

COVID-19 EPIDEMIOLOGICAL UPDATE

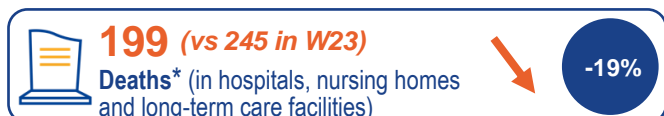
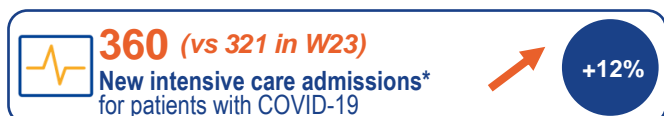
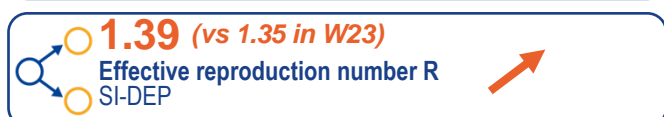
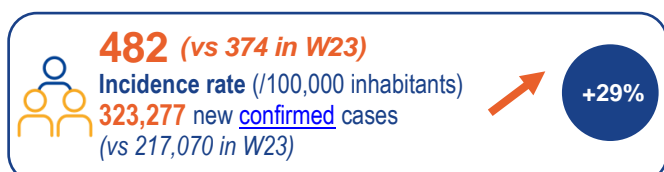
Weekly Report N° 121 / Week 24 / 23 June 2022

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 21 June 2022.

Key numbers

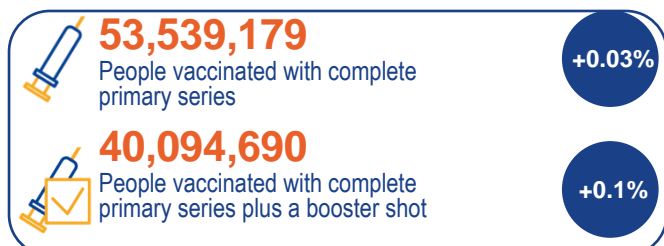
In week 24 (13-19 June 2022)

Compared to week 23 (6-12 June 2022)



On 20 June 2022

Compared to 13 June 2022



*W24: unconsolidated data.

¹Santé publique France acknowledges the large public health network that contributes to COVID-19 surveillance: healthcare professionals working in private practice and hospitals, emergency departments, hospital and private biology laboratories, learned societies for infectious diseases, resuscitation and emergency medicine, CNAM, INSERM and INSEE.

Key points

Epidemiological situation

In week 24, circulation of SARS-CoV-2 continued to progress throughout metropolitan France, with an increase in new hospital admissions, while vaccination coverage for booster shots remains notably insufficient.

• Metropolitan France:

- Incidence and positivity rates increasing in all regions and age groups
- Hospital admission rate rising, particularly among people aged 80 and over

• Overseas France:

- Virological indicators still at very high levels but decreasing in Martinique
- Continued increase in the incidence rate in French Guiana

Variants

- Omicron BA.2 sub-lineage: 51% of interpretable sequences in the week 23 Flash Survey of 7 June 2022
- Progressive replacement of BA.2 by BA.5 with a strong increase in detection (41%)
- Increased presence of the mutation at position L452 in screening (64% in week 24 vs 47% in week 23), linked to the increase of certain Omicron sub-lineages including BA.4 and BA.5

Prevention

• Vaccination on 20 June 2022 (Vaccin Covid data):

- Vaccination coverage for the booster shot at 74.5% in the population aged 18+ years and 84.4% in the 65+ age group
- Only 26.5% of 60-79 year-olds and 30.1% of 80+ year-olds eligible for the second booster shot had received it
- Vaccination effort for the booster shot should be accelerated among eligible people

• Nosocomial transmission of COVID-19: high vigilance should be maintained regarding early identification of cases and strict compliance with protective measures in healthcare facilities

