

COVID-19 EPIDEMIOLOGICAL UPDATE

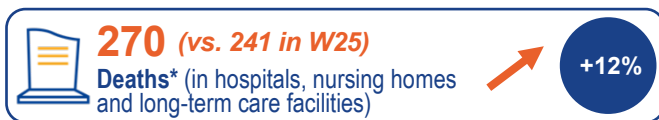
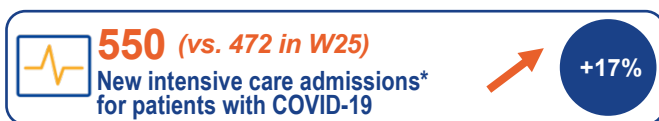
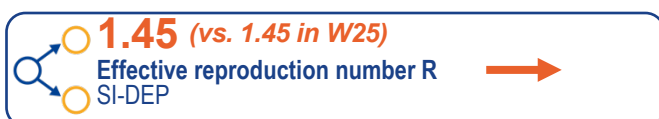
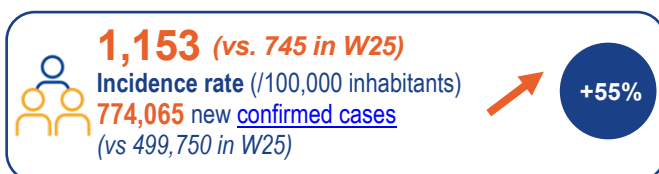
Weekly Report N° 123 / Week 26 / 07 July 2022

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 06 July.

Key numbers

In week 26 (27 June-03 July 2022)

Compared to week 25 (20-26 June 2022)



On 04 July 2022

Compared to 27 June 2022



Key points

Epidemiological situation

In week 26, circulation of SARS-CoV-2 intensified in metropolitan France, new hospital admissions as well as deaths rose sharply, affecting mostly the oldest who were insufficiently vaccinated.

• Metropolitan France:

- The incidence rate was still rising in all regions and above 1% (1,000/100,000) in most regions.
- Number of new hospital admissions, admissions to intensive care and deaths were all up.

• Overseas France:

- Virological indicators fell in Martinique but remained at very high levels
- Sharp rise in the incidence rate, continuing in Guadeloupe and Reunion Island

Variants

- Continued increase in the proportion of the BA.5 Omicron sub-lineage, which is predominant, in the week 25 Flash Survey (20/06)

Repeat infections

- Increase in the proportion of repeat infections since December 2021, reaching 12% in week 23 2022

Prevention

• Vaccination on 04 July 2022 (Vaccin Covid data):

- Stability of vaccination coverage for the booster shot reached 74.8% among the population aged 18+ and 84.7% in the 65+ age group.
- Only 26.5% of 60-79 year-olds and 33.7% of those aged 80 and over eligible for the second booster shot have actually received it.

• With school holidays ongoing and activities likely to cause an increase in virus transmissions, compliance with combined measures remains essential to protect the most vulnerable populations, and it remains vital to:

- self-isolate in the event of symptoms or a positive test for COVID-19
- apply individual precautions against infection, including wearing a mask (especially in closed areas, in particular in public transport, at large gatherings or around vulnerable people), hand washing and frequent ventilation of enclosed spaces

*W26: unconsolidated data. ** The technical problem related to the SOS Médecins server change, underway since 16 February, 2022 and responsible for an interruption in data transmission for 22 of the 61 SOS Médecins associations, was resolved yesterday. Transmissions were restored on 05/07/2022 and the missing data for the period from 16/02/2022 to 05/07/2022 were recovered. The analysis given above concerns data for all SOS Médecins associations. COVID indicators were recalculated for the period from 16/02 to 05/07/2022 to include the missing data (22 associations + COVID procedures not transmitted via the former server).

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.

