

COVID-19 EPIDEMIOLOGICAL UPDATE

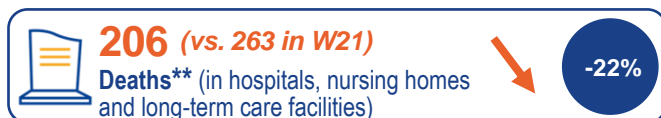
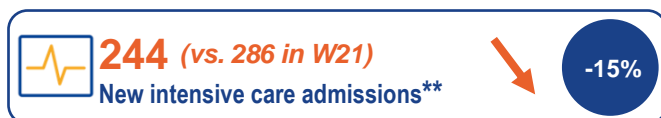
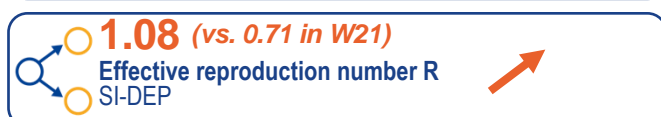
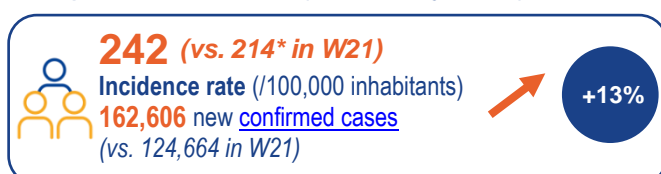
Weekly Report N° 119 / Week 22 / 9 June 2022

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 8 June 2022.

Key numbers

In week 22 (30 May-5 June 2022)

Compared to week 21 (23-29 May 2022)



On 6 June 2022

Compared to 30 May 2022



*Rate corrected for the effect of the public holiday (26 May 2022). **W22: 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 22, the virological indicators increased after declining for several weeks, although hospital indicators continued to fall nationally. Incidence and positivity rates remained particularly high in Martinique.

- Metropolitan France:
 - Incidence and positivity rates rising in the majority of regions
 - Less striking reduction in the hospitalisation rate
- Overseas France:
 - Virological indicators very high and rising in Martinique
 - Renewed increase in the incidence rate in French Guiana confirmed

Variants

- Omicron BA.2 sub-lineage dominant: 80% of interpretable sequences in the week 21 Flash Survey (23 May)
- Detection of BA.4 (1.1%) and BA.5 (18.0%) on the rise according to the week 21 Flash Survey
- Increased presence of the mutation in L452 position in screening (27% in week 22), in connection with the increase in certain Omicron sub-lineages, including BA.4 and BA.5.

Prevention

- Vaccination on 6 June 2022 (Vaccin Covid data):
 - Vaccination coverage for the booster shot reached 74.4% among adults over 18 years of age and 84.3% in the 65+ age group.
 - Only 31.0% of 60-79 year-olds and 28.4% of those aged 80 and over eligible for the second booster shot have actually received it.
- CoviPrev Survey wave 34 (9-16 May 2022)
 - Continued decline in the regular use of preventive measures, particularly wearing masks
- With the increasing circulation of SARS-CoV-2, adopting combined measures is essential, particularly 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 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 22 (30 May to 5 June 2022)

SITUATION UPDATE

In week 22, the incidence and positivity rates increased after declining for several weeks, in most age groups and regions. Hospital indicators continued to fall nationally. In overseas France, the incidence and positivity rates remained particularly high in Martinique. The vaccination effort needs to continue: as of 7 June, only 31.0% of 60-79 year-olds and 28.4% of those aged 80 and over eligible for the second booster shot had actually received it. As circulation of SARS-CoV-2 starts to rise again, and with less regular use of preventive measures, it is also essential to reiterate the importance of taking protective measures to limit epidemic spread and protect the most vulnerable populations. Compliance with other recommended measures remains crucial in the event of symptoms, a positive test or high-risk contacts.

EPIDEMIOLOGICAL UPDATE

In week 22, the incidence rate increased (242/100,000, +13%) after declining for eight weeks, along with the screening rate to a lesser extent (1,541, +3%). The positivity rate also rose again (15.7%, +1.3 points). An increased incidence rate was observed in all age groups, except children under 10 and people aged 90 and over. The most striking increases were observed among 20-59 year-olds, reaching +23% (269) among 20-29 year-olds. Higher incidence rates, greater than 300/100,000, were observed among 50-59 year-olds and 70-79 year-olds.