• In the context of increased circulation of SARS-CoV-2, compliance with the combined measures is essential, especially to protect the most vulnerable populations:

- Self-isolation still necessary in case of symptoms and a positive test for COVID-19
- Individual precautions against infection are essential, including wearing a mask (especially around vulnerable people and in contexts favourable to transmission such as closed spaces and large gatherings), hand washing and frequent ventilation of enclosed areas

SITUATION UPDATE

In week 24, circulation of SARS-CoV-2 continued to progress throughout metropolitan France for the third consecutive week. An increase in incidence rate was observed at national level (+29%), which concerned all age groups. New admissions to hospital and intensive care units were on the rise, particularly among people aged over 80 years, while the number of deaths continued to fall. In overseas France, virological indicators remained very high despite decreasing in Martinique. As of 20 June, approximately one-third of people aged over 60 years who are eligible for the second booster shot had received it. Vaccination efforts must therefore be accelerated to improve coverage, especially for the booster dose among eligible individuals. In the context of increased circulation of SARS-CoV-2 and reduced application of prevention measures, protective precautions remain essential to limit the spread of the epidemic and protect the most vulnerable populations. Compliance with other recommended measures is still vital in the event of symptoms, a positive test or high-risk contacts.

EPIDEMIOLOGICAL UPDATE

In week 24, the incidence rate continued to rise for the third consecutive week (482/100,000, +29% vs +53% in week 23). This increase involved all age groups. The incidence rate was highest among 20-79 year-olds at above 500 cases per 100,000 inhabitants. An increase in the screening rate (2,000/100,000, +6%) was observed among people aged under 60 years, particularly the under-10s (1,079, +28%). This indicator stabilised in the 60+ age group. The positivity rate continued to increase in all age groups, particularly among 50-69 year-olds (+5 points).

In week 24, consultations for suspected COVID-19 were up in SOS Médecins organisations (1,383, +35%) and emergency departments (4,018, +55%) for the third consecutive week, concerning all age groups. This increase was observed for most areas of metropolitan France in both networks.

The increase in hospital admissions continued in week 24 for the second consecutive week (3,265, +12%), and an increase in admissions to intensive care units was observed (360, +12%) after several weeks of decrease and one week of stabilisation. This increase was particularly pronounced among those aged 80+ years.

The number of deaths in hospitals and long-term care facilities continued to decrease (199, -19%, unconsolidated data). The number of [deaths from all causes](#) remained within usual margins of fluctuation in week 23.

In metropolitan France, the incidence rate continued to increase in all regions, varying from +18% in Normandy to +42% in Provence-Alpes-Côte d'Azur. The highest incidence was still observed in Île-de-France (642, +36%). The increase in screening rates also continued at regional level, but to a lesser extent compared to the previous week. The highest screening rate was again observed in Île-de-France (2,735, +13%) followed by Provence-Alpes-Côte d'Azur (2,182, +6%). Hospital admission rates increased in all regions, except in Hauts-de-France, Grand-Est and Normandy.

The number of new admissions to intensive care was on the rise in Brittany, Provence-Alpes-Côte d'Azur, Normandy, Grand Est and Occitanie.

In overseas France, the incidence rate remained at a very high level in Martinique, despite a decrease (1,938, -23%). This indicator stabilised in Guadeloupe (608, -3%), while it continued to increase in French Guiana (422, +17%) and decreased in Reunion Island (172, -17%). The rate of new hospital admissions was down in Martinique and Guadeloupe, and stable in Reunion Island and French Guiana.

VARIANTS

The BA.2 sub-lineage of the Omicron variant accounted for 51% of interpretable sequences in the Flash Survey for week 23 (7 June 2022). A gradual replacement of BA.2 has been observed for several weeks with an increase in the detection of BA.5 (41%) and BA.4 (6%). In line with the progression of these sub-lineages, the presence of the mutation at position L452 in the screening tests continued to increase (64% vs 47% in week 23).