SITUATION UPDATE

In week 26, circulation of SARS-CoV-2 continued to accelerate throughout metropolitan France. The incidence rate increased again by over 50% in almost all age groups and in all regions of metropolitan France. New hospital admissions and admissions to intensive care were still increasing and the number of deaths was also increasing. In overseas France, a sharp rise in incidence rates was observed in Guadeloupe, Reunion island, and Mayotte, although the incidence rate remained low in this department. The vaccination effort must be stepped up to improve vaccination coverage, and remains insufficient in some regions such as the West Indies and French Guiana and among the oldest populations, while the oldest age groups had the highest hospitalisation rates and only one third of the over 80s had received the second booster shot. With the increased circulation of SARS-CoV-2 and the summer holidays, likely to lead to an increase in virus transmissions, it remains essential to take protective measures to limit circulation of the virus 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 26, the incidence rate increased again by 55%, rising to 1,153/100,000 inhabitants. This increase affected all age groups and was very pronounced among young adults (+69%, i.e. 1,518/100,000 among those aged 20-29). The incidence rate was particularly high and above 1,500 cases per day for 100,000 among 20-39 year-olds. The positivity rate continued to rise in all age groups and reached 37% among 50-59 year-olds. It increased by at least 4 points among 60-89 year-olds.

In week 26, consultations for suspected COVID-19 increased at SOS Médecins (7,934, +47%) and in emergency departments (7,831, +36%).

The rise in new hospital admissions continued in week 26 (5,953, +16%) after a 30% increase the previous week (after consolidation of data). Similarly, intensive care admissions increased by 17% in week 26 (472 vs. +10% in week 25). Hospitalisation rates were still highest among the 90+ age group and increasing sharply (93.3/100,000, +27%). The number of deaths in hospitals and long-term care facilities increased for the second consecutive week (270, +12%, non-consolidated data in week 26). The number of [all-cause deaths](#) remained within the usual fluctuation range in week 26.

In metropolitan France, a sharp rise in the incidence rate was again observed throughout the country. It was rising in particular in Pays de la Loire (+77%), in Nouvelle-Aquitaine (73%) and in Auvergne-Rhône-Alpes (71%). The highest incidence was always observed in Île-de-France (1,295, +33%), followed by Pays de la Loire (1,260, +77%). The rates of new hospital admissions increased in all regions, except in Île-de-France, where this indicator remained stable (unconsolidated data). The number of intensive care admissions was also increasing in the majority of regions. The increase was particularly high in Bourgogne-Franche-Comté (+108%) and in Auvergne-Rhône-Alpes (+70%).

In overseas France, although the decrease continued, the incidence rate remained at a very high level in Martinique (1,129, -24%). It was still increasing in Guadeloupe (1,039, +41%) and in French Guiana (491, +3%). In Mayotte, an increased incidence was observed but remained moderate (51, +74%). The rate of new hospitalisations was also on the rise in Reunion Island.

VARIANTS

The replacement of BA.2 with BA.5 was confirmed in the week 25 Flash Survey (20/06). This variant was predominant for the past two weeks and accounted for 67% of interpretable sequences, compared with 18% for BA.2. As for BA.4, it was detected in 7% of sequences. In connection with the spread of these sub-lineages, the presence of the mutation in position L452 in screening tests was still growing (80% in week 26 vs 74% in week 25).

REPEAT INFECTIONS

Between 2 March 2021 and 12 June 2022, possible repeat infections accounted for 4.1% of all confirmed COVID-19 cases, a proportion which was increasing sharply since December 2021. In addition, a high number of repeat infections with Omicron after a first infection by the same variant was observed. Nonetheless, the likelihood of a repeat infection following a first infection with another variant (Alpha, Delta or another) remained considerably higher.