The screening rate was stable or showed a moderate increase in practically all age groups, with higher values close to 2,000/100,000 among 20-29 year-olds (1,909, +7%) and 70-79 year-olds (2,059, +4%).

The positivity rate increased or remained stable in all age groups, rising by more than one point among 20-59 year-olds. This indicator remained highest among 50-59 year-olds (19.1%, +2.4 points) and 40-49 year-olds (18.3%, +1.6 points).

In week 22, consultations for suspected COVID-19 increased after declining for several weeks, both in emergency rooms (1,893, +22%) and SOS Médecins associations (685, +24%).

The fall in numbers of new hospital admissions (2,003, -15%) and intensive care admissions (244, -15%) continued in week 22, but was less striking compared to previous weeks. Furthermore, 206 deaths in hospital and in long-term care facilities were reported in week 22 (-22%, unconsolidated data). The number of [all-cause deaths](#) appears to lie within the usual fluctuation range in week 21, to be confirmed after consolidation.

The incidence rate increased in all regions of metropolitan France, except in Provence-Alpes-Côte d'Azur where it stabilised (202, +1%) and in Corsica where it continued to fall (189, -8%). It passed 200/100,000 inhabitants in nine regions (vs. six in week 21). The highest increases were observed in Île-de-France (269, +29%), Nouvelle-Aquitaine (205, +18%), Occitanie (219, +15%) and Grand Est (194, +14%). The screening rate was highest in Île-de-France (1,865, +7%) and Provence-Alpes-Côte

d'Azur (1,758, -6%). New hospital admission rates fell or stabilised in all regions.

In overseas France, the incidence rate was very high and still rising in Martinique (2,230, +33%). This indicator stabilised in Guadeloupe (566, -2%). It continued to rise in French Guiana (286, +18%), but continued to fall in the Reunion Island (228, -24%).

VARIANTS

The Omicron variant BA.2 sub-lineage accounted for 80% of interpretable sequences in the Flash Survey for week 21 (23 May). These data showed an increase in the detection of the BA.4 and BA.5 sub-lineages, which accounted for 1.1% and 18.0% of interpretable sequences, respectively. The presence of the mutation in L452 position in screening tests (27% in week 22) rose once again this week, in connection with the increase in certain Omicron sub-lineages, including BA.4 and BA.5.

PREVENTION

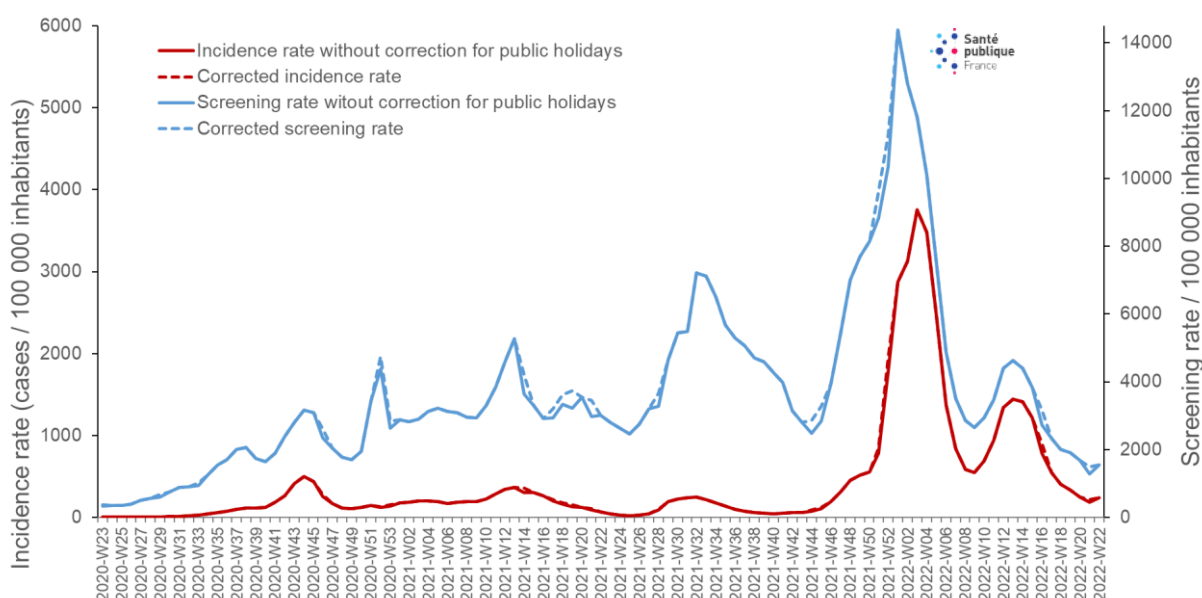
On 6 June, vaccination coverage in France for the booster shot reached 84.3% in the 65+ age group. Only 31.0% of 60-79 year-olds and 28.4% of those aged 80 and over who were eligible had received their second booster shot.