PREVENTION

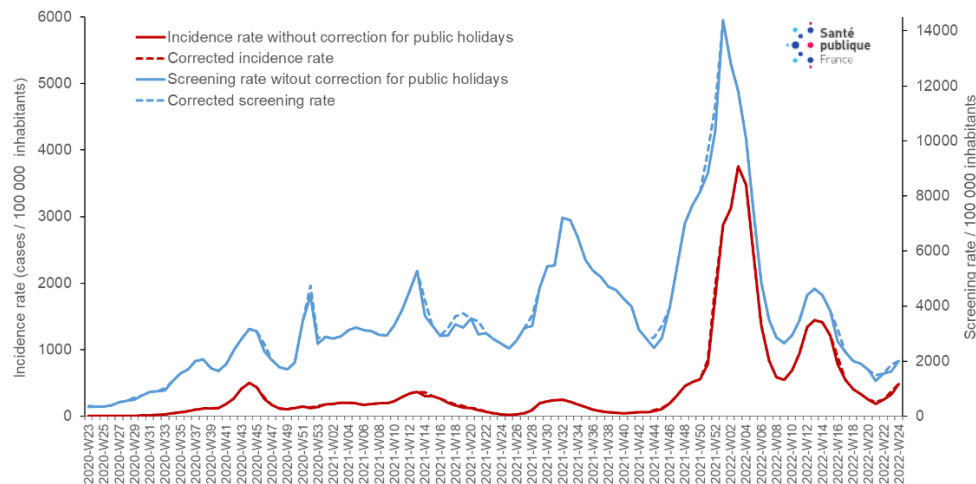
On 20 June, vaccination coverage for the booster shot was 84.4% in the 65+ age group. Only 26.5% of eligible people aged 60-79 years and 30.1% of those aged 80+ years had received a second booster shot.

Based on reported data of nosocomial infections, the hypotheses surrounding nosocomial transmission of COVID-19 call for vigilance on the following points within health establishments: early identification of patients with COVID-19, including those infected on admission or during hospitalisation, and strict compliance with prevention measures, particularly when administering care and receiving visitors.

Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#) had again risen sharply compared to the previous week (482 cases per 100,000 inhabitants vs 374 in week 23, i.e. +29%). The [screening rate](#) was also slightly up (2,000/100,000 vs 1,882, +6%). As such, a significant increase in the [positivity rate](#) was observed (24.1%, +4.2 points). Among the 1,194,507 tested individuals who reported their symptom status, 70% were asymptomatic, a slight decrease compared to recent weeks (72% in week 23 and 75% in week 22). The positivity rate was increasing among both symptomatic people (55% vs 51% in week 23) and asymptomatic people (12% vs 8% in week 23). The proportion of symptomatic positive cases decreased (66% vs 70% in week 23).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 22 June 2022)



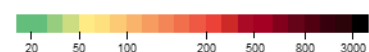
Incidence and screening rates by age group

In week 24, the [incidence rate](#) was up sharply in all age groups: from +25% in the 70-79 age group to +42% in the 0-9 age group. The rate exceeded 500 among 20-79 year-olds and was highest among 50-59 year-olds (626, +28%) followed by 30-39 year-olds (603, +30%). The [screening rate](#) was increasing in the population aged under 60 years and stable in the 60+ age group. It was less than 2,000 among 0-19 year-olds and was highest among 70-79 year-olds (2,468, +0.2%) followed by 20-29 year olds (2,444, +6%). The [positivity rate](#) had also increased across all age groups. This increase was more than 4 points among 20-79 year-olds and even exceeded 5 points in the 50-69 age group. It was close to 30% among people aged 50-59 years (29.2%, +5.1 points) and 40-49 years (28.0%, +4.6 points).

In school-age children, the incidence rate had increased in all age groups, especially among 3-5 year-olds (+44%) and 6-10 year-olds (+48%). It was highest among 11-14 year-olds (291, +36%), with a screening rate of 1,345 (+23%) and a positivity rate of 21.7% (+2.0 points).

