

# COVID-19 EPIDEMIOLOGICAL UPDATE

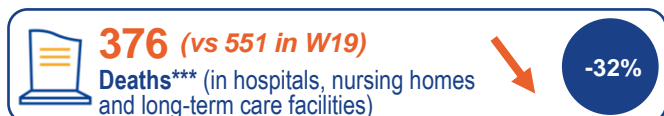
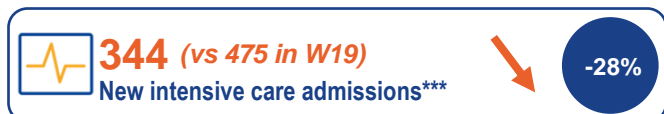
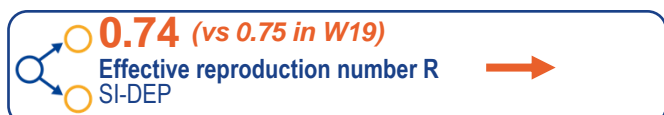
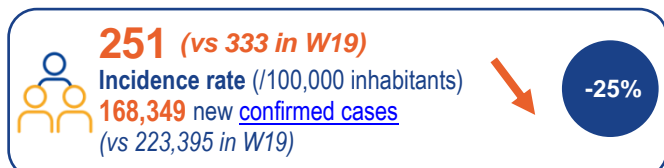
Weekly Report N° 117 / Week 20 / 26 May 2022

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 25 May 2022.

## Key numbers

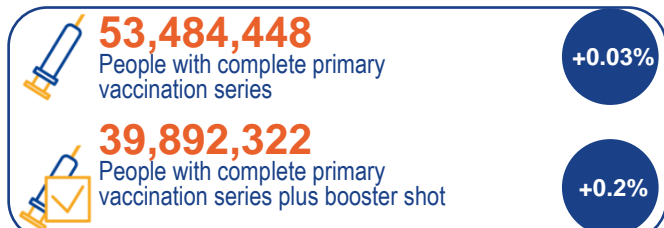
In week 20 (16-22 May 2022)

Compared to week 19 (9-15 May 2022)



On 23 May 2022

Compared to 16 May 2022



## Key points

### Epidemiological situation

In week 20, circulation of Sars-CoV-2 continued to decrease and hospital admissions dropped at national level. However, virological indicators remained very high in Martinique and Guadeloupe.

- Metropolitan France:
  - Continued decrease in virological indicators throughout the country
  - Hospital admission rate down across all regions, stable in Corsica
- Overseas France:
  - Virological indicators still very high and rising slightly in Martinique
  - Incidence rate still high in Guadeloupe despite a slight fall

### Variants

- The Omicron BA.2 sub-lineage is dominant: accounting for 97.4% of interpretable sequences in the week 19 Flash Survey (9 May)
- Rise in BA.4 and BA.5 detected in the latest Flash Surveys, but still at low levels at this stage

### Prevention

- Vaccination on 23 May 2022 (Vaccin Covid data):
  - Vaccination coverage for the booster shot reached 74.2% among adults over 18 years of age (84.1% in the 65+ age group).
  - Only 34.1% of 60-79 year-olds and 26.9% of those aged 80 and over eligible for the second booster shot have actually received it.
- The still active circulation SARS-CoV-2 requires appropriate prevention measures, particularly to protect the most vulnerable, hence the importance of continuing the following:
  - self-isolating in the event of symptoms or a positive test for COVID-19;
  - taking individual precautions such as mask-wearing (around high-risk people and in crowded indoor places or large gatherings), hand-washing and frequent ventilation of enclosed spaces.

\*Due to a technical problem, these indicators are restricted to 40 SOS Médecins associations out of the 60 that usually submit their data to Santé publique France (around 74% of the data normally received). The interpretation of trends remains possible on this basis \*\* Due to a technical problem, the data submitted are incomplete for the Grand-Est region; they have been removed from the analysis for week 20. \*\*\*W20: unconsolidated data

<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.

