

# COVID-19 EPIDEMIOLOGICAL UPDATE

12 January 2023 / N° 149

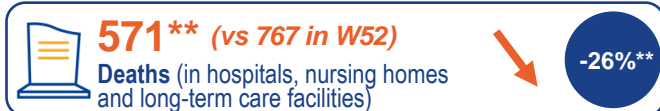
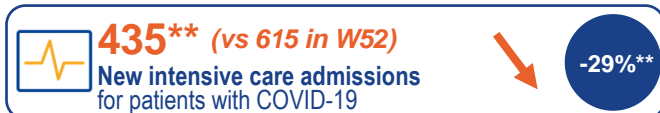
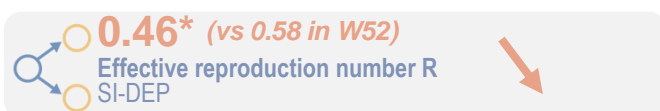
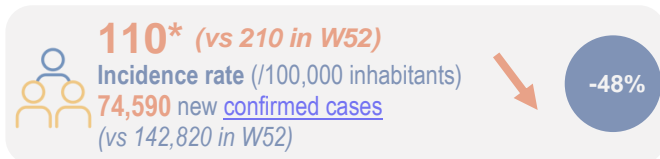
As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of partners<sup>1</sup> as well as its own studies and surveys. This report is based on data submitted to Santé publique France up to 11 January 2023.

Following strike actions in some private medical laboratories from 2 to 10 January 2023, the incidence rate and screening rate are underestimated for this period; the positivity rate and the effective R values 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

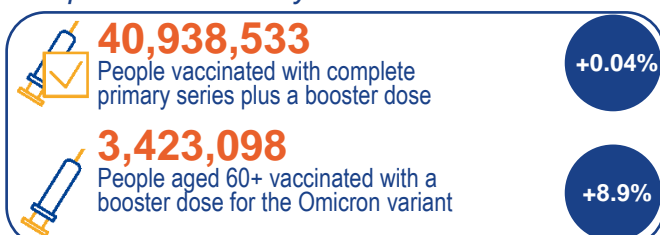
In week 1 (2-8 January 2023)

Compared to week 52 (26 Dec. 2022-1 Jan. 2023)



On 9 January 2023

Compared to 2 January 2023



## Key points

### Epidemiological situation

In week 1-2023, circulation of SARS-CoV-2 slowed further at national level. The incidence rate dropped again, but less markedly in the under-20 age group. Hospital admissions and deaths continued to decrease.

- Metropolitan France:
  - Incidence rate in decline in all regions
  - Hospital admission rates falling in all regions
  - Number of deaths in decline
- Overseas France:
  - Decrease in incidence and hospital admission rates in most regions

### Variants

- BA.5 omnipresent (93% of sequences in week 52 Flash Survey on 26 December); among its sub-lineages, BQ.1.1 appears to stabilise (69% vs 67% in week 51 Flash Survey)

### Prevention

- Vaccination on 9 January 2023 (Vaccin Covid data):
  - 17.9% of 60-79 year-olds had received a booster dose adapted to the Omicron variant (22.8% among those eligible); 21% of 80+ year-olds had equally received this booster dose (24.6% among those eligible);
  - 30.9% of 60-79 year-olds and 21.9% of 80+ year-olds are considered protected by vaccination.
- Given that SARS-CoV-2 and winter viruses remain in active circulation, continued compliance with preventive measures is necessary:
  - up-to-date COVID-19 vaccination, including a booster dose of bivalent vaccine (protecting against the original strain and the Omicron variant) for eligible individuals already vaccinated with a primary series, and flu vaccination
  - self-isolation in case of a positive test and/or symptoms;
  - continued application of precautionary measures, including wearing a face mask (particularly around vulnerable people and in enclosed spaces favourable to transmission such as public transport), hand washing and ventilation of enclosed spaces.

\*Data difficult to interpret. \*\*W01: unconsolidated data. Revised values for these indicators will feature in the next Epidemiological Update.

<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.