Weekly evolution of the incidence rate per 100,000 inhabitants by age group since week 13-2022, France (data on 22 June 2022)

1346	1419	1418	1172	733	456	318	206	174	178	240	306	90 yrs +
1167	1198	1192	964	620	401	288	209	179	199	288	364	80-89 yrs
1367	1458	1454	1170	736	504	389	312	293	314	435	545	70-79 yrs
1214	1302	1277	1025	632	445	355	275	256	290	421	530	60-69 yrs
1568	1604	1434	1095	662	475	377	289	258	315	490	626	50-59 yrs
1796	1727	1440	1031	597	444	373	288	247	285	448	582	40-49 yrs
1711	1696	1460	1079	636	483	402	298	251	287	464	603	30-39 yrs
1484	1456	1263	971	575	400	325	246	218	270	451	582	20-29 yrs
1539	1251	807	486	302	256	240	186	137	143	208	267	10-19 yrs
874	838	590	360	249	254	231	150	88	80	130	184	0-9 yrs
1440	1412	1215	903	550	406	333	252	214	242	373	482	All ages
W13	W14	W15	W16*	W17	W18	W19	W20	W21*	W22	W23*	W24	Santé publique France



*Rates corrected for the effect of public holidays

Hospitalisations, intensive care admissions, and deaths

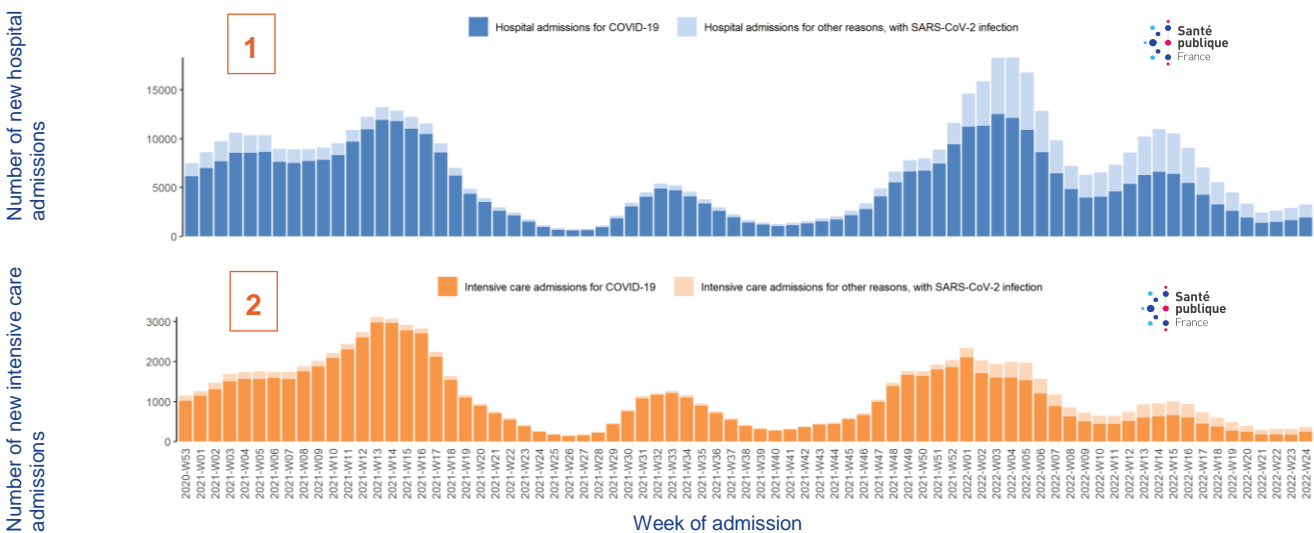
To facilitate interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospital and long-term care facilities) are analysed by date of occurrence. **Data from week 24, up to 21 June 2022, are not yet consolidated and may be underestimated.**

On 21 June 2022, 14,410 COVID-19 patients were hospitalised in France (vs 14,148 on 14 June, +2%), including 855 in intensive care units (vs 868 on 14 June, -1%).

