

COVID-19 EPIDEMIOLOGICAL UPDATE

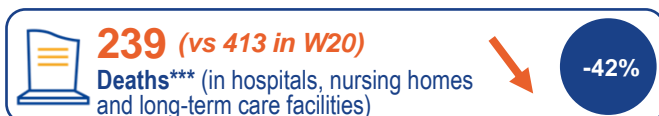
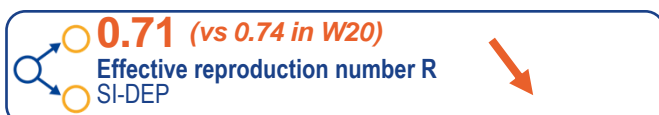
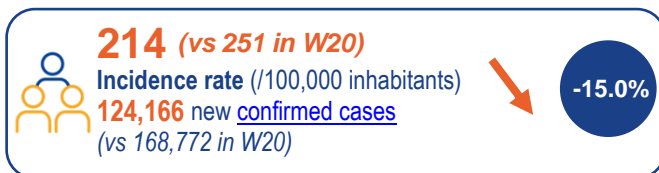
Weekly Report N° 118 / Week 21 / 2 June 2022

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 1 June.

Key numbers

In week 21 (23-29 May 2022)

Compared to week 20 (16-22 May 2022)



On 30 May 2022

Compared to 23 May 2022



*Due to a technical problem, these indicators are restricted to 39 SOS Médecins associations out of the 60 that usually submit their data to Santé publique France (around 74% of the data normally received). The interpretation of trends remains possible on this basis **Due to a technical problem, the data submitted are incomplete for the Grand Est region; they were therefore removed from the analysis for week 21. ***W21: 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.

Key points

Epidemiological situation

In week 21, the epidemic situation continued to improve, with virological and hospital indicators decreasing nationwide. However, circulation of Sars-CoV-2 dropped less sharply than in previous weeks.

- Metropolitan France:
 - Less pronounced drop in the incidence rates with a stabilising trend in some regions
 - Drop in new hospital admissions in all regions
- Overseas France:
 - Virological indicators very high and rising in Martinique

Variants

- Omicron BA.2 sub-lineage dominant: 94% of interpretable sequences in the week 20 Flash Survey (16 May)
- Increased presence of the mutation in L452 position in screening (12% in week 21), in connection with the increase in certain Omicron sub-lineages, including BA.4 and BA.5.
- Detection of BA.4 and BA.5 increased in the latest Flash surveys

Prevention

- Vaccination on 30 May 2022 (Vaccin Covid data):
 - Vaccination coverage for the booster shot reached 74.3% among adults over 18 years of age and 84.2% in the 65+ age group.
 - Only 32.4% of 60–79-year-olds and 27.5% of those aged 80 and over eligible for the second booster shot have actually received it.
- The still active circulation of SARS-CoV-2 means that combined measures must be maintained, especially to protect the most vulnerable populations.
 - It remains important to self-isolate in the event of symptoms or a positive test for COVID-19
 - It is crucial to continue to apply individual precautions against infection, including wearing a mask (especially in closed areas, at large gatherings or around vulnerable people), hand washing and frequent ventilation of enclosed spaces

Week 21 (23 to 29 May 2022)

SITUATION UPDATE

In week 21, circulation of SARS-CoV-2 continued to slow, but less sharply than in previous weeks. The reduction in the incidence rate was slighter in certain age groups and a stabilising trend was observed in certain regions. In parallel, the number of new hospital admissions continued to fall. In overseas territories, virological indicators remained very high and rising in Martinique. On 30 May, only 32.4% of 60-79 year-olds and 27.5% of those aged 80 and over eligible for the second booster shot had actually received it. Since circulation of SARS-CoV-2 is still active, precautionary measures remain crucial to maintain a positive epidemic trend. In addition, the vaccination effort must continue, especially in the areas where virus circulation remains high, as well as for the second booster shot among those eligible, particularly vulnerable individuals. Maintaining other recommended measures also remains necessary in the event of symptoms, a positive test or high-risk contacts.