### SITUATION UPDATE

In week 20, circulation of SARS-CoV-2 continued to decrease for the sixth consecutive week, and an improvement in epidemiological indicators was observed across all regions of metropolitan France. Incidence and positivity rates were down in all age groups and the number of hospital admissions continued to fall nationwide. In overseas France, virological indicators remained very high and increased again slightly in Martinique, with a very moderate effect on hospitalisations. The incidence rate also remained high in Guadeloupe, but began to drop with a more visible impact on hospital strain than in Martinique. On 23 May, only 34.1% of 60-79 year-olds and 26.9% of those aged 80 and over eligible for the second booster shot had received it. Although in decline, the continued circulation of SARS-CoV-2 calls for precautionary measures to be upheld in order to maintain the positive epidemic trend. The vaccination effort must also continue, particularly in areas where virus circulation remains significant, including the second booster shot for eligible individuals, especially the elderly and people suffering from immunodeficiency. Compliance with other recommended measures also remains crucial in the event of symptoms, a positive test or high-risk contacts.

### EPIDEMIOLOGICAL UPDATE

Nationally, the incidence rate continued to drop in week 20, reaching 251 cases per 100,000 inhabitants (25% less than in week 19). The screening rate followed the same trend with a more marked decrease than in the previous week (1,674, -12%). As for the positivity rate, it decreased by 2.5 points in week 20, dropping to 15.0%. These three indicators have fallen in all age groups. The incidence rate remained above 300/100,000 only among 70-79 year-olds (311, -20%), the age group with the most marked decrease. It dropped below 200/100,000 in the under-20 age group and was at 150 among 0-10 year-olds (-35%) and 185 among 10-19 year-olds (-23%). The screening rate was the highest and exceeded 2,000 among 70-79 year-olds (2,184, -10%) and people aged 90+ (2,133, -13%). The positivity rate was lowest among people aged 80+, at 10.8% in the 80-89 age group (-2.6 points) and 9.6% in the 90+ age group (-3.4 points). In parallel, it remained highest among 40-49 year-olds (17.5%, -2.6 points).

In week 20, the drop in consultations for suspected COVID-19 continued in emergency departments (1,915, -19%) as well as in SOS Médecins associations (660, -20%), across all age groups.

The number of new hospital admissions (2,988, -32%) and intensive care admissions (344, -28%) continued to fall in week 20. Moreover, 376 deaths in hospitals and in long-term care facilities were recorded in week 20 (-32%, unconsolidated data). The [number of deaths from all causes](#) appeared to return to normal in week 19 after a moderate excess seen between weeks 12 and 18.

In metropolitan France, the incidence rate was in decline throughout the country. It varied between 298 in Brittany (-25%) and 197 in Nouvelle-

Aquitaine (-24%). A rate of more than 250/100,000 was seen in 7 regions vs 12 in week 19. The screening rate decreased in all regions. It remained the highest in Provence-Alpes-Côte d'Azur (2,127, -10%). The hospital admission rate was down across the country, except in Corsica, where it stabilised.

In overseas France, the incidence rate remained very high in Martinique, although the increase had slowed (1,492, +8%). However, the impact on the hospital system remained very moderate in week 20. Virological indicators remained high in Guadeloupe but the incidence rate began to fall (663, -11%). A slight rebound was also seen in French Guiana for the second consecutive week (199, +16%). However, the situation continued to improve in Reunion Island (389, -41%). In week 20, the hospital admission rate was highest in Guadeloupe (9.3/100,000) and Reunion Island (9.0/100,000).

### VARIANTS

The BA.2 sub-lineage of the Omicron variant remained omnipresent, accounting for 97.4% of interpretable sequences in the Flash Survey for week 19 (9 May). Although detection of BA.4 and BA.5 remained low at this stage, the proportion of these two sub-lineages has increased. BA.4 accounted for 0.5% of sequences and BA.5 for 1.6% in the week 19 Flash Survey vs 0.3% for each of them in the week 18 Flash Survey.