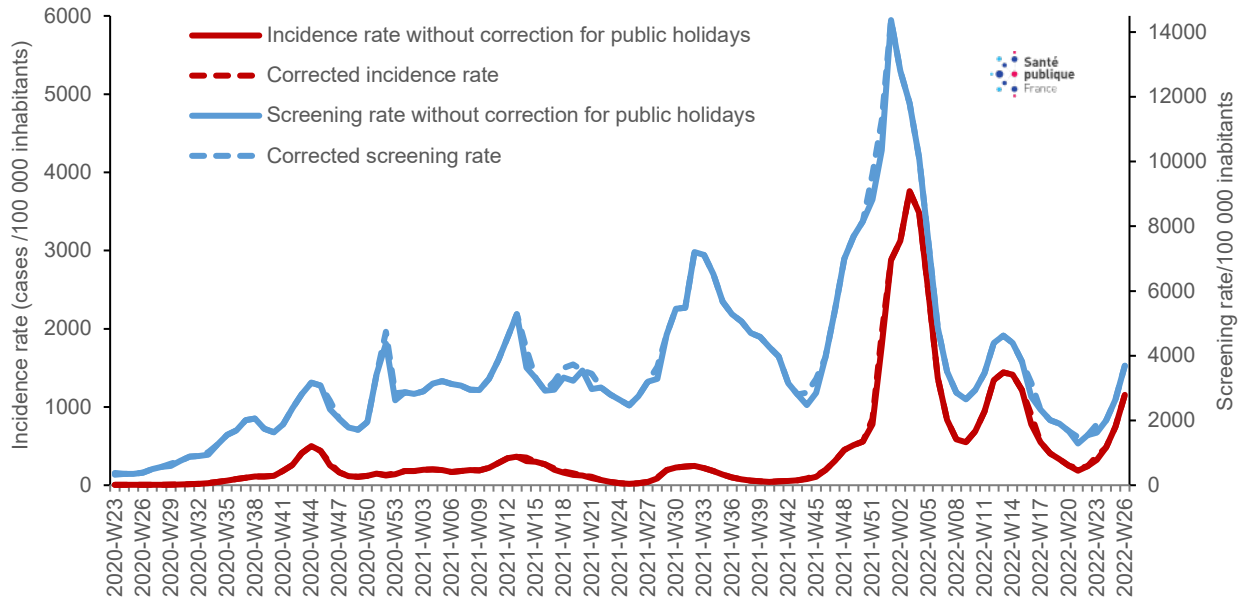
PREVENTION

On 4 July, vaccination coverage was not increasing significantly (84.7% in the 65+ age group for the booster shot) Only 26.5% of 60-79 year-olds and 31.7% of those aged 80+, as well as 42.2% of residents of long-term care facilities who were eligible had received their second booster shot. In the French overseas regions, vaccination coverage remained insufficient, particularly in French Guiana, in Guadeloupe and in Martinique, where only 15.2%, 22.7% and 25.3% of the population respectively had received the first booster shot.

Confirmed cases, incidence, and screening rates

Nationally, a sharp rise in the [incidence rate](#) was again observed compared to the previous week (1,153 per 100,000 inhabitants vs. 745 in week 25, i.e. +55%). The [screening rate](#) likewise increased in week 26 (3,694/100,000 vs 2,643, +40%). Concerning the [positivity rate](#), the trend was the same (31.2%, +3.0 points). Among the 2,251,557 tested individuals who had reported their symptom status, 64% were asymptomatic. In week 26, a slight decrease compared to recent weeks (67% in week 25 and 70% in week 24). The positivity rate was stable among both symptomatic people (59% vs. 58% in week 25) and asymptomatic people (17% vs. 15% in week 25). The proportion of symptomatic individuals remained stable (67% vs. 66% in week 25).

Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 06 July 2022)



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

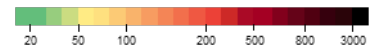
Incidence and screening rates by age group

In week 26, the [incidence rate](#) rose sharply across all age groups, rising from +46% in the 70-79 age group to +69% among 20-29 year-olds. This rate exceeded 1,200/100,000 among 20-79 year-olds and was highest among 20-29 year-olds (1,518, +69%) and 30-39 year-olds (1,510, +59%). The [screening rate](#) increased in all age groups, from +26% among 70-89 year-olds to +50% among 20-29 year-olds. It was below 3,000 among 0-19 year-olds and exceeded 4,000 among 20-49 year-olds; it was highest among 20-29 year-olds (4,803, +50%) and 30-39 year-olds (4,685, +44%). The [positivity rate](#) was also up in all age groups. This increase was higher than or equal to 4 points among 60-89 year-olds. The rate was above 30% among people aged 20-79 and was highest among 50-59 year-olds (37.0%, +3.1 points) and 60-69 year-olds (35.0%, +4.2 points).

Among school-age children, the incidence rate increased in all age groups, in particular in the 15-17 age group (512, +63%). It was the highest among 6-10 year olds (649, +58%), with a screening rate of 2,640 (+44%) and a positivity rate of 24.6% (+2.2 points).

Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 15-2022, France (data on 06 July 2022)

	W15	W16*	W17	W18	W19	W20	W21*	W22	W23*	W24	W25	W26	
1418	1172	733	456	318	206	174	178	241	315	465	703	1153	90 yrs +
1192	964	620	401	288	209	179	199	288	368	547	816	1192	80-89 yrs
1454	1170	736	504	389	312	293	314	435	548	835	1215	1454	70-79 yrs
1277	1025	632	445	355	275	256	290	421	533	807	1202	1277	60-69 yrs
1434	1095	662	475	377	289	258	315	490	629	953	1421	1434	50-59 yrs
1440	1031	597	444	373	288	247	285	449	584	905	1407	1440	40-49 yrs
1460	1079	636	483	402	298	251	287	464	605	952	1510	1460	30-39 yrs
1263	971	575	400	325	246	218	270	451	584	900	1518	1263	20-29 yrs
807	486	302	256	240	186	137	143	209	268	408	643	807	10-19 yrs
590	360	249	254	231	150	88	80	130	185	306	482	590	0-9 yrs
1215	903	550	406	333	252	214	242	373	482	742	1153	1215	All ages



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

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

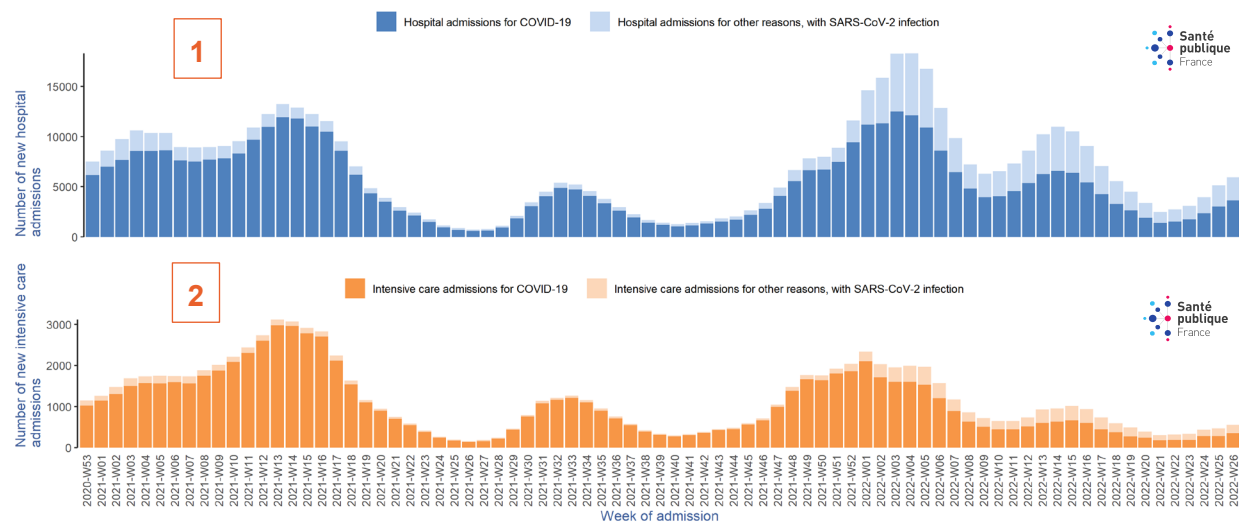
*rates corrected for the effect of public holidays

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 26, collected until 05 July 2022, are not yet consolidated and may be underestimated.**

On 05 July 2022, 17,117 COVID-19 patients were hospitalised in France (vs 15,572 on 28 June, 10%), including 1,018 in intensive care (vs 912 on 28 June, i.e. +12%). Nationwide, the number of [new hospital admissions](#) was 5,953 in week 26, i.e. +16% compared with week 25 (unconsolidated data) vs. +30% between weeks 24 and 25 (after consolidation). The number of new intensive care admissions reached 550 in week 26, i.e. 17% more than in week 25 (vs. +10% between weeks 24 and 25). In week 26, 3,618 patients were admitted for COVID-19 management (19% more than in week 25) and 2,335 patients with SARS-CoV-2 were admitted for other reasons (11% more than in week 25). Regarding intensive care units, 354 patients were admitted for COVID-19 (+25%) and 196 for other reasons (+4%). In week 26, among all patients hospitalised with a positive COVID-19 test, the proportion of patients hospitalised for a reason other than COVID-19 was stable (39% vs 41% in week 25), as for hospitalisations in intensive care (32% in week 26 and week 25). However, a slight decrease was observed for intensive care (36% vs 40% in week 25).

Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 28 December 2020, France (data on 5 July)



W26: unconsolidated data

In week 26, the weekly rate of new hospital admissions was up in all age groups except among 10-19 year-olds, where it was stable. The highest rate and the sharpest increase were observed along those aged 90+. The rate of intensive care admissions was stable in the majority of age groups and rising slightly among 60-89 year-olds.

Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 19 to week 26-2022, France

Age group	Hospital admissions (1)								Intensive care admissions (2)							
	W19	W20	W21	W22	W23	W24	W25	W26	W19	W20	W21	W22	W23	W24	W25	W26
90 yrs +	65,9	52,4	38,5	36,3	42,0	59,3	73,7	93,3	1,8	1,6	1,5	0,9	0,7	1,4	2,0	2,0
80-89 yrs	36,1	26,6	18,8	20,5	25,4	32,2	41,5	46,4	2,4	2,1	1,6	1,3	1,9	2,7	1,9	2,9
70-79 yrs	16,0	12,3	9,5	10,5	11,5	14,3	19,0	21,1	2,2	1,7	1,3	1,7	1,9	2,1	2,4	2,8
60-69 yrs	7,3	5,4	3,9	4,2	4,6	6,2	7,4	8,4	1,5	1,0	0,7	0,8	0,7	1,1	1,1	1,3
50-59 yrs	3,6	2,7	2,0	2,1	2,5	3,0	4,0	4,7	0,7	0,6	0,4	0,5	0,4	0,5	0,8	0,7
40-49 yrs	2,2	1,3	1,2	1,6	1,4	1,8	2,5	3,0	0,3	0,4	0,3	0,3	0,2	0,3	0,3	0,3
30-39 yrs	2,6	2,2	1,5	2,0	2,0	2,6	3,5	4,0	0,2	0,1	0,2	0,2	0,2	0,2	0,3	0,4
20-29 yrs	3,0	1,8	1,8	1,7	2,0	2,3	2,9	3,6	0,2	0,1	0,2	0,1	0,2	0,1	0,2	0,1
10-19 yrs	1,1	1,1	0,5	0,6	0,7	0,8	1,1	1,1	0,1	0,1	0,1	0,0	0,1	0,1	0,1	0,1
0-9 yrs	2,5	2,0	1,2	1,5	1,8	2,1	3,2	4,2	0,3	0,2	0,1	0,2	0,2	0,2	0,3	0,4
All ages	6,7	5,1	3,7	4,1	4,6	5,9	7,7	8,9	0,7	0,6	0,5	0,5	0,5	0,6	0,7	0,8

Legend: Santé publique France

Scale: 0 | 2,5 | 5 | 10 | 20

In week 26 (unconsolidated data), 263 deaths in hospital were recorded nationwide (+12% compared to week 25 vs. +6% between weeks 24 and 25). There were also 7 deaths recorded in long-term care facilities in week 27 (vs 7 in week 25).

Situation at the regional level

Incidence, positivity, and screening rates

In metropolitan France, the [incidence rate](#) increased sharply in all regions, from +33% in Île-de-France to +77% in Pays de la Loire. The highest rates were observed in Île-de-France (1,295, +33%), Pays de la Loire (1,260, +77%) and Brittany (1,237, +58%). In week 26, most regions had rates above 1,000 (9 vs 0 in week 25). The [screening rate](#) was also up throughout the country. It was the highest in Île-de-France (4,869, +32%) and Provence-Alpes-Côte d'Azur (4,182, +41%). The [positivity rate](#) was rising sharply in all regions except Île-de-France where it was stable (26.6%, +0.3 points). The sharpest increases above 5 points were observed in the Pays de la Loire (41.3%), in Nouvelle-Aquitaine (37.6%) and in Bourgogne-Franche-Comté (33.4%). It was highest in Brittany (41.3%, +4.0 points) and in Pays de la Loire (41.3%, +5.5 points).