## Virological indicators from SI-DEP

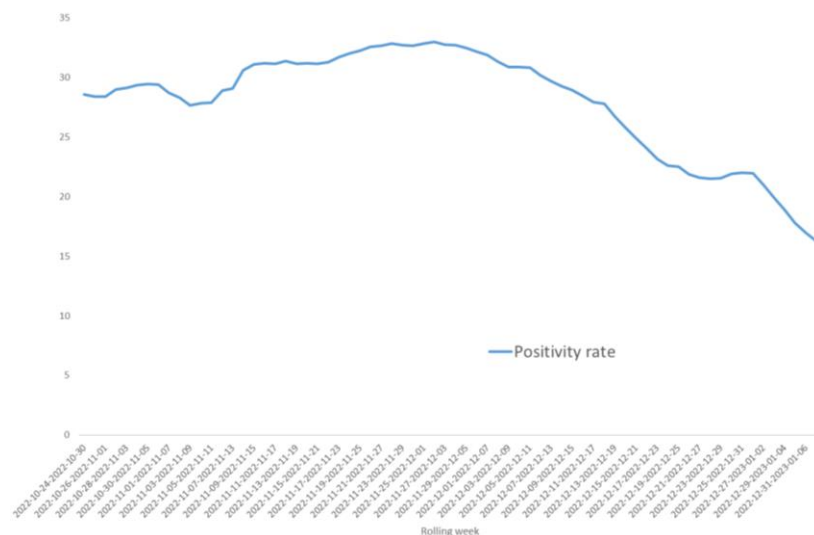
Some private medical laboratories have halted diagnostic procedures or transmission of their results, which has disrupted Santé publique France's virological indicators. These indicators must therefore be interpreted with caution for weeks 42-2022, 43-2022, 46-2022, 48-2022 and 01-2023.

As a result, from 21 October onwards, analysis of the virological indicators produced with SI-DEP data is based on antigen tests, mainly performed by pharmacies, as well as on RT-PCR tests performed by those laboratories that continue transmissions.

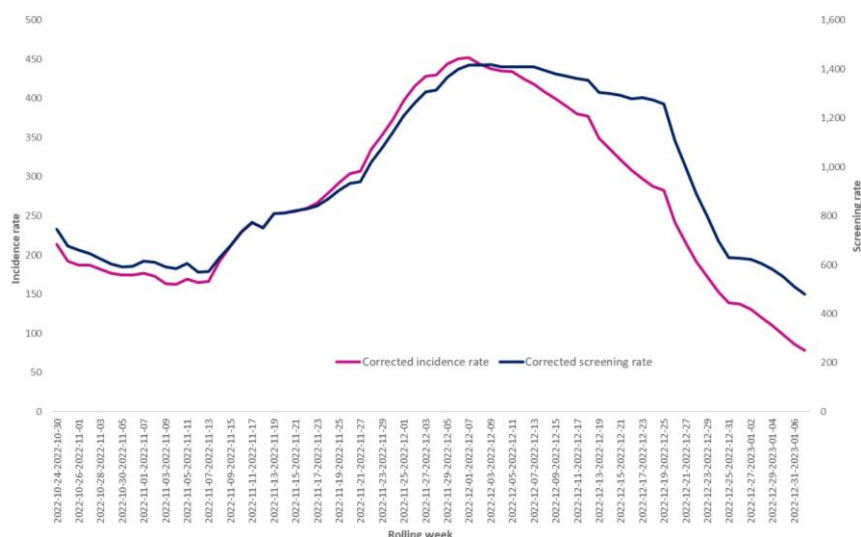
Impact analyses carried out by Santé publique France show that the dynamics of indicators produced using antigen tests alone (which represent more than 50% of total tests) largely correlate with those of all tests, allowing us to continue assessing the evolution of the epidemic. However, these indicators must be interpreted with caution given possible changes in people's use of testing. The graphs below, presented as a guideline, illustrate the evolution of the positivity rate, as well as that of the incidence and screening rates (for antigen tests alone). In the second graph, 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 COVID-19 epidemic dynamics relies on multi-source, integrated surveillance to assess changes based on 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. Virological indicators from antigen tests show a downward trend, consistent with the indicators from these other surveillance systems.