Nationally, the number of new [hospital admissions](#) was 3,265 in week 24, i.e. +12% compared to week 23 (unconsolidated data) vs +11% between weeks 22 and 23 (after consolidation). The number of intensive care admissions amounted to 360 in week 24, +12% compared to week 23 (vs +2% between weeks 22 and 23). In week 24, 1,934 patients were admitted for COVID-19 management and 1,331 patients with SARS-CoV-2 were admitted for other reasons (+17% and +5%, respectively). Regarding intensive care units, 245 patients were admitted for COVID-19 (+42%) and 115 for other reasons (-23%).

In week 24, the proportion of patients carrying SARS-CoV-2 but hospitalised for a reason other than COVID-19 was slightly up across all hospital services (46%) as well as for intensive care units (50%), and slightly down for resuscitation rooms (41%).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 28 December 2020, France (data on 21 June 2022)



W24: unconsolidated data

In week 24, the weekly rate of new hospital admissions was rising in all age groups, especially among people aged 60 and over. The highest rates and the largest increases were observed among those aged 80 and over.

The rates of intensive care admissions were stable in the majority of age groups and slightly up in the 80+ age group.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 17 to week 24-2022, France

	W17	W18	W19	W20	W21	W22	W23	W24	
1	2.1	85.3	65.5	51.7	37.9	34.5	40.0	46.0	90 yrs +
	9.0	45.4	35.8	26.3	18.6	19.9	23.5	26.1	80-89 yrs
	25.4	20.8	15.9	12.2	9.3	10.1	10.7	11.7	70-79 yrs
	10.7	9.0	7.3	5.3	3.8	4.0	4.5	5.3	60-69 yrs
	4.9	4.5	3.6	2.7	1.9	2.0	2.3	2.6	50-59 yrs
	3.0	2.4	2.2	1.3	1.2	1.5	1.3	1.5	40-49 yrs
	4.0	3.3	2.6	2.2	1.5	1.9	2.0	2.1	30-39 yrs
	3.5	2.8	3.0	1.8	1.8	1.7	1.9	2.0	20-29 yrs
	1.4	1.3	1.0	1.1	0.5	0.6	0.7	0.8	10-19 yrs
3.6	2.5	2.5	2.0	1.1	1.5	1.8	1.9	0-9 yrs	
10.5	8.3	6.7	5.0	3.7	3.9	4.3	4.9	All ages	
2	2.5	1.9	1.8	1.6	1.4	0.8	0.7	1.1	90 yrs +
	4.3	3.5	2.4	2.1	1.6	1.3	1.8	2.3	80-89 yrs
	3.6	2.9	2.2	1.7	1.3	1.8	1.7	1.8	70-79 yrs
	2.1	1.6	1.5	1.0	0.7	0.8	0.7	0.9	60-69 yrs
	0.8	0.7	0.7	0.6	0.4	0.4	0.4	0.5	50-59 yrs
	0.4	0.3	0.3	0.4	0.3	0.3	0.2	0.2	40-49 yrs
	0.3	0.3	0.2	0.1	0.2	0.2	0.2	0.2	30-39 yrs
	0.3	0.2	0.2	0.1	0.1	0.1	0.2	0.1	20-29 yrs
	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.1	10-19 yrs
0.5	0.3	0.3	0.2	0.1	0.2	0.2	0.2	0-9 yrs	
1.1	0.9	0.7	0.6	0.4	0.5	0.5	0.5	All ages	

In week 24 (unconsolidated data), 194 deaths in hospital were recorded nationwide (-19% compared to week 23 vs -7% between weeks 22 and 23). There were also 5 deaths recorded in long-term care facilities in week 24, as in week 23.