EPIDEMIOLOGICAL UPDATE

The reduction in the incidence rate continued in week 21 nationwide but was less pronounced than in previous weeks. The rate corrected for the effect of the public holiday (26 May) was 214 cases for 100,000 inhabitants (15% less than in week 20 vs -24% between weeks 20 and 19). The corrected screening rate also continued to drop (1,486, -11%). The positivity rate dropped slightly (14.4%, -0.6 points). The decline in the corrected incidence rate concerned all age groups and in particular the under-10s (87, -42%). This decrease was however less pronounced among 60–79-year-olds (-7%). This indicator dropped below 200/100,000 inhabitants in the under 20s and those aged 80 and older. The screening rate was below 2,000 cases per 100,000 inhabitants across all age groups and less than 1,000 among the under 20s. It remained highest along those aged 90 and over (1,994, -7%) and those aged 70-79 (1,974, -10%). Moreover, the positivity rate fell or remained stable in almost all age groups. A slight increase was observed among 70–79-year-olds (14.8%, +0.5 points) and 60-69 year-olds (15.6%, +0.4 points). It was highest among 50–59-year-olds (16.7%, -0.2 points) and 40-49 year-olds (16.6%, -0.9 points).

In week 21, consultations for suspected COVID-19 continued to fall, both in emergency rooms (1,436, -25%) and in SOS Médecins facilities (581, -12%).

The fall in numbers of new hospital admissions (2,152, -34%) and intensive care units (258, -33%) continued in week 21. Furthermore, 239 deaths in hospital and in long-term care facilities were recorded in week 21 (-42%, unconsolidated data). The [number of deaths from all causes](#) appeared to return to normal in week 20, following an excess among 65-84 year-olds in week 19.

In metropolitan France, the corrected incidence rate continued to fall throughout the region except in Île-de-France where it was stable (207, +2%). It varied between 244 in Brittany (-18%) and 166 in Bourgogne-Franche-Comté (-25%). A rate of above 200/100,000 inhabitants was again observed in 5 regions vs 13 in week 20. The screening rate was still down throughout the country but remained

highest in Provence-Alpes-Côte d'Azur (1,869, -12%). Hospital admission rates were down in all regions.

In overseas France, the incidence rate remained very high and still rising in Martinique (1,659, +11%). Virological indicators remained high in Guadeloupe but continued to fall (576, -14%). Furthermore, the slight rebound was confirmed in French Guiana with an incidence rate still increasing (240, +19%). In week 21, hospital admission rates were down in all regions except in French Guiana. The rate of new intensive care admissions was stable in French Guiana and in Martinique and falling in Guadeloupe and Reunion Island.

VARIANTS

The BA.2 sub-lineage of the Omicron variant remained dominant and represented 94% of the interpretable sequences in the Flash Survey for week 20 (16 May). Increased presence of the mutation in L452 position in screening tests (12% in week 21) was again observed this week in connection with the increase in certain Omicron sub-lineages, including BA.4 and BA.5. This is confirmed by the sequencing data which show increased detection of these sub-lineages.