The CoviPrev survey (wave 34 from 9 to 16 May) confirms the continued decline in the regular use of preventive measures, particularly wearing masks.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) increased compared to the previous week (242 per 100,000 inhabitants vs. 214 in week 21, i.e. +13%). The [screening rate](#) increased slightly (1,541/100,000 vs. 1,489, +3%). The [positivity rate](#) also increased (15.7%, +1.3 points). Among the 910,216 tested individuals who reported their symptom status, 75% were asymptomatic, a slightly lower proportion compared to the previous week (78% in week 21). The positivity rate was stable among both symptomatic people (43% vs. 44% in week 21) and asymptomatic people (7.7% vs. 7.1% in week 21). The proportion of symptomatic individuals remained stable (65% vs. 64% in week 21).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 8 June 2022)



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

Incidence and screening rates by age group

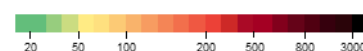
In week 21, the [incidence rate](#) increased in the majority of age groups, particularly among 20-59 year-olds, rising to +23% among 20-29 year-olds (269). It stabilised in the 90+ age group (174) and continued to fall among 0-9 year-olds (79, -10%). The highest rates were observed among 50-59 year-olds (313, +21%) and 70-79 year-olds (312, +6%). The [screening rate](#) increased slightly or remained stable in all age groups, except among 0-9 year-olds, where it fell by 10% (621). It was highest among 70-79 year-olds (2,059, +4%) and in the 90+ age group (1,964, -2%). The [positivity rate](#) increased or remained stable in all age groups. It was highest and showed the greatest increase among 50-59 year-olds (19.1%, +2.4 points) and 40-49 year-olds (18.3%, +1.6 points).

Among school-age children, the incidence rate continued to fall among 3-10 year-olds, and stabilised among 0-2 year-olds and 11-14 year-olds. However, it increased among 15-17 year-olds (138, +9%).

Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 11-2022, France (data on 8 June 2022)

838	1077	1346	1419	1418	1172	733	456	318	206	174	174	90 yrs +
689	970	1167	1198	1192	964	620	401	288	209	179	197	80-89 yrs
798	1148	1367	1458	1454	1170	736	504	389	312	293	312	70-79 yrs
726	1052	1214	1302	1277	1025	632	445	355	275	256	288	60-69 yrs
897	1341	1568	1604	1434	1095	662	475	377	289	258	313	50-59 yrs
1120	1660	1796	1727	1440	1031	597	444	373	288	247	284	40-49 yrs
1172	1609	1711	1696	1460	1079	636	483	402	298	251	286	30-39 yrs
973	1354	1484	1456	1263	971	575	400	325	246	218	269	20-29 yrs
1080	1649	1539	1251	807	486	302	256	240	186	137	143	10-19 yrs
807	997	874	838	590	360	249	254	231	150	88	79	0-9 yrs
941	1343	1440	1412	1215	903	550	406	333	252	214	242	All ages
W11	W12	W13	W14	W15	W16*	W17	W18	W19	W20	W21*	W22	Santé publique France

