

# COVID-19

## EPIDEMIOLOGICAL UPDATE

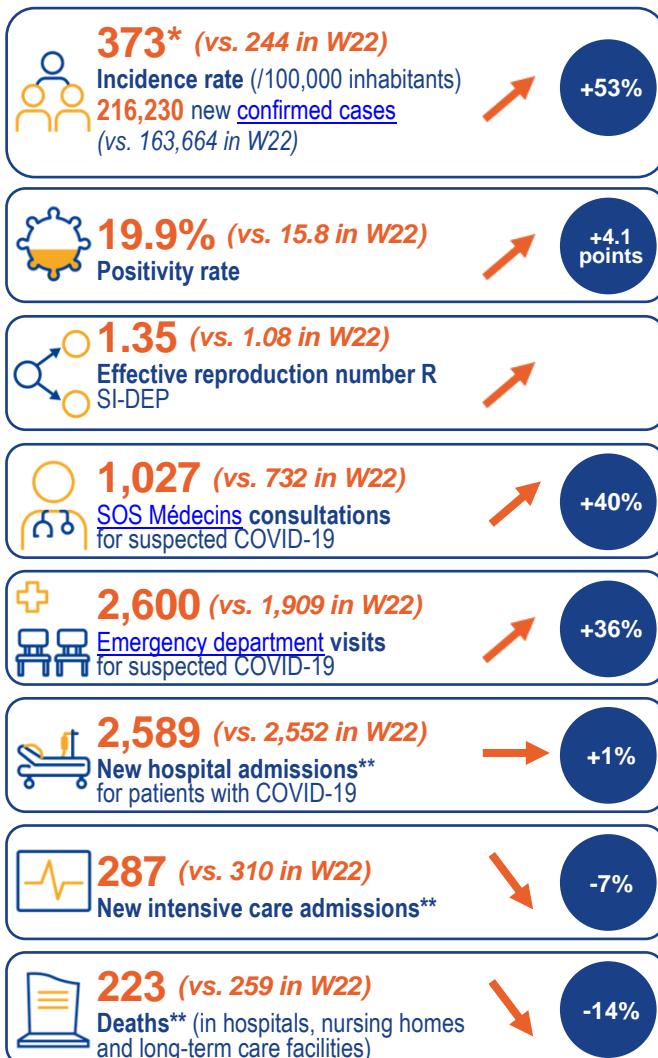
### Weekly Report N° 120 / Week 23 / 16 June 2022

As part of its surveillance, alert, and prevention missions, Santé publique France analyses and publishes COVID-19 data obtained from its network of 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 14 June 2022.

#### Key numbers

##### In week 23 (6-12 June 2022)

Compared to week 22 (30 May-5 June 2022)



##### On 13 June 2022

Compared to 6 June 2022



#### Key points

##### Epidemiological situation

In week 23, circulation of SARS-CoV-2 accelerated throughout metropolitan France, with significant growth in virological indicators. An increasing trend in hospital admissions was also observed.

- Metropolitan France:
  - Sharp increase in incidence rate\* in all age groups
  - Particularly striking increase in positivity rate among 20-59 year-olds (+5 points)
  - Rate of new hospital admissions rising in certain regions, particularly in Île-de-France
- Overseas France:
  - Virological indicators still rising and at very high levels in Martinique
  - Continued rise in incidence rate\* in French Guiana

##### Variants

- Omicron BA.2 sub-lineages still dominant: 72% of interpretable sequences in the week 22 Flash Survey (30 May)
- Detection of BA.4 (3.7%) and BA.5 (24.2%) on the rise
- Increased presence of the mutation in L452 position in screening (46% in week 23 vs. 28% in week 22), in connection with the increase in certain Omicron sub-lineages, including BA.4 and BA.5.

##### Prevention

- Vaccination on 13 June 2022 (Vaccin Covid data):
  - Vaccination coverage for the booster shot reached 74.5% among adults over 18 years of age and 84.4% in the 65+ age group.
  - Only 29.1% of 60-79 year-olds and 29.2% of those aged 80 and over eligible for the second booster shot have actually received it.
- With the accelerating circulation of SARS-CoV-2, adopting combined measures is essential, particularly to protect the most vulnerable populations:
  - It remains important to self-isolate in the event of symptoms or a positive test for COVID-19
  - It is crucial to step up individual precautions against infection, including wearing a mask (especially in closed areas, at large gatherings or around vulnerable people) and hand washing. During this early [heat wave](#), closed areas should only be aired in the cooler hours of the day.