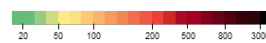
In week 26, the incidence rate increased in all departments. 48 departments had an incidence rate above 1,000 (vs. 2 in week 25). The highest rates were observed in Paris (1,571, +31%), in Lozère (1,527, +81%), in Hauts-de-Seine (1,504, +33%) and in Haute-Garonne (1,499, +58%).

In overseas France, the decrease continued in Martinique, but the incidence rate remained very high (1,129, -24%). It continued to increase in Guadeloupe (1,039, +41%) and was stable in French Guiana (491, +3%). An increase was also observed in Reunion island (334, +53%). Although numbers remained very low in Mayotte, this week saw a sharp increase (51, +74%).

Evolution of the incidence, positivity, and screening rates by region since week 21-2022, France (data on 06 July 2022)

Regions	Incidence rate for 100,000 inhabitants						Positivity rate (%)			Screening rate per 100,000 inhabitants	
	W21*	W22	W23*	W24	W25	W26	W26 vs W25 (%)	W26	W26 vs W25 (point)	W26	W26 vs W25 (%)
Auvergne-Rhône-Alpes	170	187	281	391	586	1003	71	32,7	4,0	3 066	50
Bourgogne-Franche-Comté	166	183	278	371	549	929	69	33,4	5,1	2 779	43
Brittany	245	263	387	483	783	1237	58	41,3	4,0	2 995	43
Centre-Val de Loire	195	213	334	419	647	1004	55	35,9	3,7	2 797	39
Corsica	205	196	294	415	705	1154	64	30,7	4,3	3 755	41
Grand Est	169	195	283	347	507	830	64	27,7	4,4	2 998	38
Hauts-de-France	195	202	320	391	614	963	57	29,5	3,7	3 261	37
Île-de-France	208	272	473	644	971	1295	33	26,6	0,3	4 869	32
Normandy	200	212	331	391	596	903	51	34,2	3,5	2 640	36
Nouvelle-Aquitaine	174	208	324	423	668	1157	73	37,6	5,2	3 078	49
Occitanie	191	220	346	473	776	1230	59	33,3	2,9	3 696	45
Pays de la Loire	219	231	346	442	714	1260	77	41,3	5,5	3 048	53
Provence-Alpes-Côte d'Azur	201	204	292	418	728	1152	58	27,5	3,1	4 182	41
Guadeloupe	578	572	631	613	735	1039	41	24,4	3,1	4 266	23
French Guiana	244	295	363	429	476	491	3	23,9	1,2	2 052	-2
Martinique	1680	2294	2537	1956	1495	1129	-24	28,0	-3,4	4 040	-15
Mayotte	31	34	28	20	29	51	74	4,2	1,1	1 212	31
Reunion Island	302	230	208	173	219	334	53	17,0	3,1	1 958	25

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

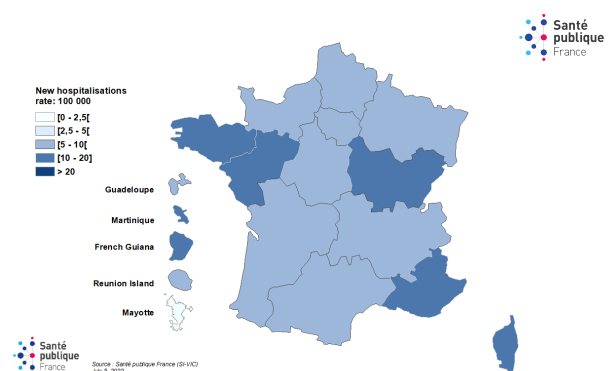


Hospital and intensive care admissions

In metropolitan France, the weekly rate of [new hospital admissions](#) was up in all regions except in Île-de-France, where it was stable. The highest rates were in Corsica (13.1/100,000), in Brittany (11.7) and in Provence-Alpes-Côte d'Azur (10.8). The rate of intensive care admissions was increasing in the majority of regions.