*rates corrected for the effect of public holidays



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

Hospitalisations, intensive care admissions, and deaths

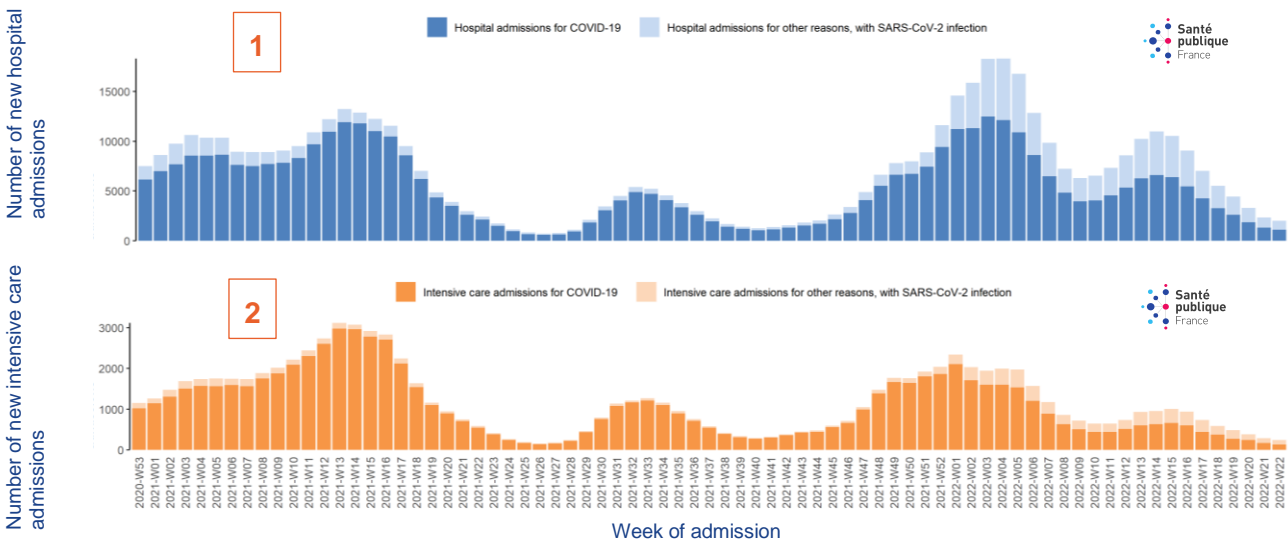
For a better interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospitals and long-term care facilities) are analysed by date of occurrence. **Data from week 22, up to 7 June 2022, are not yet consolidated and may be underestimated.**

On 7 June 2022, 14,351 COVID-19 patients were hospitalised in France (vs. 15,193 on 31 May, i.e. -6%), including 909 in intensive care units (vs. 966 on 31 May, i.e. -6%).

Nationwide, the number of [new hospital admissions](#) was 2,003 in week 22, i.e. -15% compared with week 21 (unconsolidated data) vs. -29% between weeks 20 and 21 (after consolidation). The number of new intensive care admissions reached 244 in week 22, i.e. 15% less than in week 21 (vs. -26% between weeks 20 and 21). In week 22, 1,098 patients were admitted for COVID-19 management (-16%) and 905 patients with SARS-CoV-2 were admitted for other reasons (-13%). Regarding intensive care units, in week 22, 135 patients were admitted for COVID-19 (-21%) and 109 for other reasons (-5%).

In week 22, the proportion of patients positive for SARS-CoV-2 hospitalised for a reason other than COVID-19 remained stable for hospital admissions in all departments (45%) and for resuscitation unit admissions (39%) and increased slightly for intensive care admissions (45%).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 28 December 2020, France (data on 7 June 2022)



W22: unconsolidated data

In week 22, the weekly rate of new hospital and intensive care admissions declined or remained stable for all age groups, except two: there was a slight rise in new hospital admissions among 30-39 year-olds and in new intensive care admissions among 70-79 year-olds (low numbers).

Weekly rate of new hospital (1) and intensive care (2) admissions for COVID-19 patients per 100,000 inhabitants, by age group, from week 15 to week 22-2022, France

