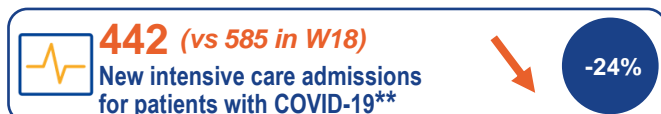
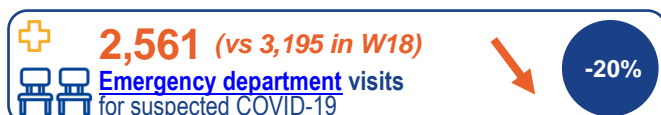
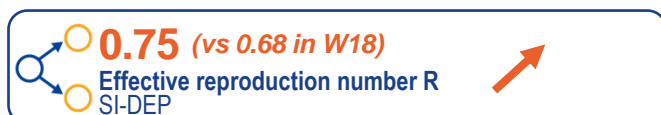
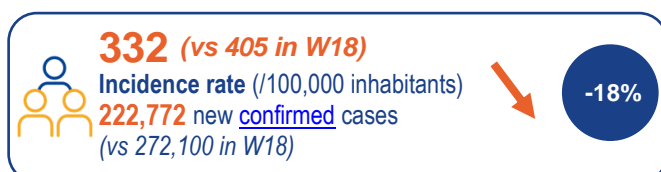
Weekly Report N° 116 / Week 19 / 19 May 2022

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 18 May 2022.

## Key numbers

In week 19 (9-15 May 2022)

Compared to week 18 (2-8 May 2022)



On 16 May 2022

Compared to 9 May 2022



## Key points

### Epidemiological situation

In week 19, all epidemiological indicators continued to improve at national level, however the circulation of SARS-CoV-2 further intensified in Martinique.

- Metropolitan France:
  - Incidence, screening and positivity rates down in all regions
  - Hospital admission rate down in all regions
- Overseas France:
  - Strong increase in virological indicators, returning to very high levels in Martinique
  - Virological indicators stable at a high level in Guadeloupe
  - Improvement of the epidemiological situation in Reunion Island

### Variants

- Omicron BA.2 sub-lineage predominant: 98.7% of interpretable sequences in the week 18 Flash Survey on 2 May 2022
- Increased presence of L452R mutation in screening, linked to the increase of certain Omicron sub-lineages carrying this mutation (notably BA.4, BA.5 and some BA.2)

### Prevention

- Vaccination on 16 May 2022 (Vaccin Covid data):
  - Vaccination coverage for the booster shot reached 74.1% among adults over 18 years of age (84.0% in the 65+ age group)
  - Only 34.8% of eligible 60-79 year-olds and 25.5% of eligible people aged 80+ had received a second booster shot
- The ongoing circulation of SARS-CoV-2 and influenza viruses calls for continued vigilance, particularly to protect the most vulnerable, and for the following precautions:
  - Self-isolation in case of symptoms and a positive test for COVID-19
  - Individual application of preventive measures: first and foremost wearing a mask (in crowded indoor spaces, around people at risk, or at large gatherings), hand washing and frequent ventilation of enclosed spaces

\*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 74% of the data usually received). The interpretation of trends remains possible on this basis. \*\*W19: 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 19 (9 to 15 May 2022)

### SITUATION UPDATE

In week 19, all epidemiological indicators continued to improve with a decrease in incidence and positivity rates across all age groups and regions in metropolitan France. In hospitals, the number of admissions continued to decrease, as did the number of admissions to intensive care units. In overseas France, the evolution of indicators was more heterogeneous with, in particular, a significant increase in the circulation of SARS-CoV-2 in Martinique, where the incidence rate stood at 1,367 cases per 100,000 inhabitants. On 16 May, only 34.8% of eligible 60-79 year-olds and 25.5% of eligible people aged 80+ had received their second booster shot.

In the context of declining but persistent circulation of SARS-CoV-2 and influenza viruses, upholding precautionary measures remains necessary in order to further improve the epidemic situation. In addition, the vaccination effort must continue, particularly in territories currently affected by a resurgence of COVID-19, as well as for the second booster shot among those eligible, including the elderly and people suffering from immunodeficiency. Compliance with other recommended measures also remains necessary in case of symptoms, a positive test or contact at risk.

### EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate continued to decrease in week 19, falling to 332 cases per 100,000 inhabitants (-18% compared to week 18), as did the screening rate (1,901, -5%) and the positivity rate, the latter falling below 20% (17.5%, -2.7 points). These decreases were observed in all age groups, with the exception of the screening rate, which increased by 11% among 0-9 year-olds and was stable among 10-19 year-olds, probably in connection with the start of the new school term in zone C. Data by age group corresponding to school levels showed a stable incidence rate among 6-14 year-olds only. The incidence rate was highest among 30-39 year-olds (400, -17%) and 70-79 year-olds (387, -23%).

In week 19, the number of emergency department visits for suspected COVID-19 continued to fall (2,561, -20%), and the number of SOS-Médecins consultations was down again (826, -8%) after stabilising in week 18.

The numbers of new admissions to hospital and intensive care were still decreasing in week 19 (4,074, -25% and 442, -24%, respectively). The number of deaths in hospital and long-term care facilities was 513 (-18%, unconsolidated data). The moderate excess of [all-cause mortality](#) observed between weeks 12 and 17 appeared to return within usual margins of fluctuation in week 18.

In metropolitan France, incidence and positivity rates were down in all regions. Incidence rates per 100,000 inhabitants ranged from 398 (-19%) in Brittany to 232 (-15%) in Île-de-France. The screening rate decreased in all regions except Île-de-France (2,142, +3%) where, together with

Provence-Alpes-Côte d'Azur (2,365, -7%), it was among the highest. Hospital admission rates decreased and fell below the threshold of 10 per 100,000 inhabitants in all regions. The rates of new admissions to intensive care units were stable in Nouvelle-Aquitaine and Centre-Val de Loire and decreased in all other regions.

In overseas France, the incidence rate was still rising sharply in Martinique, reaching a very high level (1,367, +45%), with no impact as yet on hospital indicators. The incidence rate remained stable at a high level in Guadeloupe, as it has been for several weeks (736, +7%). The situation improved for the third consecutive week in Reunion Island (663, -31%). The rate of new hospital admissions remained highest but decreased in Reunion Island (11.7 per 100,000, -14%).

### VARIANTS

The Omicron variant's BA.2 sub-lineage remained predominant, representing 98.7% of interpretable sequences in the week 18 Flash Survey for 2 May 2022. Screening showed a notable increase in presence of the L452R mutation, associated with the increase in certain Omicron sub-lineages that are carriers (particularly BA.4, BA.5 and some BA.2).

