

# COVID-19 EPIDEMIOLOGICAL UPDATE

N° 141 / Week 44 / 10 November 2022

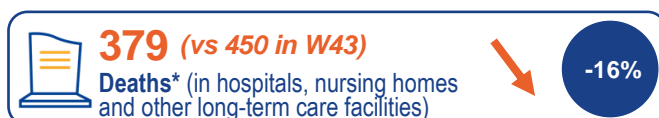
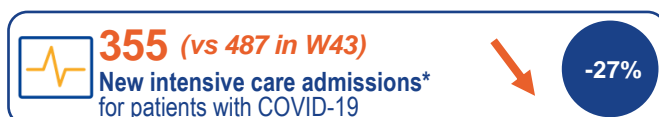
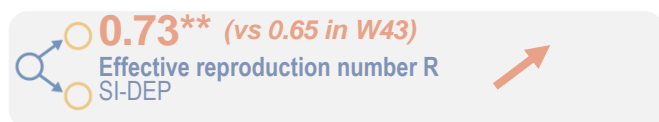
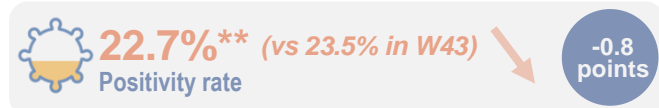
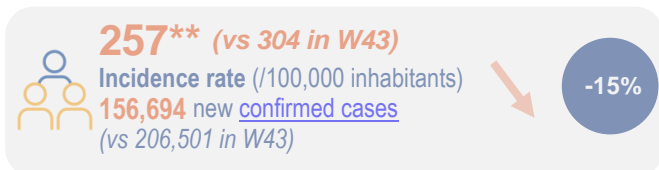
As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners<sup>1</sup> as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 9 November 2022.

Due to certain private medical laboratories suspending transmission of COVID-19 test results to SI-DEP, the incidence rate and screening rate are underestimated as of 30 October; the values of the positivity rate and the effective R are also affected. Santé publique France remains mobilised to provide continuous monitoring of the epidemic based on the other data sources used for surveillance, which are not affected.

## Key numbers

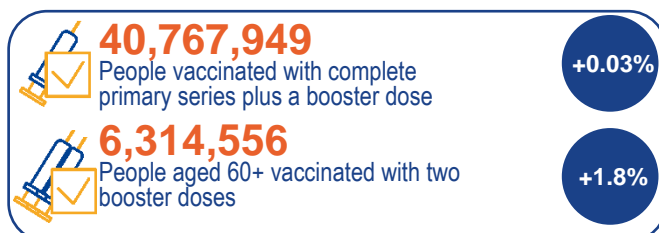
Week 44 (31 October-6 November 2022)

Compared to week 43 (24-30 October 2022)



On 7 November 2022

Compared to 31 October 2022



## Key points

### Epidemiological situation

In week 44, circulation of SARS-CoV-2 slowed further, although there was an upward trend in positivity rates from antigen tests. New hospital admissions and the number of deaths continued to decrease.

- Metropolitan France:
  - Continued decrease in the corrected incidence rates from antigen tests, although less marked than in the previous week
  - Rise in positivity rate based on antigen tests in the under-50 age group
  - Decrease in hospital admissions and deaths
- Overseas France:
  - Corrected incidence rates from antigen tests rising at low levels in the majority of territories

### Variants

- Omicron sub-lineages: BA.5 omnipresent, accounting for 92% of sequences in the week 42 Flash Survey (17 October)\*\*\*
- Among the BA.5 sub-lineages, BQ.1.1 continues to rise (28% vs 20% in the week 41 Flash Survey)

### Prevention

- Vaccination on 7 November 2022 (Vaccin Covid data):
  - 74.5% of the population aged 18+ and 82.6% of the population aged 65+ had received at least one booster dose
  - 33.9% of 60-79 year-olds (representing 39.9% of those who are eligible given the date of their last injection) and 40.4% of 80+ year-olds (52.6% of those who are eligible) had received a second booster dose
- Given the ongoing active circulation of SARS-CoV-2 and the approach of the winter season, compliance with the combined measures remains essential:
  - up-to-date COVID-19 vaccination, including a booster dose of bivalent vaccine (protecting against the original strain and the Omicron variant of Sars-CoV-2) for eligible individuals already vaccinated with a primary course;
  - self-isolation in case of a positive COVID-19 test and/or symptoms;
  - continued application of preventive measures, including wearing a face mask – particularly around people at risk of developing complications, as well as in enclosed spaces favourable to transmission (e.g. public transport) or during large gatherings – hand washing and ventilation of enclosed spaces.

\*W44: unconsolidated data. \*\*Uninterpretable data. \*\*\*W43 data uninterpretable.