In overseas France, the rate of new hospital admissions was up in Reunion island, stable in Guadeloupe and down in French Guiana and in Martinique. The highest rates were observed in French Guiana (10.7) and in Martinique (10.0). Intensive care admission rates remained low but were also up slightly in French Guiana and in Guadeloupe.

Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 26-2022, France



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

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

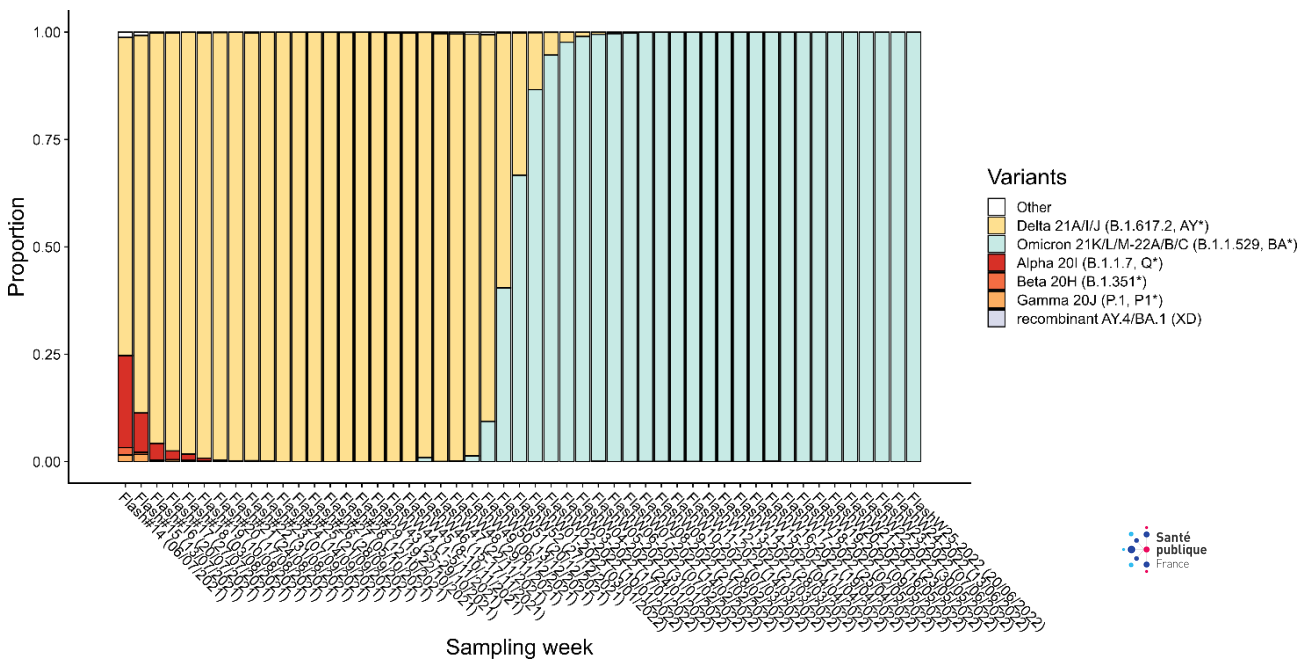
Variants

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 26, the proportion of samples in France with a **screening result compatible with Omicron was 98% for the D1 proxy** (stable compared with week 25).

The proportion of detection of mutations in L452 position (L452R or L452Q, result of C1 screening) is continuing to increase, from 74% in week 25 to 80% in week 26. This increase is found in all regions (in mainland France and in overseas territories), but at different levels. 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 mainland France, it represented **100% of interpretable sequences in the week 25 Flash Survey** (from 20/06, based on only 1,509 interpretable sequences), and week 24 (13/06, based on 2,704 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (07/02, based on a total of 3,021 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 25).

Evolution of the proportions for each classified variant (VOC, VOI, and VUM*) in Flash Surveys, metropolitan France (data on 04 July 2022; Flash Surveys from weeks 24 and 25 unconsolidated)



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

The Omicron variant includes five sub-lineages: BA.1, BA.2, BA.3, BA.4 and BA.5, themselves divided into sub-lineages. For several weeks **we have seen BA.2 being gradually replaced by BA.5**. Indeed, in the week 25 Flash Survey (20/06), BA.2 represented 18% of interpretable sequences (25% including all sub-lineages), compared with 67% for BA.5, while in the week 24 Flash Survey, the data observed indicated 24% for BA.2 and 54% for BA.5.