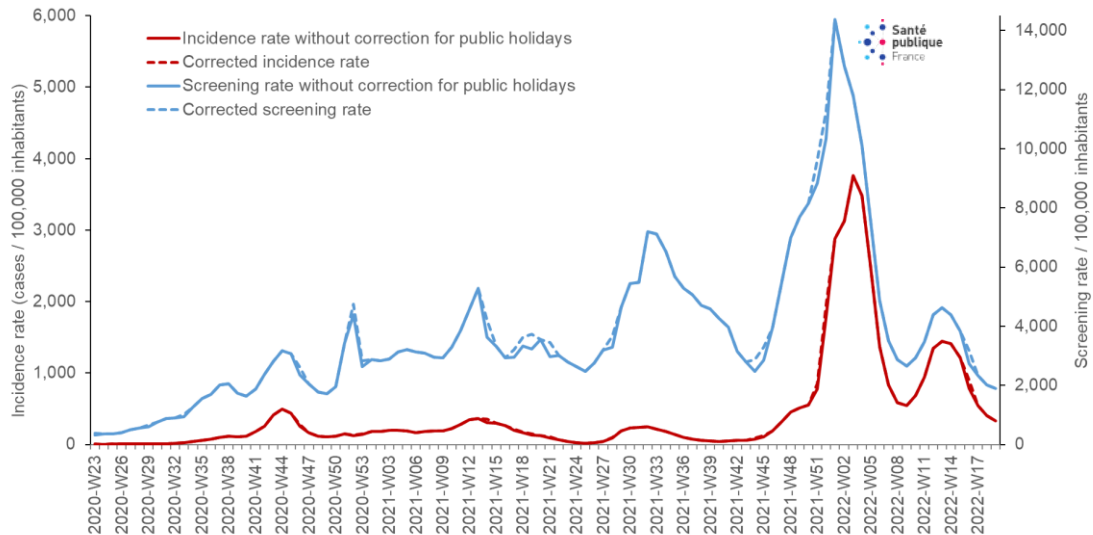
### PREVENTION

On 16 May, vaccination coverage in France for the booster shot reached 74.1% among the population aged 18+ and 84.0% in the 65+ age group. Only 34.8% of eligible 60-79 year-olds and 25.5% of eligible people aged 80+ had received a second booster shot.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) was lower than in the previous week (332 cases per 100,000 inhabitants vs 405 in week 18, i.e., -18%), as was the [screening rate](#) (1,901/100,000 vs 2,010, -5%). The [positivity rate](#) also continued to fall (17.5%, -2.7 points). Among the 1,111,601 tested individuals who reported their symptom status, 75% were asymptomatic, a proportion that has been increasing for several weeks (73% in week 18 and 70% in week 17). The positivity rate was decreasing slightly among both symptomatic people (49% vs 51% in week 18) and asymptomatic people (8.5% vs 10%). 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 18 May 2022)



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

### Incidence and screening rates by age group

In week 19, the [incidence rate](#) decreased in all age groups, from -6% among 10-19 year-olds to -31% among people aged 90+. The incidence rate was highest among 30-39 year-olds (400, -17%), followed by 70-79 year-olds (387, -23%). The lowest rates (under 300) in the population were observed in people aged under 20 years and 80-89 years. The [screening rate](#) decreased among adults aged 20+, remained stable among 10-19 year-olds (1,217, -1%), and increased among children aged 0-9 years (1,335, +11%). The highest rates were observed among 70-79 year-olds (2,436, -6%) and in the 90+ age group (2,432, -16%). The [positivity rate](#) decreased across all age groups, from -1.0 point among 10-19 year-olds to -3.8 points among 0-9 year-olds. It was below 20% in all age groups, except among 40-49 year-olds (20.1%, -2.5 points). It was lowest in the 90+ age group (12.9%, -2.8 points). Regarding children of school age, the screening rate fell in all age groups, except among 6-14 year-olds where it remained stable. The screening rate was on the rise among 3-14 year olds but falling among 0-2 year olds and 15-17 year-olds. The positivity rate was down in all age groups. The incidence rate was highest among 6-10 year-olds (287, -1%) with a screening rate of 1,541 (+19%) and a positivity rate of 18.6% (-3.9 points).

### Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 8-2022, France (data on 18 May 2022)

678	564	639	838	1077	1346	1419	1418	1172	730	454	314	90 yrs +
411	372	468	689	970	1167	1198	1192	964	618	400	286	80-89 yrs
427	389	528	798	1148	1367	1458	1454	1170	735	503	387	70-79 yrs
432	385	500	726	1052	1214	1302	1277	1025	631	444	353	60-69 yrs
528	489	634	897	1341	1568	1604	1434	1095	661	475	376	50-59 yrs
666	610	798	1120	1660	1796	1727	1440	1031	596	443	372	40-49 yrs
787	731	898	1172	1609	1711	1696	1460	1079	635	482	400	30-39 yrs
792	711	785	973	1354	1484	1456	1263	971	575	400	324	20-29 yrs
629	598	770	1080	1649	1539	1251	807	486	302	255	239	10-19 yrs
455	504	643	807	997	874	838	590	360	248	254	231	0-9 yrs
588	549	690	941	1343	1440	1412	1215	903	549	405	332	All ages
W08	W09	W10	W11	W12	W13	W14	W15	W16*	W17	W18	W19	