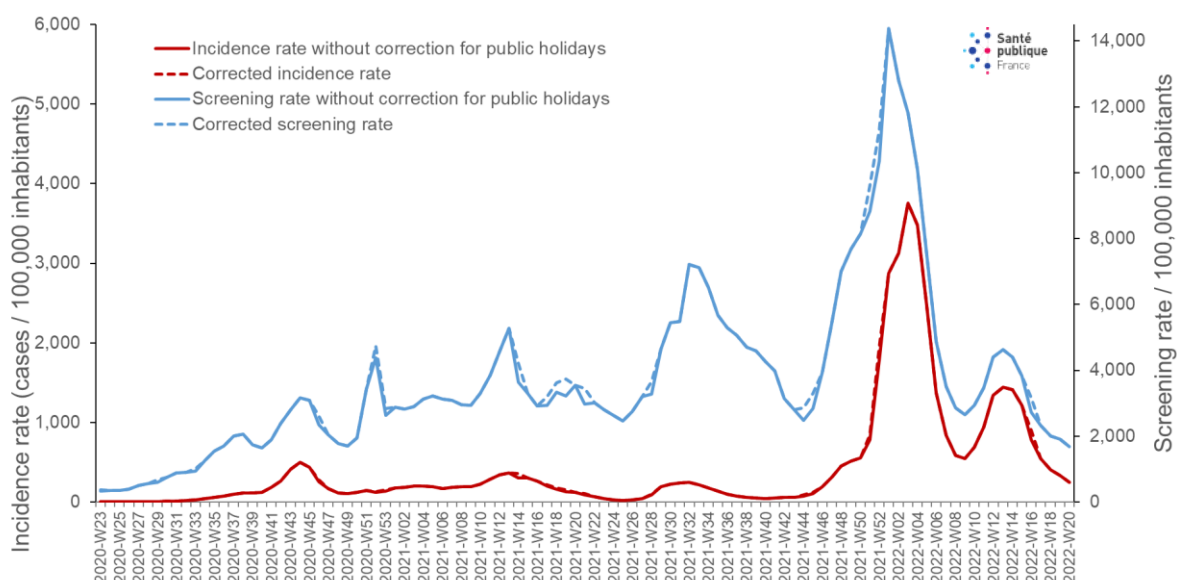
### PREVENTION

On 23 May, vaccination coverage in France for the booster shot reached 74.2% among the population aged 18+ and 84.1% in the 65+ age group. Only 34.1% of 60-79 year-olds and 26.9% of people aged 80+ who were eligible for the second booster shot had received it.

## Confirmed cases, incidence, and screening rates

Nationally, the [incidence rate](#) dropped in relation to the previous week (251 per 100,000 inhabitants vs 333 in week 19, i.e., -25%), as did the [screening rate](#) (1,674/100,000 vs 1,903, -12%). The [positivity rate](#) also continued to fall (15.0%, -2.5 points). Among the 977,272 tested individuals who had reported their symptom status, 77% were asymptomatic, a proportion that has been increasing for several weeks (75% in week 19). The positivity rate fell among both symptomatic people (44% vs 49% in week 19) and asymptomatic people (7.3% vs 8.5%). The proportion of symptomatic individuals remained stable (65% vs 66% in week 19).

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 25 May 2022)



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

### Incidence and screening rates by age group

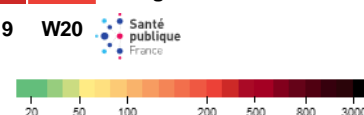
In week 20, the [incidence rate](#) fell across all age groups, by 20% among 70-79 year-olds and by 35% among people aged 90+ and 0-9 years. The highest rate was among 70-79 year-olds (311, -20%), followed by 30-39 year-olds (297, -26%). The lowest rates (less than 200) were found in the under-20 age group. The [screening rate](#) fell in all age groups, from -7% among 10-19 year-olds to -17% among 0-9 year-olds. It was highest among 70-79 year-olds (2,184, -10%) and people aged 90+ (2,133, -13%), and less than 2,000 in all other age groups. The [positivity rate](#) fell in all age groups, by 1.7 points among 70-79 year-olds and 3.7 points among 0-9 year-olds. It was below 15% in the 0-9, 20-29 and 70+ age groups, and was highest among 40-49 year-olds (17.5%, -2.6 points) and 50-59 year-olds (16.8%, -2.3 points).

Among school-aged children, a drop in incidence rate was observed across all age groups, from -22% among 11-14 year-olds to -41% among 3-5 year-olds.

### Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 09-2022, France (data on 25 May 2022)

564	639	838	1077	1346	1419	1418	1172	730	454	317	204	90 yrs +
372	468	689	970	1167	1198	1192	964	618	400	287	208	80-89 yrs
389	528	798	1148	1367	1458	1454	1170	735	503	388	311	70-79 yrs
385	500	726	1052	1214	1302	1277	1025	631	444	354	274	60-69 yrs
489	634	897	1341	1568	1604	1434	1095	661	475	377	289	50-59 yrs
610	798	1120	1660	1796	1727	1440	1031	596	443	372	287	40-49 yrs
731	898	1172	1609	1711	1696	1460	1079	635	482	401	297	30-39 yrs
711	785	973	1354	1484	1456	1263	971	575	400	324	245	20-29 yrs
598	770	1080	1649	1539	1251	807	486	302	255	240	185	10-19 yrs
504	643	807	997	874	838	590	360	248	254	231	150	0-9 yrs
549	690	941	1343	1440	1412	1215	903	549	405	332	251	All ages
W09	W10	W11	W12	W13	W14	W15	W16*	W17	W18	W19	W20	

\*Rate corrected for the effect of a public holiday



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

# Hospitalisations, intensive care admissions, and deaths

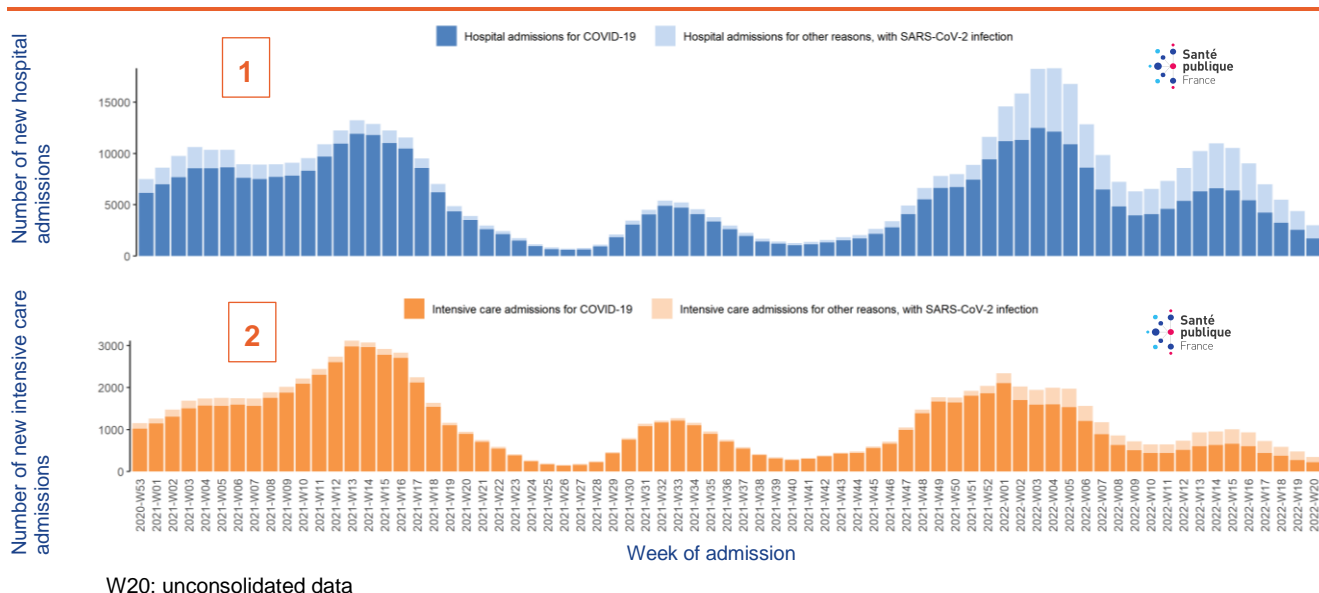
For a better interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospitals and long-term care facilities) are analysed by date of occurrence. **Data from week 20, up to 24 May 2022, are not yet consolidated and may therefore be underestimated.**

On 24 May 2022, 16,585 COVID-19 patients were hospitalised in France (vs 18,365 on 17 May, -10%), including 1,086 in intensive care (vs 1,187 on 17 May, -9%).