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

## SI-DEP indicators

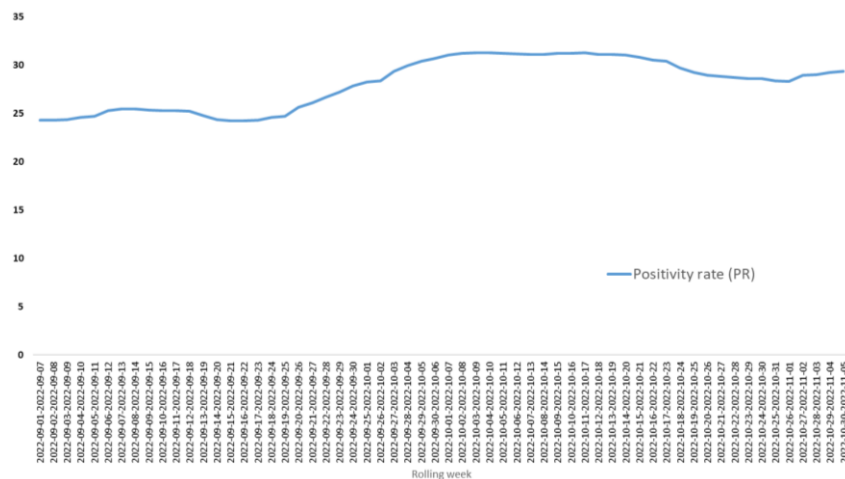
Transmission of COVID-19 test results to the SI-DEP database has been suspended by a number of private medical laboratories since 27 October, disrupting the calculation of the virological indicators produced by Santé publique France. The RT-PCR tests (positive or negative results) performed by the laboratories participating in this movement are no longer recorded in the database transmitted to Santé publique France.

As a result, the SI-DEP indicators produced from 28 October onwards are based on antigen tests, mainly performed by pharmacies, as well as on the RT-PCR tests performed by those laboratories that continue to transmit.

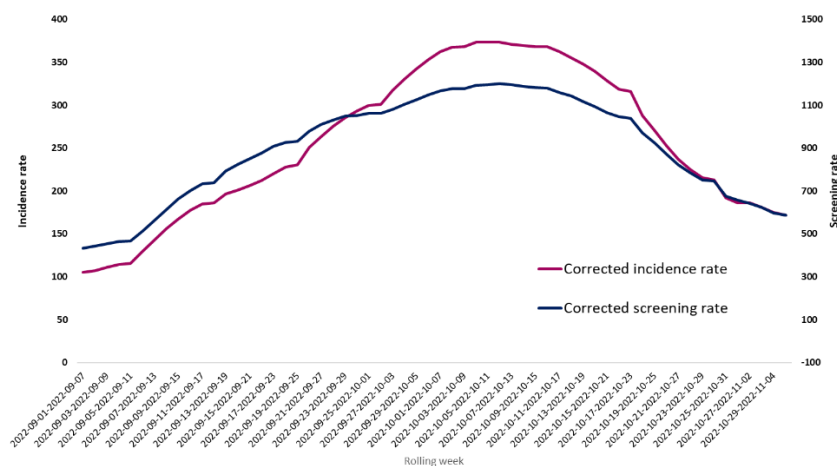
The impact analysis carried out by Santé publique France shows that the dynamics of the antigen tests alone (which represent more than 50% of total tests) largely correlate with the dynamics of all tests and therefore allow us to continue assessing the evolution of the epidemic. The graphs below, presented for reference, illustrate the evolution of the positivity rate, as well as that of the incidence and screening rates (for antigen tests alone). In the second figure, only the trends are to be interpreted. Changes in the incidence and positivity rates are calculated from antigen tests over seven rolling days (Sunday to Saturday) and not by calendar week.

Furthermore, Santé publique France wishes to emphasise that since March 2020, monitoring of the epidemic dynamics of COVID-19 relies on an integrated multi-source surveillance system which allows changes in the epidemic to be assessed on the basis of indicators other than those produced solely from laboratory data. These indicators include emergency department visits, SOS Médecins consultations, hospital admissions (SI-VIC), deaths and estimates of vaccination coverage. These indicators are not impacted, guarantee continuity in the monitoring of epidemic trends, and will continue to feed the reports produced by Santé publique France.

### Evolution of positivity rate from antigen tests, France



### Evolution of incidence rate (IR) and screening rate (SR) (antigen tests only), France



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

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

### SITUATION UPDATE

In week 44, although the corrected incidence rate calculated from antigen tests alone was still in decline, the decrease was less marked than in previous weeks, and the positivity rate calculated from antigen tests was slightly higher. Meanwhile, hospital indicators continued to decrease. In overseas France, the corrected incidence rate according to antigen tests was up or stable in all regions. On 7 November, vaccination coverage had changed little: among those eligible according to the vaccination schedule, only 39.9% of 60-79 year-olds and 52.6% of 80+ year-olds had received a second booster dose. With the winter season approaching, and given the persistent active circulation of SARS-CoV-2, vaccination coverage must be reinforced, particularly with booster doses of bivalent vaccine (protecting against the initial strain and the Omicron variant of SARS-CoV-2) among those already vaccinated with a primary course (3 or 6 months after the last injection according to the relevant recommendations). Preventive measures, including wearing a mask, remain crucial, particularly to protect those at risk of developing complications. Compliance with other recommended measures also remains necessary in the event of symptoms, a positive test or high-risk contacts.