\*Rates corrected for the effect of public holidays



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

# Hospitalisations, intensive care admissions, and deaths

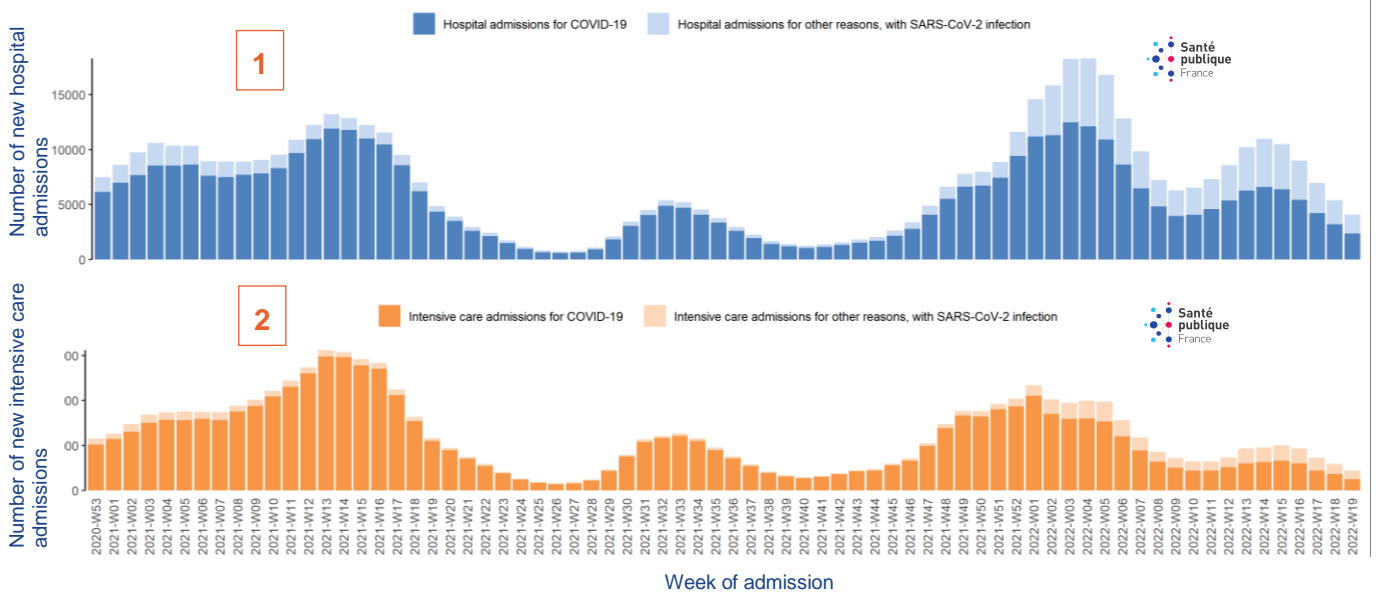
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence.  
**Data for week 19, collected until 17 May 2022, are not yet consolidated and may be underestimated.**

On 17 May 2022, 18,365 COVID-19 patients were hospitalised in France (vs 20,574 on 10 May, -11%), including 1,187 in intensive care (vs 1,378 on 10 May, -14%).

Nationally, the number of [hospital admissions](#) was 4,074 in week 19, i.e. -25% (unconsolidated data) vs -22% between weeks 17 and 18 (after consolidation). The number of intensive care admissions amounted to 442, -24% (vs -19% between weeks 17 and 18). 2,375 patients were admitted to hospital for management of COVID-19 (-26%) and 1,699 patients with SARS-CoV-2 were admitted for other reasons (-23%). Regarding intensive care units, 253 patients were admitted for management of COVID-19 in week 19 (-32%) and 189 for other reasons (-11%).

In week 19, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (42%), but rising slightly for inpatients of intensive care units (43%) and resuscitation rooms (38%).

## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2020, France (data on 17 May 2022)



W19: unconsolidated data

In week 19, the weekly rates of new hospital and intensive care admissions were 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 12 to week 19-2022, France

	W12	W13	W14	W15	W16	W17	W18	W19	
<b>1</b>	150,2	179,5	180,0	181,2	157,6	121,0	82,7	60,0	90 yrs +
	72,6	86,2	97,0	89,3	77,4	58,3	44,6	32,0	80-89 yrs
	28,9	35,5	38,4	37,1	31,5	25,1	20,3	14,2	70-79 yrs
	11,4	14,6	14,7	15,8	13,0	10,6	8,7	6,7	60-69 yrs
	6,0	7,0	8,5	7,9	7,1	4,8	4,3	3,3	50-59 yrs
	4,2	4,6	4,8	4,6	3,9	3,0	2,3	1,9	40-49 yrs
	4,9	5,9	6,0	5,8	5,1	4,0	3,2	2,4	30-39 yrs
	4,6	5,3	5,7	5,2	4,5	3,5	2,8	2,8	20-29 yrs
	2,4	2,6	2,8	1,7	1,5	1,4	1,2	1,0	10-19 yrs
	5,6	5,8	6,0	5,7	4,5	3,5	2,4	2,3	0-9 yrs
	12,8	15,2	16,4	15,7	13,4	10,4	8,1	6,1	All ages
	Santé publique France								
<b>2</b>	3,0	3,5	3,9	5,6	4,7	2,4	1,6	1,5	90 yrs +
	4,0	5,4	5,5	5,6	5,1	4,3	3,5	2,3	80-89 yrs
	3,4	4,6	4,5	5,1	5,0	3,6	2,9	1,8	70-79 yrs
	1,6	2,2	2,2	2,7	2,2	2,0	1,6	1,4	60-69 yrs
	0,9	1,2	1,4	1,1	1,3	0,8	0,7	0,6	50-59 yrs
	0,6	0,5	0,6	0,5	0,5	0,4	0,3	0,3	40-49 yrs
	0,4	0,4	0,4	0,5	0,4	0,3	0,3	0,1	30-39 yrs
	0,2	0,3	0,4	0,2	0,3	0,3	0,2	0,2	20-29 yrs
	0,2	0,3	0,4	0,1	0,2	0,1	0,2	0,1	10-19 yrs
	0,7	0,6	0,6	0,6	0,3	0,5	0,3	0,3	0-9 yrs
	1,1	1,4	1,4	1,5	1,4	1,1	0,9	0,7	All ages
	Santé publique France								