Nationwide the number of [new hospital admissions](#) was 2,988 in week 20, a drop of -32% (unconsolidated data) vs -20% between weeks 18 and 19 (after consolidation). New intensive care admissions reached 344, a drop of 28% (vs -20% between weeks 18 and 19). A total of 1,702 patients were admitted for management of COVID-19 (-34%) and 1,286 patients with SARS-CoV-2 were admitted for other reasons (-29%). Regarding intensive care units, in week 20, 221 patients (-18%) were admitted for COVID-19 and 123 for other reasons (-40%).

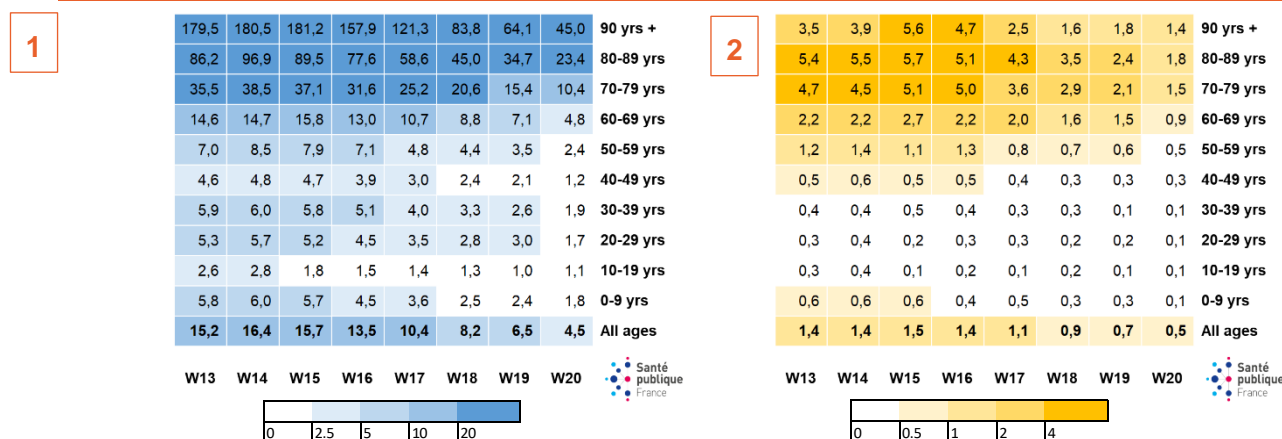
In week 20, the proportion of patients carrying SARS-CoV-2 but admitted for a reason other than COVID-19 was stable across all hospital services (43%), and decreased slightly for intensive care units (36%) and resuscitation rooms (33%).

## Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 3 January 2020, France (data on 24 May 2022)



In week 20, the weekly rates of new hospital and intensive care admissions decreased or remained stable in all age groups.

## Weekly rate of new hospital (1) and intensive care (2) admissions per 100,000 inhabitants, by age group, from week 13 to week 20-2022, France



In week 20 (unconsolidated data), 361 deaths in hospital were recorded nationwide (-31% compared to week 19, vs -13% between weeks 18 and 19). There were also 15 deaths recorded in long-term care facilities (vs 26 in week 19).

## Situation at the regional level

### Incidence, positivity, and screening rates

In metropolitan France, the incidence rate was down in all regions, from -13% in Île-de-France to -34% in Grand-Est. The highest rates were in Brittany (298, -25%), Pays de la Loire (269, -27%) and Provence-Alpes-Côte d'Azur (262, -26%). The screening rate also fell in all regions, remaining highest in Provence Alpes-Côte d'Azur (2,127, -10%), Île-de-France (1,950, -9%) and Corsica (1,720, -16%). The positivity rate was down throughout the country. It was highest in Brittany (22.8%, -3.5 points), Pays de la Loire (22.0%, -3.3 points) and Centre-Val de Loire (19.5%, -4.2 points).

In week 20, the incidence rate continued to decline in all departments, with 33 of them showing an incidence rate lower than 200 (vs 1 in week 19). The highest rates were seen in Finistère (325, -24%), Loire-Atlantique (314, -20%) and Morbihan (302, -26%).