Age group	Hospital admissions (per 100,000 inhabitants)							Intensive care admissions (per 100,000 inhabitants)								
	W15	W16	W17	W18	W19	W20	W21	W15	W16	W17	W18	W19	W20	W21		
90 yrs +	181,6	158,5	121,9	84,8	64,9	50,5	36,2	25,6	5,6	4,7	2,5	1,8	1,8	1,5	1,4	0,7
80-89 yrs	89,7	77,9	59,0	45,2	35,4	25,6	17,5	15,1	5,7	5,2	4,3	3,5	2,4	2,1	1,5	1,0
70-79 yrs	37,1	31,6	25,4	20,7	15,8	11,8	8,9	7,5	5,1	5,0	3,6	2,9	2,2	1,7	1,2	1,4
60-69 yrs	15,8	13,0	10,7	8,9	7,2	5,3	3,7	2,9	2,7	2,2	2,1	1,6	1,5	1,0	0,7	0,6
50-59 yrs	7,9	7,1	4,9	4,5	3,6	2,7	1,9	1,6	1,1	1,3	0,8	0,7	0,7	0,6	0,4	0,4
40-49 yrs	4,7	3,9	3,0	2,4	2,2	1,3	1,1	1,2	0,5	0,5	0,4	0,3	0,3	0,4	0,3	0,2
30-39 yrs	5,8	5,1	4,0	3,3	2,6	2,1	1,4	1,6	0,5	0,4	0,3	0,3	0,1	0,1	0,2	0,1
20-29 yrs	5,2	4,6	3,5	2,8	3,0	1,8	1,7	1,3	0,2	0,3	0,3	0,2	0,2	0,1	0,1	0,0
10-19 yrs	1,8	1,5	1,4	1,3	1,0	1,1	0,5	0,5	0,1	0,2	0,1	0,2	0,1	0,1	0,1	0,0
0-9 yrs	5,7	4,5	3,6	2,5	2,5	2,0	1,1	1,1	0,6	0,4	0,5	0,3	0,3	0,1	0,1	0,2
All ages	15,7	13,5	10,5	8,2	6,6	4,9	3,5	3,0	1,5	1,4	1,1	0,9	0,7	0,6	0,4	0,4

In week 22 (unconsolidated data), 195 deaths in hospital were recorded nationwide (-24% compared to week 21 vs. -38% between weeks 20 and 21). There were also 11 deaths recorded in long-term care facilities (vs. 7 in week 20).

Situation at the regional level

Incidence, positivity, and screening rates

The incidence rate rose in practically all regions of metropolitan France, from +3% in Hauts-de-France to +29% in Île-de-France. It declined in Corsica (189, -8%) and remained stable in Provence-Alpes-Côte d'Azur (202, +1%). The highest rates were observed in Île-de-France (269, +29%), Brittany (260, +6%) and Pays de la Loire (229, +5%). The screening rate declined in Provence-Alpes-Côte d'Azur (1,758, -6%) and in Corsica (1,429, -5%). It was stable or increased slightly in other regions. It was highest in Île-de-France (1,865, +7%) and Provence-Alpes-Côte d'Azur. The positivity rate was stable or increased slightly in the majority of regions. It increased most in Île-de-France (14.4%, +2.5 points) and remained highest in Brittany (22.3%, -0.1 points) and Pays de la Loire (21.4%, +0.3 points).

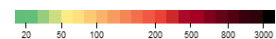
In week 22, the incidence rate increased or remained stable in the majority of departments. 43 departments had an incidence rate above 200 (vs. 27 in week 21). The highest rates were observed in Paris (327, +36%), Corrèze (321, +84%), Haute-Vienne (318, +29%) and Hauts-de-Seine (302, +30%).

In overseas France, the incidence rate was very high and rising in Martinique (2,230, +33%). It was also on the rise in French Guiana (286, +18%), but remained stable in Guadeloupe (566, -2%) and Mayotte (34 vs. 31 in week 21). It continued to fall in La Réunion (228, -24%).

Evolution of the incidence, positivity, and screening rates by region since week 17-2021, France (data on 8 June 2022)

Regions	Incidence rate for 100 000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W17	W18	W19	W20	W21*	W22	W22 vs W21* (%)	W22	W22 vs W21 (point)	W22	W22 vs W21* (%)
	Auvergne-Rhône-Alpes	547	368	306	227	170	186	10	15.1	0.8	1,232
Bourgogne-Franche-Comté	594	414	314	221	166	182	9	15.2	1.2	1,192	1
Brittany	617	493	399	299	245	260	6	22.3	-0.1	1,168	6
Centre-Val de Loire	585	449	356	254	195	212	9	18.6	0.7	1,141	4
Corsica	762	434	363	258	205	189	-8	13.3	-0.4	1,429	-5
Grand Est	562	439	335	223	170	194	14	13.5	1.3	1,436	4
Hauts-de-France	528	448	372	255	195	201	3	14.3	-0.1	1,406	4
Île-de-France	402	273	233	203	208	269	29	14.4	2.5	1,865	7
Normandy	568	452	352	251	200	211	5	17.8	0.0	1,182	6
Nouvelle-Aquitaine	458	313	259	198	175	205	18	17.1	1.4	1,199	8
Occitanie	558	360	264	205	191	219	15	15.4	1.3	1,423	5
Pays de la Loire	539	444	370	269	219	229	5	21.4	0.3	1,072	3
Provence-Alpes-Côte d'Azur	579	417	357	263	201	202	1	11.5	0.8	1,758	-6
Guadeloupe	685	688	742	668	579	566	-2	17.9	0.9	3,174	-7
French Guiana	155	149	172	202	242	286	18	18.0	2.5	1,594	2
Martinique	576	946	1382	1502	1676	2230	33	36.2	3.8	6,162	19
Mayotte	36	28	23	21	31	34	9	4.1	0.7	816	-8
Reunion Island	1307	962	666	391	302	228	-24	16.1	-3.4	1,418	-9