In week 19 (unconsolidated data), 486 deaths in hospital were recorded nationwide (-18% compared to week 18, vs -20% between weeks 17 and 18). There were also 27 deaths recorded in long-term care facilities (vs 36 in week 18).

## 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 Île-de-France and Provence-Alpes-Côte d'Azur) to -27% (in Occitanie). The highest rates were observed in Brittany (398, -19%) and Hauts-de-France (371, -17%). The screening rate also decreased in all regions except Île-de-France (2,142, +3%). It remained highest in Provence-Alpes-Côte d'Azur (2,365, -7%), Île-de-France and Corsica (2,047, -10%). The positivity rate was down across the territory. It was highest in Brittany (26.3%, -3.6 points), Pays de la Loire (25.2%, -2.6 points) and Centre-Val de Loire (23.7%, -3.2 points).

In week 19, the decline in incidence continued in all departments, with rates falling below 500 cases per 100,000 inhabitants. The highest rates were observed in Finistère (426, -18%), Somme (416, -23%) and Ardennes (414, -21%).

In overseas France, the incidence rate rose sharply again in Martinique where it reached 1,367 (+45%) in week 19. It remained high in Guadeloupe (736, +7%) and continued to fall in Reunion Island (663, -31%). The incidence rate increased in French Guiana (170, +16%) and remained stable in Mayotte (23 vs 26 in week 18).

### Evolution of the incidence, positivity, and screening rates by region since week 14-2022, France (data on 18 May 2022)

Regions	Incidence rate for 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W14	W15*	W16**	W17	W18	W19	W19 vs W18 (%)	W19	W19 vs W18 (point)	W19	W19 vs W18 (%)
Auvergne-Rhône-Alpes	1320	1291	932	546	368	305	-17	19.4	-2.1	1,573	-8
Bourgogne-Franche-Comté	1439	1366	977	593	414	313	-24	20.9	-3.8	1,500	-11
Brittany	1648	1299	966	616	492	398	-19	26.3	-3.6	1,513	-8
Centre-Val de Loire	1513	1224	873	584	448	356	-21	23.7	-3.2	1,500	-10
Corsica	1819	1573	1317	761	434	361	-17	17.6	-1.5	2,047	-10
Grand Est	1425	1112	861	562	439	335	-24	16.8	-3.0	1,989	-10
Hauts-de-France	1472	1133	837	528	447	371	-17	19.5	-2.8	1,898	-5
Île-de-France	1283	1074	750	401	273	232	-15	10.8	-2.3	2,142	3
Normandy	1689	1315	966	567	452	351	-22	22.3	-3.2	1,578	-11
Nouvelle-Aquitaine	1133	1039	756	457	313	258	-18	18.7	-2.3	1,383	-7
Occitanie	1359	1271	980	558	360	263	-27	15.9	-3.9	1,659	-9
Pays de la Loire	1458	1152	845	538	443	369	-17	25.2	-2.6	1,462	-8
Provence-Alpes-Côte d'Azur	1331	1172	897	578	416	355	-15	15.0	-1.3	2,365	-7
Guadeloupe	723	673	704	684	686	736	7	19.7	0.5	3,734	4
French Guiana	168	168	152	154	148	171	16	11.8	1.3	1,448	3
Martinique	586	516	601	575	943	1367	45	27.9	3.3	4,895	28
Mayotte	31	24	22	35	28	23	-18	2.2	-0.6	1,033	5
Reunion Island	1670	1835	1910	1306	961	663	-31	26.1	-6.4	2,538	-14