In overseas France, the incidence rate rose slightly in Martinique, reaching 1,492 (+8%), and increased in French Guiana (199, +16%). It dropped but remained high in Guadeloupe (663, -11%) and Reunion Island (389, -41%). It remained stable in Mayotte (21 vs 23 in week 19).

### Evolution of the incidence, positivity, and screening rates by region since week 15-2022, France (data on 25 May 2022)

Regions	Incidence rate per 100,000 inhabitants							Positivity rate (%)		Screening rate per 100,000 inhabitants	
	W15*	W16**	W17	W18	W19	W20	W20 vs W19 (%)	W20	W20 vs W19 (point)	W20	W20 vs W19 (%)
Auvergne-Rhône-Alpes	1291	932	546	368	306	226	-26	16.0	-3.4	1,414	-10
Bourgogne-Franche-Comté	1366	977	594	414	314	221	-30	16.5	-4.4	1,340	-11
Brittany	1299	966	617	492	399	298	-25	22.8	-3.5	1,309	-14
Centre-Val de Loire	1224	873	585	449	356	253	-29	19.5	-4.2	1,295	-14
Corsica	1573	1317	761	434	362	256	-29	14.9	-2.7	1,720	-16
Grand Est	1112	861	562	439	335	223	-34	13.9	-2.9	1,601	-20
Hauts-de-France	1133	837	528	447	372	254	-32	15.8	-3.8	1,610	-15
Île-de-France	1074	750	401	273	233	202	-13	10.4	-0.5	1,950	-9
Normandy	1315	966	568	452	352	250	-29	18.6	-3.7	1,348	-15
Nouvelle-Aquitaine	1039	756	458	313	259	197	-24	15.9	-2.8	1,241	-10
Occitanie	1271	980	558	360	264	205	-22	14.1	-1.8	1,452	-13
Pays de la Loire	1152	845	538	444	370	269	-27	22.0	-3.3	1,224	-16
Provence-Alpes-Côte d'Azur	1172	897	578	417	357	262	-26	12.3	-2.7	2,127	-10
Guadeloupe	674	704	685	687	741	663	-11	18.2	-1.6	3,640	-3
French Guiana	168	152	155	148	172	199	16	14.2	2.3	1,405	-3
Martinique	515	601	575	944	1380	1492	8	30.1	2.0	4,966	1
Mayotte	24	22	36	28	23	21	-9	2.6	0.4	805	-22
Reunion Island	1835	1910	1306	961	665	389	-41	21.9	-4.3	1,777	-30

\*Data corrected for the effect of the public holiday on Friday 15 April, 2022, in Guadeloupe and Martinique only.

\*\*Data corrected for the effect of the public holiday on Monday 18 April, 2022.



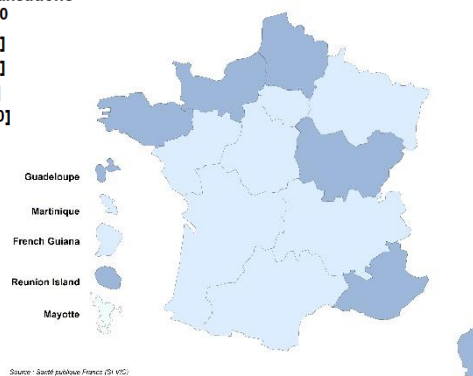
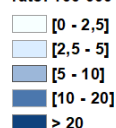
### Hospital and intensive care admissions

In metropolitan France, the weekly rate of [new hospital admissions](#) dropped in all regions, except in Corsica, where it remained stable. The highest rates were seen in Normandy (6.6/100,000), in Bourgogne-Franche-Comté (6.0) and in Brittany (5.7). The rate of new admissions to intensive care units was declining or stable in all regions. It was the highest in Hauts-de-France (0.8).

In overseas France, hospital admission rates were stable in all regions and down in Reunion Island. The rate of intensive care admissions was stable or decreasing in all regions. The two highest rates were in Guadeloupe (9.3 and 1.6, respectively), followed by Reunion Island (9.0 and 1.3).