PREVENTION

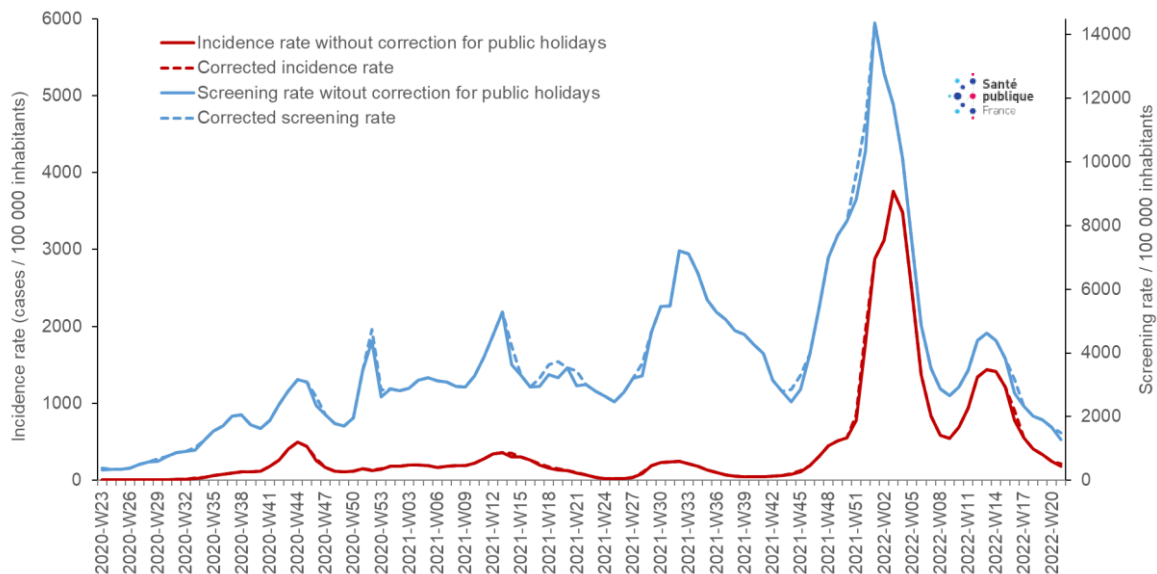
On 30 May, vaccination coverage in France for the booster shot reached 84.2% in the 65+ age group. Only 32.4% of 60–79-year-olds and 27.5% of those aged 80 and over who were eligible had received their second booster shot.

According to the CoviPrev Survey (wave 34 from 9 to 16 May), the mental health of French people remained poor with one third of respondents reporting anxiety or depression and 11% reporting suicidal thoughts.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) corrected for the effect of the public holiday on 26 May decreased in relation to the previous week (214 per 100,000 inhabitants vs 251 in week 20, i.e., -15%), as did the [screening rate](#) (1,486/100,000 vs 1,676, -11%). The [positivity rate](#) dropped slightly (14.4%, -0.6 points). Among the 754,064 tested individuals who reported their symptom status, 78% were asymptomatic, a stable proportion compared to the previous week (77% in week 20). The positivity rate was stable among both symptomatic people (44% in week 20 and 21) and asymptomatic people (7.1% vs 7.3% in week 20). The proportion of symptomatic individuals remained stable (64% vs 65% in week 20).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 1 June 2022)



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

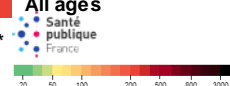
Incidence and screening rates by age group

In week 21, the corrected [incidence rate](#) dropped in all age groups, by -7% among 60-69 year-olds and 70-79 year-olds and -42% among 0-9 year-olds. 70-79-year-olds had the highest rate (292, -7%), followed by 50-59 year-olds (257, -11%). The lowest rates (less than 200) were observed among the under 20s and those aged 80 and over. The corrected [screening rate](#) dropped in all age groups, by -5% among 20-29 year-olds and -37% among 0-9 year-olds. It was highest among those aged 90 and over (1,994, -7%) and 70-79-year-olds (1,974, -10%). The [positivity rate](#) was falling or stable in all age groups, except among 60-69 year-olds (15.6%, +0.4 points) and 70-79 year-olds (14.8%, +0.5 points) where an increase was seen. The greatest decline was observed among 10-19-year-olds (14.1%, -2.3 points). It was less than 15% among the under 40s and those aged 70 and over. It was highest among 50-59-year-olds (16.7%, -0.2 points) and 40-49 year-olds (16.6%, -0.9 points).

Among school-aged children, there was a drop in the incidence rate in all age groups, by -23% along 15-17-year-olds and -48% among 3-5 year-olds.

Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 10-2022, France (data on 1 June 2022)

639	838	1077	1346	1419	1418	1172	730	454	317	205	172	90 yrs +
468	689	970	1167	1198	1192	964	618	400	287	209	178	80-89 yrs
528	798	1148	1367	1458	1454	1170	735	503	388	312	292	70-79 yrs
500	726	1052	1214	1302	1277	1025	631	444	354	275	255	60-69 yrs
634	897	1341	1568	1604	1434	1095	661	475	377	289	257	50-59 yrs
798	1120	1660	1796	1727	1440	1031	596	443	372	287	247	40-49 yrs
898	1172	1609	1711	1696	1460	1079	635	482	401	298	250	30-39 yrs
785	973	1354	1484	1456	1263	971	575	400	324	245	218	20-29 yrs
770	1080	1649	1539	1251	807	486	302	255	240	186	137	10-19 yrs
643	807	997	874	838	590	360	248	254	231	150	87	0-9 yrs
690	941	1343	1440	1412	1215	903	549	405	332	251	214	All ages
W10	W11	W12	W13	W14	W15	W16*	W17	W18	W19	W20	W21*	



*Rates corrected for the effect of public holidays

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

Hospitalisations, intensive care admissions, and deaths

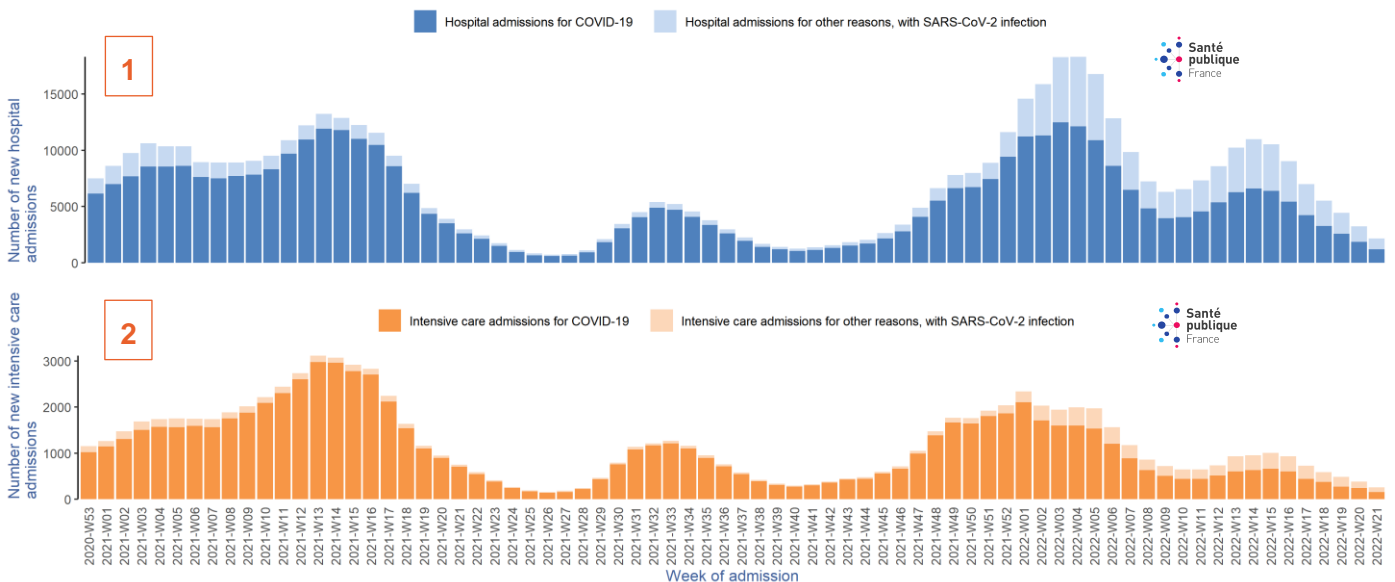
For a better interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospitals and long-term care facilities) are analysed by date of occurrence. **Data from week 21, up to 31 May 2022, are not yet consolidated and may be underestimated.**

On 31 May 2022, 15,193 COVID-19 patients were hospitalised in France (vs 16,585 on 24 May, -8%), including 966 in intensive care units (vs 1,086 on 24 May, -11%).