*Data corrected for the effect of the public holiday on Thursday 26 May 2022.

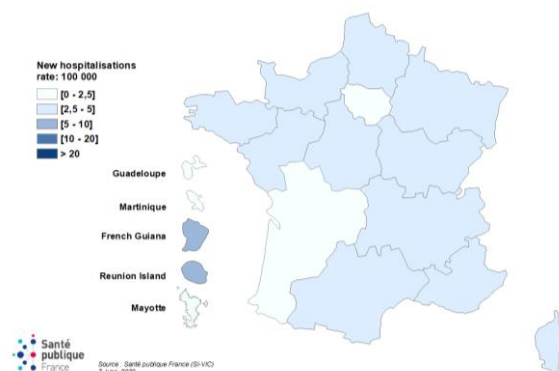


Hospital and intensive care admissions

In metropolitan France, the weekly rate of new [hospital admissions](#) fell or remained stable in all regions. The highest rate was observed in Bourgogne-Franche-Comté; however, it was relatively low (4.2/100,000). The rate of new intensive care admissions declined or remained stable throughout France, except in Bourgogne-Franche-Comté and Hauts-de-France, where it increased slightly with low numbers.

In overseas France, the rate of new hospital admissions declined in Martinique and Guadeloupe, remained stable in the Reunion Island and increased in French Guiana. The rate of new intensive care admissions increased in the Reunion Island, but remained low in all territories.

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 22-2022, France



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

Variants

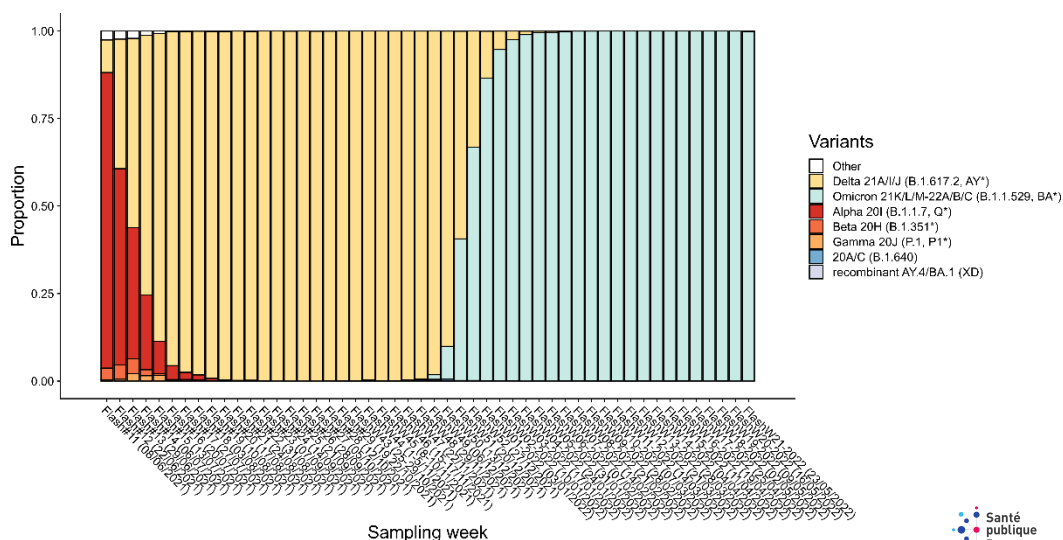
The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 22, the proportion of samples in France with a **screening result compatible with Omicron was 73% for the A0C0 proxy** (vs. 88% in week 21) and **98% for the D1 proxy** (as in week 21).