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



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



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

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

## Week 1 (2 to 8 January 2023)

### SITUATION UPDATE

In week 1, the analysis of virological indicators from SI-DEP was disrupted by the strike actions carried out in certain private medical laboratories. However, the majority of these indicators remained coherent and showed that the epidemic was in further decline. Incidence, screening and positivity rates based on antigen tests and those calculated on all tests were again decreasing. The decrease in incidence rate based on antigen tests and all tests was less marked in the under-20 age group and screening stabilised in the 10-19 age group. The positivity rate calculated from antigen tests decreased in the 20+ age group, while it increased among 0-9 year olds and stabilised among 10-19 year olds.

Indicators of healthcare use for suspected COVID-19 in SOS Médecins networks and emergency departments continued to decrease in all age groups this week, with 1,117 consultations (-31%) and 2,072 emergency department visits (-46%) respectively, as did the number of new hospital admissions (3,486, -38%, unconsolidated data). Regarding the number of deaths in hospitals and long-term care facilities, a decrease was observed (571, i.e. -26%, unconsolidated data).

In metropolitan France, the incidence rate and hospital admission rate were falling in all regions. In overseas France, the incidence rate was also in decline. The number of new hospital admissions was falling in Martinique, French Guiana and Reunion Island, while the situation remained stable in Guadeloupe and Mayotte.

Omicron circulates almost exclusively in France and its BA.5 sub-lineage remains omnipresent. In metropolitan France, BA.5 (all sub-lineages combined) represented 93% of interpretable sequences in the Flash Survey for week 52 (based on just 591 interpretable sequences). Among these sub-lineages, detection of BQ.1.1 (including all further sub-lineages) seemed to stabilise, with 69% of interpretable sequences in the week 52 Flash Survey (vs 67% for the week 51 Flash Survey). The XBB.1.5 sub-lineage of the recombinant XBB has increased in the USA, particularly in New York State, but without any particular signal in terms of severity. XBB.1.5 appears to be circulating at low levels in mainland France since the week 48-2022 Flash Survey and has since remained at low levels (less than 1%). More information is available in the [variants risk assessment](#) (French only).

On 9 January 2023, 17.9% of 60-79 year-olds and 21.0% of 80+ year-olds had received a booster dose adapted to the Omicron variant (22.8% and 24.6% of those eligible, respectively\*). At that date, 30.9% of 60-79 year-olds were considered protected by vaccination (most recent dose received within the last 6 months), as were 21.9% of 80+ year-olds (most recent dose received within the last 3 months)\*\*. Vaccination coverage among health professionals for the primary vaccination series, the first booster dose and the booster adapted to the Omicron variant is estimated respectively at 95.6%, 86.2% and 10.8% for those working in nursing homes; 97.7%, 88.8% and 12.2% for those working in private practice; 96.6%, 88.3% and 12.4% for those working in health institutions\*\*\*.

Given the active circulation of several respiratory viruses, reinforcing vaccination coverage for COVID-19 and the flu among eligible persons remains necessary. Greater adherence to preventive measures is also needed. Compliance with other recommended measures equally remains crucial in case of symptoms or a positive test.

*\*Method described in COVID-19 Epidemiological Update N° 145. \*\*All COVID-19 vaccines included. These proportions do not take into account people infected with SARS-CoV-2 during this time. \*\*\*Method described in COVID-19 Epidemiological Update N° 147.*

## Graphs and tables

[InfoCovidFrance](#)

provides direct access to graphs and tables displaying the indicators and a complementary weekly report covering:

- [hospital indicators](#)
- [long-term care facility indicators](#)
- [virological data at national level](#)
- [virological data at regional level](#)
- [data on variants](#)
- [data on vaccination coverage](#)

### This week's surveys (French only)

Update on [mental health in France since the beginning of the COVID-19 epidemic \(CoviPrev survey, wave 36\)](#)  
Update on [the epidemiological situation concerning COVID-19 among 0-17 year-olds](#)

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](#)