Nationwide, the number of [new hospital admissions](#) was 2,152 in week 21, -34% compared with week 20 (unconsolidated data) vs -27% between weeks 19 and 20 (after consolidation). The number of new intensive care admissions reached 258 in week 21, 33% less than in week 21 (vs -21% between weeks 19 and 20). In week 21, 1,195 patients were admitted for COVID-19 management (-35%) and 957 patients with SARS-CoV-2 were admitted for other reasons (-32%). Regarding intensive care units, in week 21, 155 patients were admitted for COVID-19 (-36%) and 103 for other reasons (-27%).

In week 21, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was stable across all hospital services (44%), as well as for inpatients of intensive care units (40%) and resuscitation rooms (38%).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 28 December 2020, France (data on 31 May 2022)



W21: unconsolidated data

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

In week 21, the weekly rates of new hospital and intensive care admissions decreased or remained 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 14 to week 21-2022, France

Age group	Hospital admissions (1) per 100,000 inhabitants							Intensive care admissions (2) per 100,000 inhabitants								
	W14	W15	W16	W17	W18	W19	W20	W21	W14	W15	W16	W17	W18	W19	W20	W21
90 yrs +	180.6	181.5	157.8	121.5	84.6	64.4	49.6	32.1	3.9	5.6	4.6	2.5	1.6	1.8	1.5	1.1
80-89 yrs	97.0	89.6	77.7	58.7	45.1	35.3	25.1	16.0	5.5	5.7	5.1	4.3	3.5	2.4	2.1	1.3
70-79 yrs	38.5	37.1	31.6	25.2	20.7	15.8	11.5	8.1	4.5	5.1	5.0	3.6	2.9	2.2	1.7	1.1
60-69 yrs	14.7	15.8	13.0	10.7	8.9	7.2	5.2	3.4	2.2	2.7	2.2	2.0	1.6	1.5	1.0	0.6
50-59 yrs	8.5	7.9	7.1	4.9	4.4	3.6	2.6	1.7	1.4	1.1	1.3	0.8	0.7	0.7	0.6	0.3
40-49 yrs	4.8	4.7	3.9	3.0	2.4	2.2	1.2	1.0	0.6	0.5	0.5	0.4	0.3	0.3	0.4	0.3
30-39 yrs	6.0	5.8	5.1	4.0	3.3	2.6	2.1	1.4	0.4	0.5	0.4	0.3	0.3	0.1	0.1	0.2
20-29 yrs	5.7	5.2	4.5	3.5	2.8	3.0	1.8	1.6	0.4	0.2	0.3	0.3	0.2	0.2	0.1	0.2
10-19 yrs	2.8	1.8	1.5	1.4	1.3	1.0	1.1	0.5	0.4	0.1	0.2	0.1	0.2	0.1	0.1	0.1
0-9 yrs	6.0	5.7	4.5	3.6	2.5	2.5	2.0	1.1	0.6	0.6	0.4	0.5	0.3	0.3	0.1	0.1
All ages	16.4	15.7	13.5	10.4	8.2	6.6	4.8	3.2	1.4	1.5	1.4	1.1	0.9	0.7	0.6	0.4

In week 21 (unconsolidated data), 232 deaths in hospital were recorded nationwide (-42% compared to week 20, vs -26% between weeks 19 and 20). There were also 7 deaths recorded in long-term care facilities (vs 16 in week 20).

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

Situation at the regional level

Incidence, positivity, and screening rates

In metropolitan France, the incidence rate was lower throughout the country, from -7% in Occitanie to -25% in Auvergne-Rhône-Alpes and Bourgogne-Franche-Comté, except for Île-de-France where it was stable (207, +2%). The highest rates were observed in Brittany (244, -18%) Pays de la Loire (218, -19%) and Île-de-France. The screening rate also fell in all regions, and remained highest in Provence-Alpes-Côte d'Azur (1,869, -12%), Île-de-France (1,738, -11%) and Corsica (1,503, -13%). The positivity rate fell in all regions except Occitanie (stable at 14.1%) and in Île-de-France where it increased (11.9%, +1.6 points). It remained highest in Brittany (22.3%, 0.5 points) and in Pays de la Loire (21.0%, -1.0 points) and was less than 20% in all other regions.