\*Rate corrected for the effect of the public holiday (26 May 2022). \*\*W23: 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 23, circulation of SARS-CoV-2 accelerated throughout metropolitan France, after the first week showing a more moderate increase. The incidence rate increased sharply (+53% nationally) in all age groups, along with the positivity rate, especially among 20-59 year-olds (+5 points). A slight increase in new hospital admissions was observed nationally in week 22, and in certain regions in week 23. In overseas France, incidence and positivity rates remained particularly high and rising in Martinique. The vaccination effort needs to continue: as of 13 June, only 29.1% of 60-79 year-olds and 29.2% of those aged 80 and over eligible for the second booster shot had actually received it. As circulation of SARS-CoV-2 increases, and with less regular use of preventive measures, taking protective measures is essential to limit epidemic spread 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 23, the incidence rate (corrected to take into account the public holiday on 6 June) increased for the second week running and more strikingly than in the previous week (373/100,000, +53% vs. +14% in week 22). This increase, observed in all age groups, was higher than 50% among 0-9 year-olds and 20-59 year-olds. The corrected incidence rate passed 400 cases per 100,000 inhabitants among 20-79 year-olds. The corrected screening rate (1,878/100,000, +22%) also increased for all age groups, as did the positivity rate (19.9%, +4.1 points). This indicator increased the most among 20-59 year-olds (around +5 points).

In week 23, consultations for suspected COVID-19 increased for the second week running both in SOS Médecins associations (1,027 consultations, +40%) and in emergency rooms (2,600 visits, +36%). This increase was observed for all age groups.

New hospital admissions also started to rise. The consolidated data for week 22, effectively, showed a slight increase in new hospital admissions (2,552, +5%) and intensive care admissions (310, +7%). This upward trend is expected to be confirmed in week 23. Unconsolidated data (hence, still underestimated) as of 14 June indicated 2,589 new hospital admissions (+1%) and 287 intensive care admissions (-7%).

Hospitals and long-term care facilities reported 223 deaths in week 23 (-14%, unconsolidated data). The number of [all-cause deaths](#) remained within the usual fluctuation range for week 21 and week 22.

In metropolitan France, the corrected incidence rate sharply increased in all regions. The highest increase was observed in Île-de-France (+74%) which had the highest incidence rate, with 472 cases per 100,000 inhabitants. In other regions, these increases ranged from +43% in Provence-Alpes-Côte d'Azur (290) to +58% in Hauts-de-France (318). The corrected screening rate also increased in all regions. The highest rates were observed in Île-de-France (2,423, +30%) and Provence-Alpes-Côte d'Azur (2,048, +16%). New hospital admission rates stabilised in the majority of regions, but increased in Provence-Alpes-Côte d'Azur, Brittany, Île-de-France

and Nouvelle-Aquitaine. The number of new intensive care admissions also increased slightly in Île-de-France.

In overseas France, the corrected incidence rate was still rising to very high levels in Martinique (2,504, +9%). It was still rising in French Guiana (358, +22%), and reached 624 (+9%) in Guadeloupe where a rise in the new hospital admission rate was observed. The situation continued to improve in the Reunion Island with an incidence rate of 205 (-11%).

### VARIANTS

With 72% of interpretable sequences in the week 22 Flash Survey (30 May), the Omicron BA.2 sub-lineages were still dominant, but continued to lose ground overall. At the same time, the detection of the BA.4 and BA.5 sub-lineages was still on the rise: these sub-lineages represented 3.7% and 24.2% of interpretable sequences (vs. 1.4% and 13.3% in the week 21 Flash Survey), respectively. The presence of the mutation in L452 position in screening tests (46% in week 23 vs. 28% in week 22) continued to rise, in connection with the increase in these sub-lineages.

### PREVENTION

On 13 June, vaccination coverage in France for the booster shot reached 84.4% in the 65+ age group. Only 29.1% of 60-79 year-olds and 29.2% of those aged 80 and over who were eligible had received their second booster shot.