Situation at the regional level

Incidence, positivity, and screening rates

In metropolitan France, the incidence rate was on the rise in all regions, from +18% in Normandy to +42% in Provence-Alpes-Côte d'Azur. The highest rates were observed in Île-de-France (642, +36%) and Brittany (481, +25%). In week 24, eight regions had rates above 400 (vs one in week 23). The screening rate was up throughout the territory, except in Normandy, where it remained stable (1,463, +1%). It was highest in Île-de-France (2,735, +13%) and Provence-Alpes-Côte d'Azur (2,182, +6%). The positivity rate was rising sharply in all age groups. It was highest in Brittany (32.0%, +5.0 points) and Pays de la Loire (30.8%, +4.7 points).

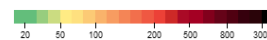
In week 24, the incidence rate was increasing in all departments. Overall, 42 departments had an incidence rate above 400 (vs 14 in week 23). This indicator exceeded 500 in 15 of them (vs 3 in week 23). The highest rates were observed in Paris (809, +39%), Hauts-de-Seine (750, +38%), and Val-de-Marne (636, +39%).

In overseas France, although the incidence rate was falling, it remained very high in Martinique (1,938, -23%) and continued to fall in Reunion Island (172, -17%). A stabilising trend was observed in Guadeloupe (608, -3%) and numbers remained low in Mayotte (20, -26%). However, the incidence rate was still on the rise in French Guiana (422, +17%).

Evolution of the incidence, positivity, and screening rates by region since week 19-2022, France (data on 22 June 2022)

Regions	Incidence rate for 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W19	W20	W21*	W22	W23*	W24	W24 vs W23* (%)	W24	W24 vs W23 (points)	W24	W24 vs W23* (%)
	Auvergne-Rhône-Alpes	306	227	170	187	280	389	39	24.0	4.8	1,620
Bourgogne-Franche-Comté	314	221	166	183	277	369	33	24.1	4.9	1,528	6
Brittany	399	299	246	262	386	481	25	32.0	5.0	1,502	5
Centre-Val de Loire	356	254	195	213	333	416	25	27.8	4.5	1,496	5
Corsica	363	258	205	194	294	409	39	20.8	3.6	1,972	15
Grand Est	335	223	169	194	282	346	22	19.4	2.8	1,780	5
Hauts-de-France	372	255	195	202	319	389	22	21.3	2.9	1,828	5
Île-de-France	233	203	208	271	473	642	36	23.5	4.0	2,735	13
Normandy	353	251	200	212	330	389	18	26.6	3.9	1,463	1
Nouvelle-Aquitaine	259	198	174	207	323	421	30	27.4	5.2	1,537	6
Occitanie	264	205	191	220	345	471	36	25.3	5.5	1,864	7
Pays de la Loire	371	270	219	230	345	440	28	30.8	4.8	1,431	8
Provence-Alpes-Côte d'Azur	357	263	201	203	292	415	42	19.0	4.8	2,182	6
Guadeloupe	743	670	579	571	629	608	-3	19.3	0.5	3,156	-6
French Guiana	174	205	244	294	362	422	17	22.8	2.7	1,850	3
Martinique	1382	1502	1678	2292	2531	1938	-23	35.3	-2.6	5,484	-18
Mayotte	23	21	31	34	28	20	-26	2.4	-0.7	834	-6
Reunion Island	665	391	302	230	207	172	-17	11.5	-1.6	1,488	-6