In week 21, the drop in the incidence rate continued in most departments, except for Gers (219, +17%), Haute-Vienne (245, +13%), Yvelines (225, +12%), Creuse (154, +9%), Val-de-Marne (218, +5%) and Paris (239, +5%). 70 departments had an incidence rate below 200 (vs 30 in week 20). The highest rates were observed in Finistère (290, -11%) and in Loire-Atlantique (258, -18%).

In overseas France, the incidence rate increased in French Guiana (240, +19%), in Martinique (1,659, +11%) and in Mayotte (31, +48%). It fell in Guadeloupe (576, -14%) and in Reunion Island (300, -23%).

Evolution of the incidence, positivity, and screening rates by region since week 16-2022, France (data on 1 June 2022)

Regions	Incidence rate for 100 000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W16*	W17	W18	W19	W20	W21*	W21* vs W20 (%)	W21	W21 vs W20 (point)	W21*	W21* vs W20 (%)
Auvergne-Rhône-Alpes	932	546	368	306	227	169	-25	14.3	-1.7	1,186	-16
Bourgogne-Franche-Comté	977	594	414	314	221	166	-25	14.0	-2.5	1,179	-12
Brittany	966	617	493	399	299	244	-18	22.3	-0.5	1,095	-16
Centre-Val de Loire	873	585	449	356	254	194	-23	17.8	-1.7	1,090	-16
Corsica	1317	762	434	363	257	206	-20	13.7	-1.2	1,503	-13
Grand Est	861	562	439	335	223	169	-24	12.2	-1.7	1,383	-14
Hauts-de-France	837	528	447	372	255	195	-24	14.4	-1.4	1,351	-16
Île-de-France	750	402	273	233	203	207	2	11.9	1.6	1,738	-11
Normandy	966	568	452	352	251	199	-21	17.8	-0.8	1,118	-17
Nouvelle-Aquitaine	756	458	313	259	198	174	-12	15.6	-0.3	1,112	-10
Occitanie	980	558	360	264	205	190	-7	14.1	0.0	1,352	-7
Pays de la Loire	845	539	444	370	269	218	-19	21.0	-1.0	1,038	-15
Provence-Alpes-Côte d'Azur	897	579	417	357	263	200	-24	10.7	-1.6	1,869	-12
Guadeloupe	704	685	688	741	667	576	-14	16.9	-1.4	3,405	-7
French Guiana	152	155	148	172	201	240	19	15.3	1.0	1,567	11
Martinique	601	575	946	1382	1500	1659	11	32.2	2.1	5,145	3
Mayotte	22	36	28	23	21	31	48	3.5	0.9	890	10
Reunion Island	1910	1307	961	665	391	300	-23	19.4	-2.6	1,548	-13

*Data corrected for the effect of the public holiday on 16 April and 26 Mai 2022 in W16 and W21.

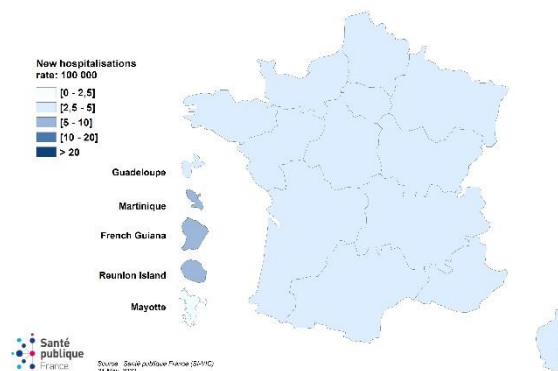


Hospital and intensive care admissions

In metropolitan France, the weekly rate of new [hospital admissions](#) fell in all regions. The highest rates were observed in Bourgogne-Franche-Comté (4.6/100,000), Brittany (4.5), followed by Corsica (4.4). Rates of new intensive care admissions fell or remained stable throughout the country, except in Brittany, in Pays de la Loire and in Corsica, where a slight increase was observed. It was highest in Brittany (0.7) and in Corsica (0.6).