The proportion of detection of mutations in L452 position (L452R or L452Q, result of C1 screening) is continuing to increase, from 12% in week 21 to 27% in week 22. These mutations are being closely monitored since L452R was associated with increased transmissibility of Delta. These are now 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 **over 99% of interpretable sequences in the week 21 Flash Survey** (from 23/05, based on only 556 interpretable sequences), and 100% in week 20 (16/05, based on 1,642 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 1,800 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 21).

The **XD recombinant**, detected at low levels since the beginning of January 2022, has not been detected since 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 6 June 2022; Flash Surveys from weeks 20 and 21 unconsolidated)



Source: EMERGEN database, data processing by Santé publique France



*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 is dominant in France, with 62% (80% including its sub-lineages) of 556 interpretable sequences in the week 21 Flash Survey (23/05)**. Detection of the BA.2.12.1 sub-lineage of BA.2, which is being monitored closely due to carrying the L452Q mutation, increased in recent Flash Surveys (3.6% in the week 21 Flash Survey vs. 2.1% for the week 20 Flash Survey). The Omicron BA.4 and BA.5 sub-lineages are being 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: 1.1% for BA.4 and 18% for BA.5 in the week 21 Flash Survey, compared with 0.6% and 5% in the week 20 Flash Survey. In South Africa, where BA.4 and BA.5 were initially detected and where BA.4 is now dominant, the peak of the epidemic wave was passed in mid-May and its impact was very moderate. BA.5 is now dominant in Portugal, where the incidence is rising, but is still at lower levels compared to the previous wave. More information is available in [the variants risk analysis of 18/05/2022](#).

Vaccination

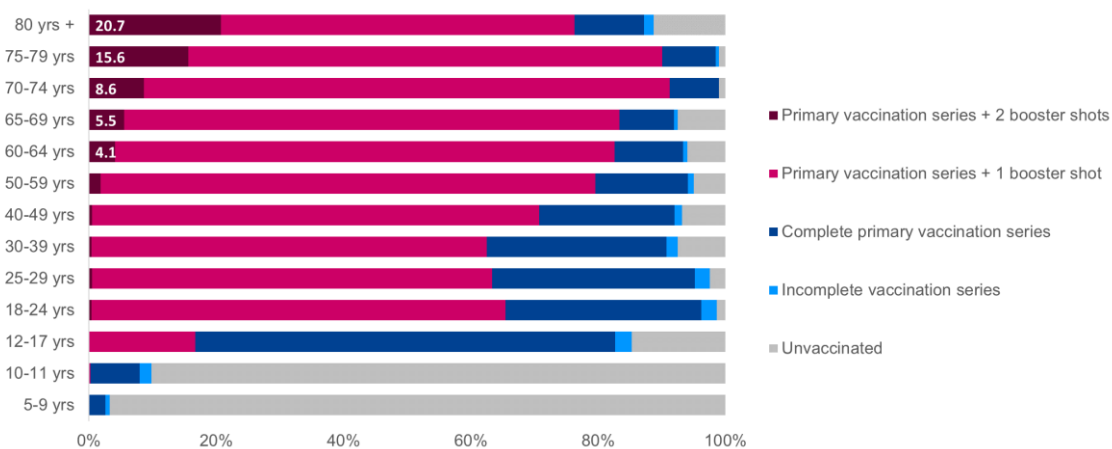
On 06/06/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.7% for a complete primary vaccination series* and 59.6% for the booster shot.

Vaccination coverage for the booster shot reached 74.4% among adults over 18 years of age and 84.3% 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 ages 60-79, to be given six months after the last injection.

In the 60-79 age group, 7.5% had received a booster shot (6.7% on 30/05/2022), representing 31.0% of those eligible** for it at the time. In the 80+ age group, 20.7% had received a second shot (20.0% on 30/05/2022), representing 28.4% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 6 June 2022)



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

On 06/06/2022, 93.6% of residents in nursing homes and long-term care facilities had completed a primary vaccination series, 74.5% had received one booster shot and 25.8% had received a second booster shot (24.5% on 30/05/2022). Among those eligible for the second booster shot at that date**, 36.3% had received it.

As regards health professionals, vaccination coverage for the booster shot was 79.3% for those working in nursing homes or long-term care facilities, 87.4% for professionals in private practice and 78.3% 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 year-olds.

This week's survey

Update on [commitment to preventive measures \(CoviPrev wave 34\)](#)

Latest results from [monitoring of COVID-19 cases among health professionals](#)

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](#)