*Data corrected for the effect of public holidays on 26 May and 6 June 2022

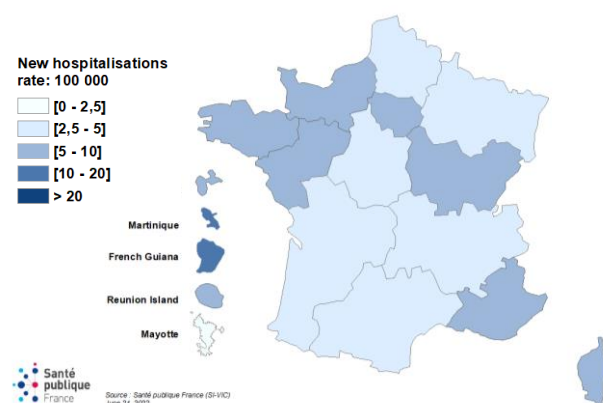


Hospital and intensive care admissions

In metropolitan France, the weekly rate of [new hospital admissions](#), was increasing in the majority of regions, stable in Grand Est and Normandy, and decreasing in Hauts-de-France. The highest rates were observed in Brittany, where the increase was greatest, in Bourgogne-Franche-Comté (7.2/100,000) and in Corsica (7.0). The rate of new admissions to intensive care was up in Brittany, Provence-Alpes-Côte d'Azur, Normandy, Grand Est and Occitanie. It decreased in Hauts-de-France and remained stable across the rest of the territory.

In overseas France, the rate of new hospital admissions was down in Martinique and Guadeloupe while it remained stable in Reunion Island and French Guiana. The rate of new admissions to intensive care units remained low in all regions, but with an upwards trend in Martinique.

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 24-2022, France



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

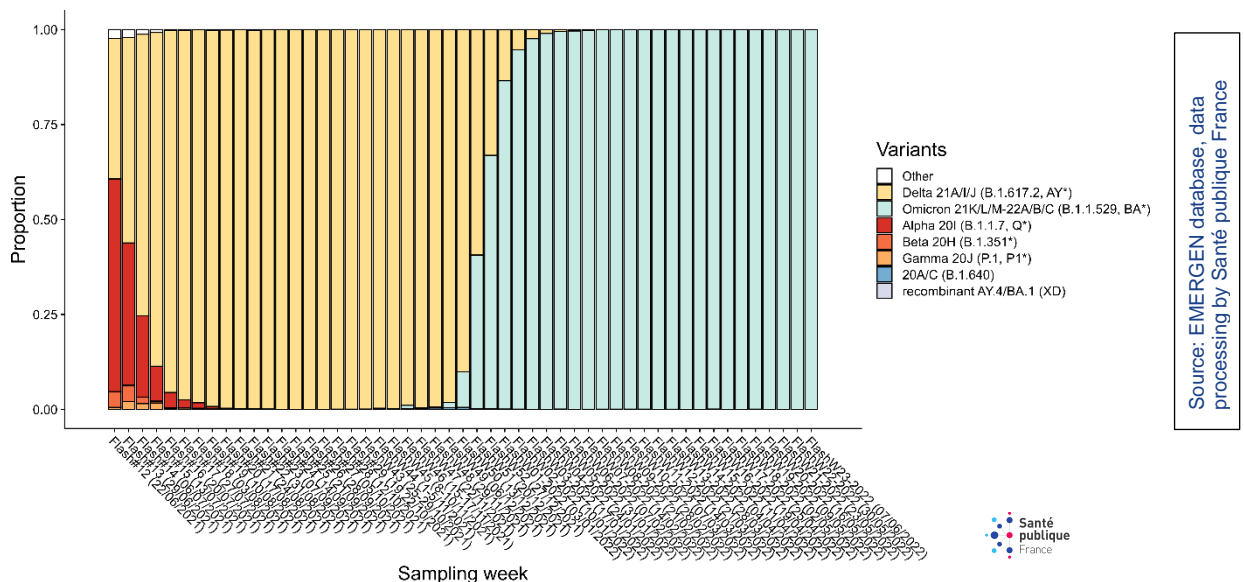
Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations that affect the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 24, the proportion of samples in France with a **screening result compatible with Omicron was 98% for the D1 proxy** (stable compared to week 23 and previous weeks).

The proportion of mutations detected at position L452 (L452R or L452Q, C1 screening result), continues to increase, from 47% in week 23 to 64% in week 24. This increase is found in all regions (of metropolitan and overseas France), but at different levels. These mutations are being closely monitored, as L452R was associated with increased transmissibility of Delta. They are now 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 and BA.2.12.1). The increase in samples with a C1 screening result can be attributed to the C1D1 profile, which confirms them as sub-lineages of Omicron with mutations at position L452 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 Survey of week 23** (from 7 June 2022, based on 1,641 interpretable sequences only) and over 99% in week 22 (30 May 2022, based on 1,928 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (7 February 2022, based on a total of 2,544 interpretable sequences from these territories in Flash Surveys between weeks 6 and 23).