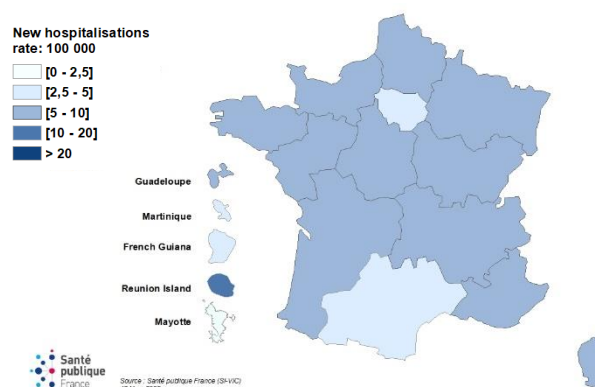
Source: SI-DEP, data processing by Santé publique France

### 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 (8.6/100,000), Normandy (8.4) and Brittany (7.1). The rate of new admissions to intensive care units was down or stable throughout the country. It was highest in Hauts-de-France (0.9) and Centre-Val de Loire (0.9).

In overseas France, the rate of new hospital admissions was slightly up in French Guiana and Guadeloupe, and down in Reunion Island and Martinique. The highest rate was still observed in Reunion Island. The rate of new admissions to intensive care units was highest and increasing in Guadeloupe. It was stable in all other regions.

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



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

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

## Variants

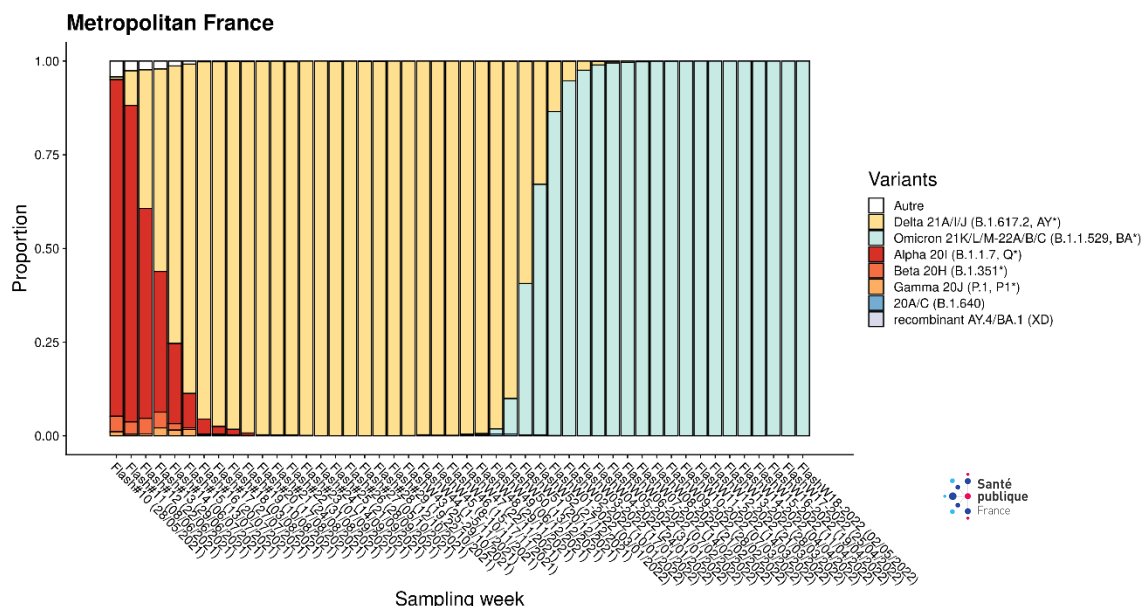
The [screening strategy](#) deployed in France aims to reactively detect mutations that affect the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 19, the proportion of samples in France showing a **screening result compatible with Omicron was 98.2% for the A0C0 proxy** (against 99.1% in week 18) and **98.0% for the D1 proxy**, equal to week 18.

The proportion of detection for the L452R mutation (screening result C1), which was predominantly present in Delta, continued to rise from 0.8% in week 18 to 1.8% in week 19. 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). The increase in samples with a C1 screening result can be attributed to the C1D1 profile, which confirms them as sub-lineages of Omicron carrying L452R and not a resurgence of Delta.