In overseas France, the hospital admission rate was down in all regions except in French Guiana. It was highest in the Reunion Island, French Guiana (6.2) and Martinique (6.1). The rate of new intensive care admissions was stable in French Guiana and in Martinique and falling in Guadeloupe and Reunion Island. It remained highest in Martinique (1.1).

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 21-2022, France



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

Variants

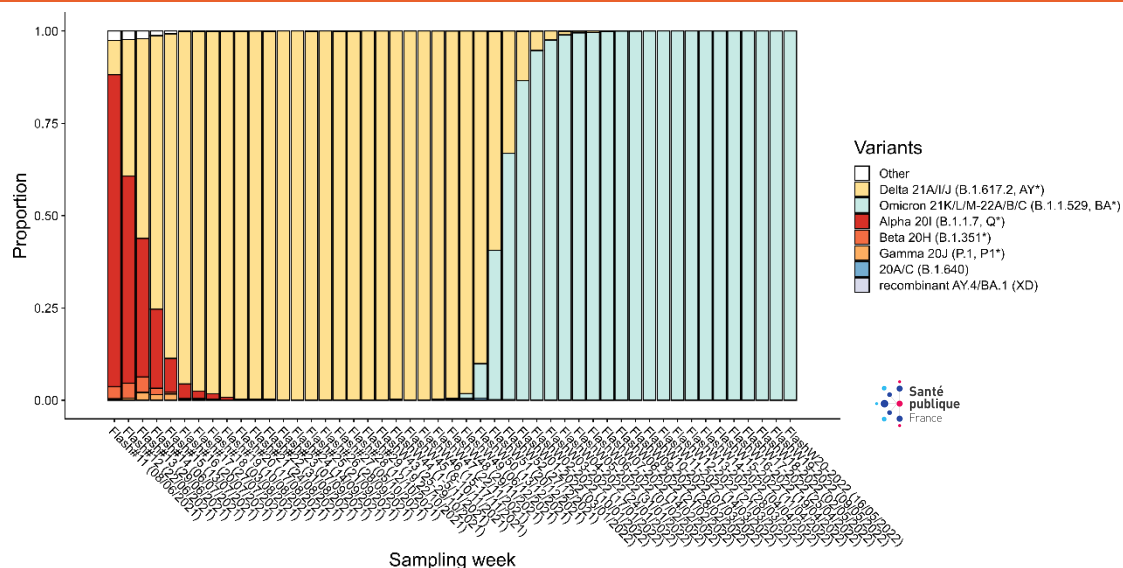
The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 21, the proportion of samples in France with a **screening result compatible with Omicron was 88% for the A0C0 proxy** (vs 95% in week 20) and **98% for the D1 proxy** (as in week 20).

The proportion of detection of mutations in L452 position (L452R or L452Q, result of C1 screening), which are dominant in Delta, continues to increase, from 5% in week 20 to 12% in week 21. These mutations are found in Omicron sub-lineages BA.4 and BA.5, but also in other sub-lineages of BA.1 and BA.2 (including BA.2.11 and BA.2.12.1). This increase in C1 screened samples corresponds to C1D1 screening results, confirming that these are Omicron sub-lineages carrying mutations in L452 position and not a resurgence of Delta.

Furthermore, [sequencing data](#) confirm the **dominance of Omicron in France**: In metropolitan France, it represented **99% of interpretable sequences in the week 19 Flash Survey** (from 09/05, based on 2,766 interpretable sequences), and 100% in week 20 (16/05, based on 837 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 1,780 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 20).

The **XD variant**, detected in low levels since early January 2022, represents less than 0.1% of interpretable sequences from the week 19 Flash survey and was not detected in the week 20 Flash survey (unconsolidated data).