Evolution of the proportions for each classified variant (VOC, VOI, and VUM) in the Flash Surveys, metropolitan France (data on 20 June 2022; Flash Surveys from weeks 22 and 23 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. Over several weeks, **there has been a gradual replacement of BA.2 by BA.5. During the week 23 Flash Survey (7 June 2022), BA.2 represented 33% of interpretable sequences (51% including all its sub-lineages) and BA.5 represented 41%**, whereas during the week 22 Flash Survey, **the observed data indicated 55% for BA.2 and 23% for BA.5**. Several sub-lineages of BA.5 have been defined, including BA.5.1 to BA.5.5, BE.1 and BF.1. In parallel, the **Omicron sub-lineages BA.2.12.1 and BA.4**, which carry mutations at position L452, are also being closely monitored. Their frequency of detection in Flash Surveys is also increasing: 6% of interpretable sequences for BA.2.12.1 during the week 23 Flash Survey (vs 5% during week 22) and 6% also for BA.4 during the week 23 Flash Survey (vs 5% during week 22). Additional information, including a detailed descriptive analysis of 301 cases infected with BA.4 or BA.5 and investigated by the regional units of Santé publique France (case profile, clinical signs, severity), is available in the [variant risk analysis of 15/06/2022](#).

Vaccination

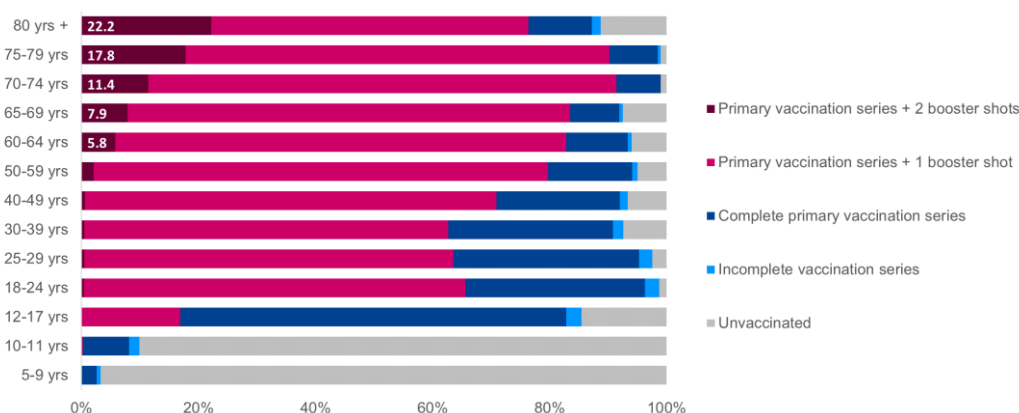
On 20 June 2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.8% for a complete primary vaccination series* and 59.7% for the booster shot.

Vaccination coverage for the booster shot reached 74.5% in the population aged 18+ years and 84.4% in the 65+ age group. In addition, 9.9% 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 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, 9.8% had received a second booster shot (8.6% on 13 June 2022), representing 26.5% of those eligible** for it at the time. In the 80+ age group, vaccination coverage for the second booster shot was 22.2% (21.5% on 13 June 2022), representing 30.1% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 20 June 2022)



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

On 20 June 2022, 93.6% of residents in nursing homes and long-term care facilities had completed a primary vaccination series, 74.9% had received one booster shot and 27.9% had received a second booster shot (26.9% on 13 June 2022). Among those who were eligible for the second booster shot at that date**, 39.2% had received it.

As regards health professionals, vaccination coverage for the booster shot was 79.5% for those working in nursing homes or long-term care facilities, 87.6% for professionals in private practice and 78.5% 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 this 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.

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

This week's surveys

Update on [reported nosocomial SARS-CoV-2 infections](#)

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](#)