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 20-2022, France

New hospitalisations rate: 100 000



Santé publique France

Source: Santé publique France (SI-VIC) 21 May 2022

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

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

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

## Variants

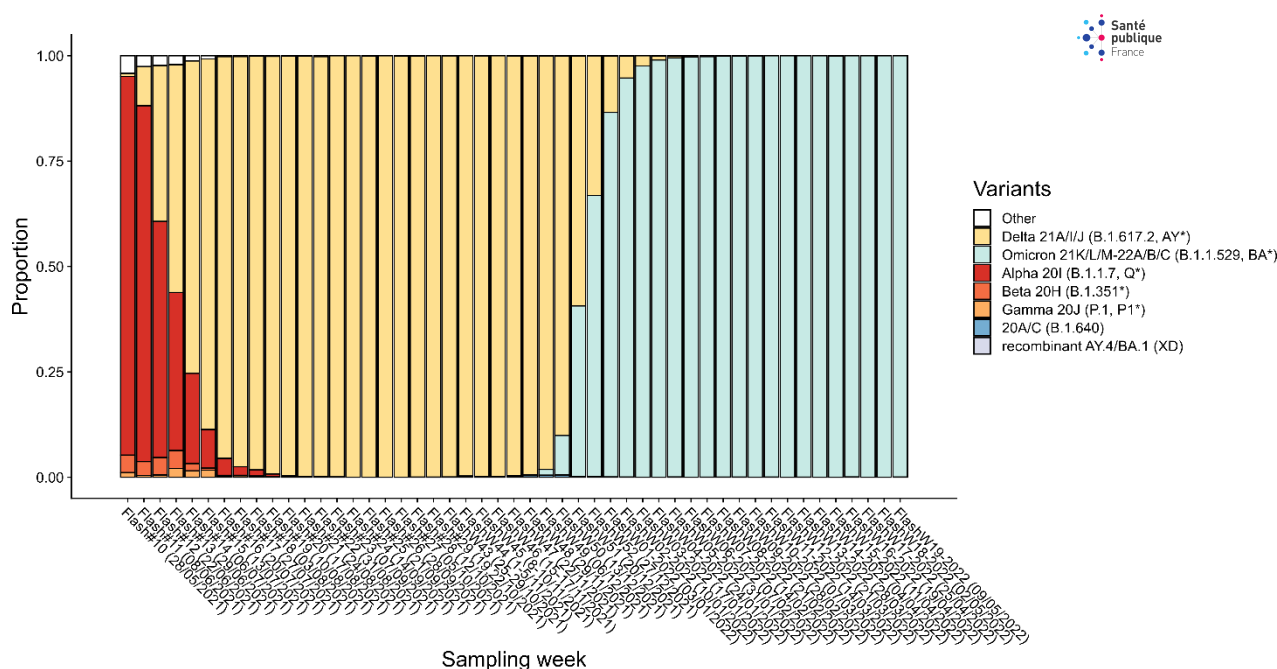
The [screening strategy](#) deployed in France aims to reactively detect mutations that impact the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles suggest the presence of particular variants. In week 20, the proportion of samples in France with a **screening result compatible with Omicron was 95.3% for the AOC0 proxy** (vs 98.1% in week 19) and 97.8% for the D1 proxy (vs 97.9% in week 19).

The proportion of detection of the L452R mutation (C1 screening result), which was found in majority in the Delta variant, continues to increase, from 1.9% in week 19 to 4.6% in week 20. This mutation is found in the Omicron BA.4 and BA.5 sub-lineages, but also in other sub-lineages of BA.1 and BA.2 (including BA.2.11). The increase in samples with a C1 screening result can be attributed to the C1D1 profile, which confirms them as sub-lineages of Omicron carrying L452R and not a resurgence of Delta.

Furthermore, [sequencing data](#) confirm the **dominance of Omicron in France**. In metropolitan France, it represented **100% of interpretable sequences in the week 18 Flash Survey** (02/05/22, based on 2,761 interpretable sequences), and over 99% in week 19 (09/05/22, based on 1,677 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 1,703 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 19).

The **XD variant**, detected at low levels since early January 2022, represented less than 0.1% of interpretable sequences in the week 19 Flash Survey.