### EPIDEMIOLOGICAL UPDATE

The incidence rate at national level is again uninterpretable for week 44 due to the suspended transmission of COVID-19 test results by a number of private medical laboratories. The results of RT-PCR tests performed by these laboratories cannot be processed, thereby affecting the usual SI-DEP virological indicators (specifically the incidence and screening rates). However, the overall positivity rate was less affected and showed a slowdown in the decline. It was 22.7% in week 44 at national level, i.e. -0.8 points compared to week 43. Regarding virological indicators calculated solely on the basis of antigen tests, the incidence rate corrected for the public holiday on Nov. 1 continued to fall, but to a much lesser extent. Furthermore, the positivity rate from antigen tests was slightly up (29.3%, i.e. +0.7 points) after the downward trend observed in the two preceding weeks. The evolution of positivity rates differed according to age group: it increased among the under-50s, was stable among 50-59 year-olds, and continued to decrease among the over-60s.

In week 44, the number of emergency department visits for suspected COVID-19 continued to fall (2,844 visits, -23%). However, the decrease was less marked in SOS Médecins networks (2,723 consultations, -4%). This evolution was observed in all age groups.

In addition, hospital indicators continued to decrease in week 44: 3,521 new hospital admissions were recorded (-27% compared to week 43), including 355 (-27%) to intensive care units. The number of deaths in hospitals and long-term care facilities also continued to decrease (379, i.e. -16%, unconsolidated data).

In metropolitan France, the corrected incidence rates obtained from antigen tests continued to decline, but the positivity rates stabilised or increased in the majority of regions. In parallel, hospital admission rates decreased in all regions. Intensive care admission rates were down or stable across the country.

In overseas France, the corrected incidence rate based on antigen tests remained very low, though it increased slightly in all regions, except in Guadeloupe where it remained stable. As for the positivity rate, it was slightly up in all territories, except in French Guiana, where it stabilised. Meanwhile, hospital admission rates were slightly down in Guadeloupe and Martinique, and stable at low levels in French Guiana and Reunion Island.

### VARIANTS

Omicron circulates almost exclusively in France and its BA.5 sub-lineage remains omnipresent. In metropolitan France, BA.5 (all sub-lineages combined) represented 92% of interpretable sequences in the Flash Survey for week 42 (17 October). Data from the week 43 Flash Survey are not available as the number of sequences needed to provide robust proportions was not obtained. Among the sub-lineages of BA.5, detection of BQ.1.1 continues to increase, but at a slower rate than initially, with 28% of interpretable sequences in the week 42 Flash Survey (vs 20% for the week 41 Flash Survey). The sub-lineage BA.4 (all further sub-lineages combined) continues circulating but at low levels, with 5% of interpretable sequences in the Flash Survey for week 42 (vs 6% in week 41). The detection of mutations at position L452 in screening tests remains stable at high levels (93% in weeks 43 and 42), in line with the circulation of BA.4 and BA.5 observed in sequencing. Further information is available in the [risk assessment of 26 October 2022](#).

### PREVENTION

On 7 November, 82.6% of the population aged 65 years and older had received at least one booster dose. Meanwhile, among those eligible (according to the date of their last injection), 39.9% of 60-79 year-olds and 52.6% of 80+ year-olds had received a second booster dose.

## Where to find the graphs and tables on InfoCovidFrance

Since 14 July 2022, the COVID-19 Epidemiological Update is produced in a condensed, 3-page format that provides an overview of the COVID-19 epidemic situation in France.

The graphs and tables presenting the indicators are available directly on [InfoCovidFrance](#), where a weekly report is published to supplement the dashboard:

### HOSPITAL INDICATORS

- Weekly figures for COVID-19 patients newly admitted to hospital and intensive care units are available in the “Key numbers” tab under “Consultations / Hospital”. The different rates for these indicators are also presented in the “Hospital” tab.
- Weekly rates of COVID-19 patients newly admitted to hospital and intensive care, by age group, are available as two separate graphs in the “Hospital” tab.

### LONG-TERM CARE FACILITY INDICATORS

The “Long-term care facilities” tab provides information on the following indicators:

- vaccination coverage among residents and staff of nursing homes and long-term care facilities;
- the weekly number of new confirmed cases among residents and staff of long-term care facilities;
- weekly deaths among residents of long-term care facilities.

### VIROLOGICAL DATA AT NATIONAL LEVEL

- The graph “Incidence and screening corrected for public holidays” is available in the “Incidence” tab.
- The heat map “Weekly evolution of the incidence rate by age group” is available in the “Incidence” tab.

### VIROLOGICAL DATA AT REGIONAL LEVEL

- The table “Evolution of the incidence, positivity, and screening rates by region” is presented in the form of regional and departmental-level graphs in the “Incidence” tab.

### VARIANTS

- The graph “Evolution of the proportions for each classified variant in the Flash Surveys” is available in the “Variants” tab.

### VACCINATION COVERAGE

- The graph “Vaccination coverage by age group” is available in the “Vaccination” tab.

### This week's survey

Updated data from [monitoring of COVID-19 cases among health professionals](#)

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 data in open access on [Géodes](#)

### Dashboard

### [InfoCovidFrance](#)

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