Furthermore, [sequencing data](#) confirms the **omnipresence of Omicron in France**. In metropolitan France, it represented **100% of interpretable sequences in the Flash Surveys of week 17** (from 25/04/22, based on 1,933 interpretable sequences) and week 18 (from 02/05/22, based on 1,764 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 1,668 interpretable sequences from these territories in Flash Surveys between weeks 6 and 18).

The recombinant XD, detected at low levels since early January 2022, was not detected during the Flash Surveys for weeks 17 and 18.

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 16 May 2022; Flash Surveys from weeks 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 98.7% of the 1,764 interpretable sequences in the week 18 Flash Survey (02/05/22).** The Omicron sub-lineages BA.4 and BA.5 are subject to enhanced surveillance, and have been detected in France since the Flash Surveys of week 13 for BA.5 and week 16 for BA.4. The levels of BA.4 and BA.5 detected during the Flash Surveys is still low but slightly increasing: 0.3% for BA.4 and 0.5% for BA.5 during the Flash Survey for week 18-2022, compared to 0.1% for BA.4 and 0.3% for BA.5 during the Flash Survey for week 17-2022. More information is available in the [variants risk assessment of 20/04/2022](#).

## Vaccination

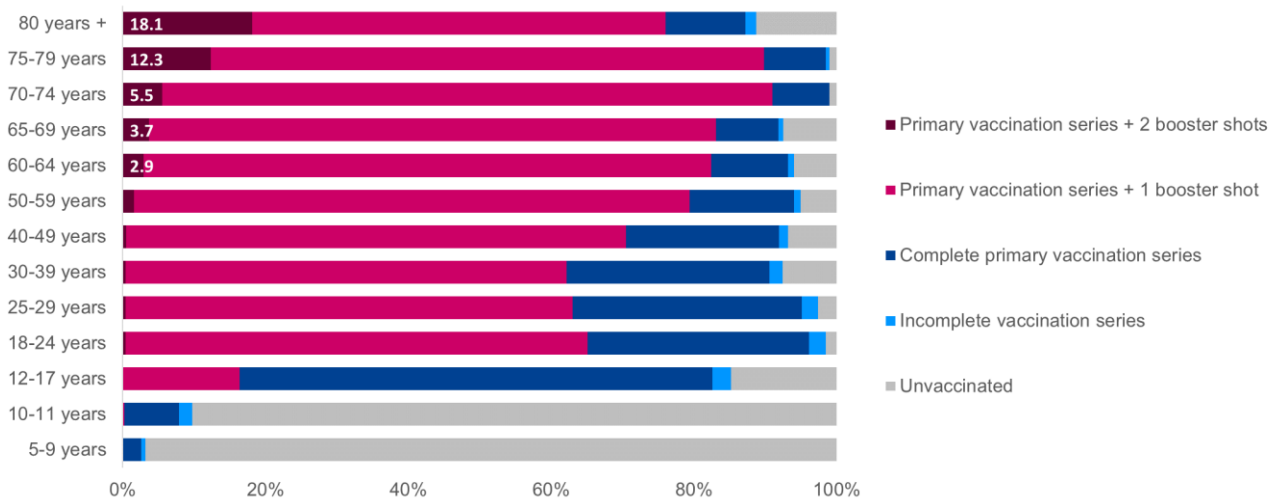
On 16 May 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.7% for a complete primary vaccination series\* and 59.3% for the booster shot.

Vaccination coverage for the booster shot reached 74.1% in the population aged 18+ years and 84.0% in the 65+ age group. In addition, 9.7% 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 their 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, 5.3% had received a second booster shot (4.5% on 09/05/2022), representing 34.8% of those eligible\*\* for it at the time. In the 80+ age group, vaccination coverage for the second booster shot was 18.1% (16.7% on 09/05/2022), representing 25.5% of those eligible for it at the time.

### Vaccination coverage, by age group, France (data on 16 May 2022)



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

On 16 May 2022, 93.6% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 73.8% had received one booster shot and 21.1% had received a second booster shot (18.3% on 09/05/2022). Among those who were eligible for the second booster shot at that date\*\*, 29.9% had received it.

As regards **health professionals**, vaccination coverage for the booster shot was 79.0% for those working in nursing homes or long-term care facilities, 87.2% for professionals in private practice and 78.0% 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 [the epidemiological situation related to COVID-19 in 0-17 year-olds](#)

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](#)