Evolution of the proportions for each classified variant (VOC, VOI, and VUM*) in Flash Surveys, metropolitan France (data on 30 May 2022; Flash Surveys from weeks 19 and 20 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, they were in turn divided into further sub-lineages. **BA.2 (and its sub-lineages) is dominant in France, accounting for 94% of the 837 sequences in the week 20 Flash Survey (16/05)**. The Omicron BA.4 and BA.5 sub-lineages are closely monitored, and have been detected in France since the week 13 Flash survey for BA.5 and the week 16 survey for BA.4. Detection of BA.4 and BA.5 during Flash surveys has increased: 0.8% for BA.4 and 5% for BA.5 in the week 20 Flash survey, compared with 0.5% and 1.5% in the week 19 Flash survey. In South Africa, where BA.4 and BA.5 were initially detected, the peak of the epidemic wave associated with these two sub-lineages was passed in mid-May and its impact was very moderate. More information is available in the [variants risk analysis of 18/05/2022](#).

Source: EMERGEN database, data processing by Santé publique France

Vaccination

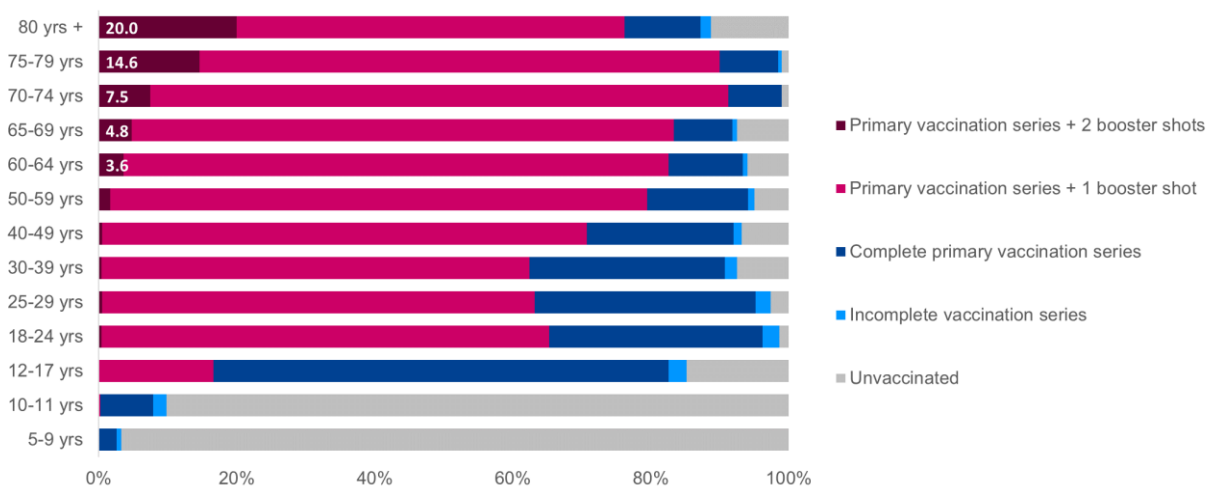
On 30/05/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.7% for a complete primary vaccination series* and 59.5% for the booster shot.

Vaccination coverage for the booster shot reached 74.3% among adults over 18 years of age and 84.2% in the 65+ age group. In addition, 9.8% of children aged 10-11 years had received a first dose of vaccine (3.3% 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 three 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, 6.7% had received a booster shot (6.1% on 23/05/2022), representing 32.4% of those eligible** for it at the time. In the 80+ age group, 20.0% had received a second shot (19.3% on 23/05/2022), representing 27.5% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 30 May 2022)



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

On 30/05/2022, 93.6% of residents in nursing homes and long-term care facilities had completed a primary vaccination series, 74.3% had received one booster shot and 24.5% had received a second booster shot (23.4% on 23/05/2022). Among those eligible for the second booster shot at that date**, 34.7% had received it.

As regards health professionals, vaccination coverage for the booster shot was 79.2% for those working in nursing homes or long-term care facilities, 87.4% for professionals in private practice and 78.2% 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 shot comes after a period of three months since the first shot for those aged 80 and over, and for residents of nursing homes or long-term care facilities, and a period of six months for 60–79-year-olds. To give time to eligible individuals to make arrangements to get vaccinated, eligibility is measured with one extra month from the last injection, i.e. four months for those aged 80 and over and for residents of nursing homes and long-term care facilities, and seven months for 60-79 years-olds.

This week's surveys

Update on [mental health](#) (CoviPrev survey, wave 34)

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](#)