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM\*) in Flash Surveys, metropolitan France (data on 23 May 2022; Flash Surveys from weeks 18 and 19 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. Following the circulation of BA.1 and BA.2, they were in turn divided into further sub-lineages. **BA.2 (and its sub-lineages) is dominant in France, accounting for 97.4% of the 1,633 sequences in the week 19 Flash Survey (09/05/22).** The Omicron sub-lineages BA.4 and BA.5 are being monitored closely, and have been detected in France since the week 13 Flash Survey for BA.4 and the week 16 Flash Survey for BA.5. Detection of BA.4 and BA.5 in the Flash Surveys is still low but is increasing: 0.5% for BA.4 and 1.6% for BA.5 in the week 19 Flash Survey, vs 0.3% for each of them in the week 18 Flash Survey. More information is available in the [variants risk analysis of 18/05/2022](#).

## Vaccination

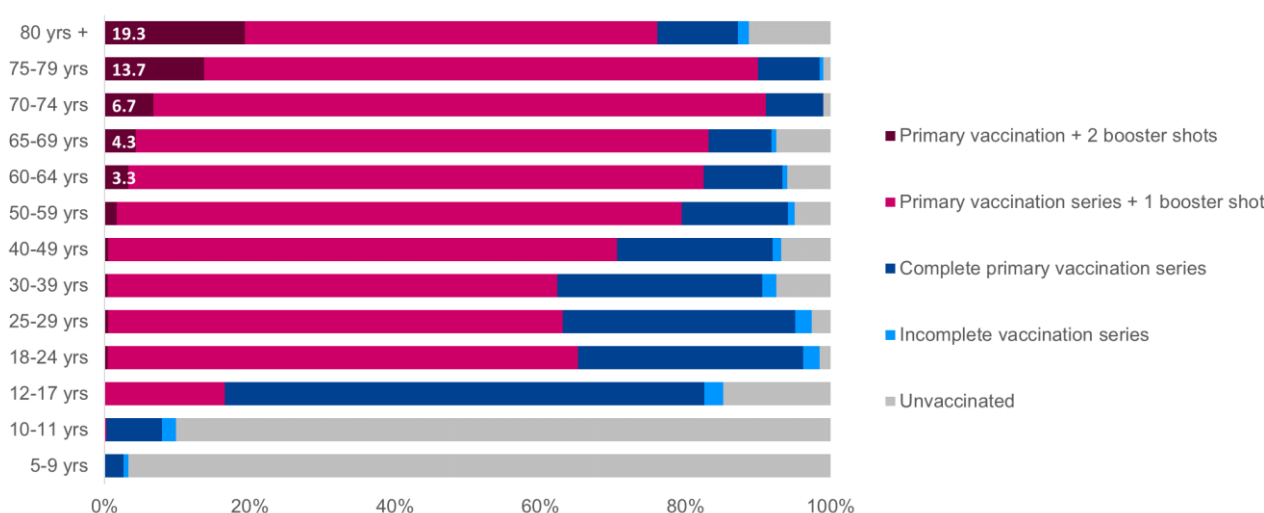
On 23/05/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.7% for a complete primary vaccination series\* and 59.4% for the booster shot.

Vaccination coverage for the booster shot reached 74.2% among adults over 18 years of age and 84.1% 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 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](#). In addition, following the [recommendations](#) of 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, 6.1% had received a booster shot (5.3% on 16/05/22), representing 34.1% of those eligible\*\* for it at the time. In the 80+ age group, 19.3% had received this second booster shot (18.1% on 16/05/22), representing 26.9% of those eligible for it at the time.

**Vaccination coverage, by age group, France (data on 23 May 2022)**



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

On 23/05/2022, 93.6% of **residents in nursing homes and long-term care facilities** had completed a primary vaccination series, 74.1% had received one booster shot and 23.4% had received a second booster shot (21.1% on 16/05/2022). Among those eligible for the second booster shot at that date\*\*, 33.1% had received it.

As regards **health professionals**, vaccination coverage for the booster shot was 79.1% for those working in nursing homes or long-term care facilities, 87.3% for professionals in private practice and 78.1% 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 on the 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.

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](#)