The **BA.2.12.1 and BA.4 Omicron sub-lineages** (themselves also mutation carriers in position L452) are still detected but at lower levels than BA.5. BA.2.12.1 represented 3% of interpretable sequences in the week 25 Flash Survey (vs 7% in the week 24 Flash Survey). BA.4 represented 7% of sequences in the week 25 Flash Survey (vs 6% in the week 24 Flash Survey). More information is available in the [variants risk analysis of 15/06/2022](#).

Vaccination

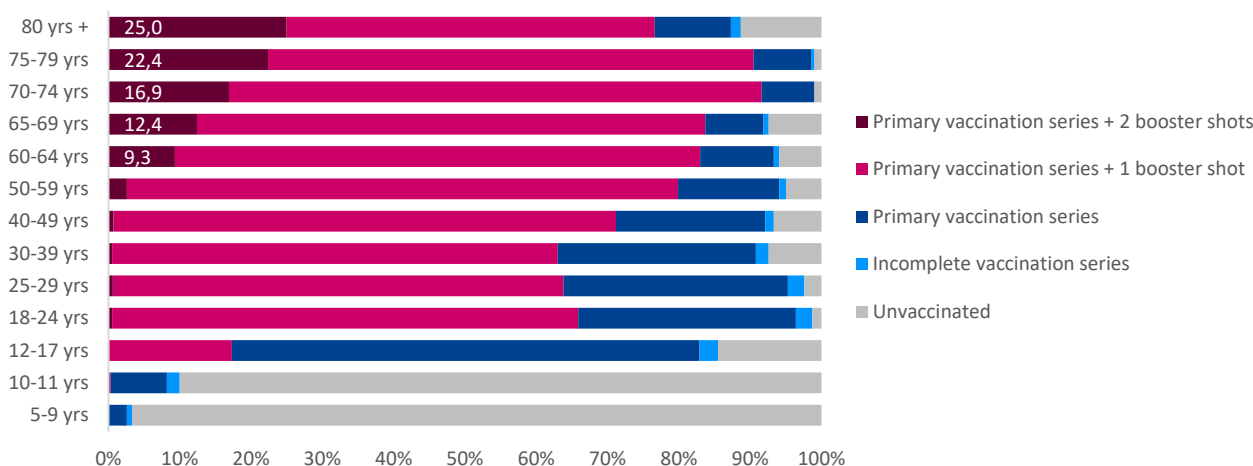
On 04/07/2022, vaccination coverage in France based on Vaccin Covid was 79.8% for a complete primary vaccination series* and 60.0% for the booster shot.

Vaccination coverage for the booster shot reached 74.8% among adults over 18 years of age and 84.7% in the 65+ age group. In addition, 10.0% 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, 14.2% had received a booster shot (11.4% on 27/06/2022), representing 26.5% of those eligible** for it at the time. In the 80+ age group, 25.0% had received a second shot (23.1% on 27/06/2022), representing 33.7% of those eligible for it at the time.

Vaccination coverage, by age group, France (data on 04 July 2022)



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

On 04/07/2022, 93.6% of residents in nursing homes and long-term care facilities had completed a primary vaccination series, 75.2% had received one booster shot and 30.1% had received a second booster shot (28.8% on 27/06/2022). Among those eligible for the second booster shot at that date**, 42.2% had received it.

As regards health professionals, vaccination coverage for the booster shot was 79.6% for those working in nursing homes or long-term care facilities, 87.8% for professionals in private practice and 78.7% 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 and data concerning the second booster shot for people aged 60+ and residents of nursing homes or long-term care facilities are also available.

This week's surveys

Update on [risks of repeat infection with Sars-Cov-2](#)
 Update on the [epidemiological situation related to COVID-19 in 0-17 year-olds](#)
 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](#)

Dashboard
[InfoCovidFrance](#)
 Key figures and evolution of COVID-19 in France and worldwide