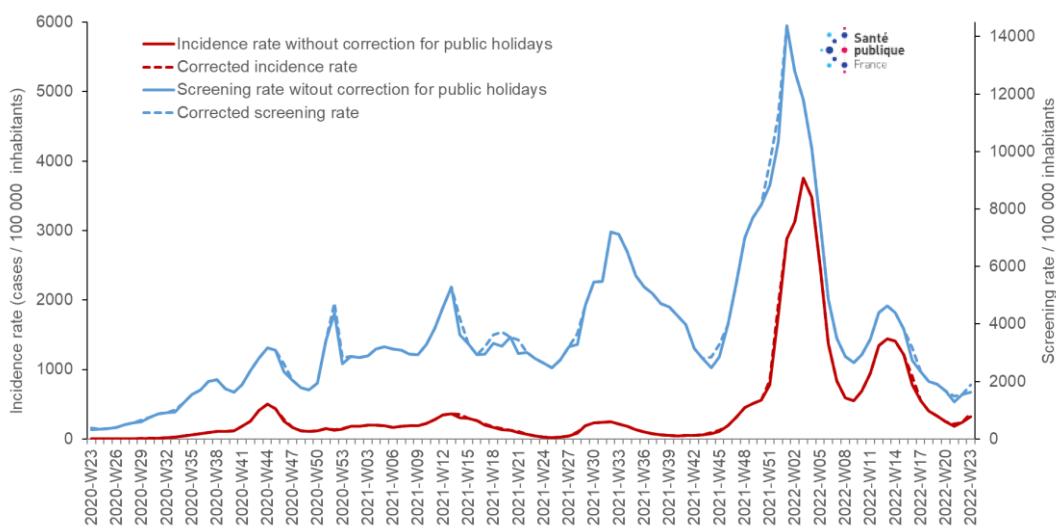
During this early [heat wave](#), closed areas should only be aired in the cooler hours of the day. Other protective measures should also be stepped up: washing hands, wearing masks in public spaces and social distancing.

## Confirmed cases, incidence, and screening

Nationally, the [incidence rate](#), corrected for the effect of the public holiday on 6 June, increased compared with the previous week (373 cases per 100,000 inhabitants vs. 244 in week 22, i.e. +53%) as did the corrected [screening rate](#) (1,878/100,000 vs. 1,545, +22%) and the [positivity rate](#) (19.9%, +4.1 points). Among the 804,135 tested individuals who reported their symptom status\*, 68% were asymptomatic, a lower proportion compared to the previous week (75% in week 22). The positivity rate increased among both symptomatic people (51% vs. 44% in week 22) and asymptomatic people (9.6% vs. 7.6% in week 22). The proportion of symptomatic positive cases also increased (71% vs. 65% in week 22).

\*In week 23, data completion levels were lower than usual (68% vs. 75% in week 22) further to an anomaly in the data transfer process at the end of the week. These indicators will be confirmed next week, and should therefore be interpreted with caution.

### Weekly evolution in incidence and screening rates, with or without correction for the effect of public holidays, since week 23-2020, France (data on 15 June 2022)



### Incidence and screening rates by age group

In week 23, the corrected [incidence rate](#) sharply increased across all age groups: ranging from +33% in the 90+ age group to +67% among 20-29 year-olds. Rates exceeded 400 among 20-79 year-olds and were highest among 50-59 year-olds (488, +55%) and 30-39 year-olds (462, +61%). The corrected [screening rate](#) also increased across all age groups, ranging from +16% in the 90+ age group to +35% among 0-9 year-olds. It was below 2,000 among 0-19 year-olds and 40-49 year-olds, and was highest among 70-79 year-olds (2,456, +19%). The [positivity rate](#) was also on the rise in all age groups, especially among 20-59 year-olds where it rose by around 5 points. It was above 20% among 30-69 year-olds and was highest among 50-59 year-olds (24.1%, +4.9 points) and 40-49 year-olds (23.4%, +5.1 points).

Among school-age children, the incidence rate increased in all age groups. It was highest among 11-14 year-olds (214, +48%), with a screening rate of 1,088 (+24%) and a positivity rate of 19.6% (+3.3 points).

### Weekly evolution of the incidence rate (per 100,000 inhabitants) by age group, since week 12-2022, France (data on 15 June 2022)

1077	1346	1419	1418	1172	733	456	318	206	174	178	237	90 yrs +
970	1167	1198	1192	964	620	401	288	209	179	199	285	80-89 yrs
1148	1367	1458	1454	1170	736	504	389	312	293	314	432	70-79 yrs
1052	1214	1302	1277	1025	632	445	355	275	256	290	419	60-69 yrs
1341	1568	1604	1434	1095	662	475	377	289	258	315	488	50-59 yrs
1660	1796	1727	1440	1031	597	444	373	288	247	285	447	40-49 yrs
1609	1711	1696	1460	1079	636	483	402	298	251	287	462	30-39 yrs
1354	1484	1456	1263	971	575	400	325	246	218	270	450	20-29 yrs
1649	1539	1251	807	486	302	256	240	186	137	143	208	10-19 yrs
997	874	838	590	360	249	254	231	150	88	80	129	0-9 yrs
1343	1440	1412	1215	903	550	406	333	252	214	242	373	All ages
W12	W13	W14	W15	W16*	W17	W18	W19	W20	W21*	W22	W23*	

\*Rates corrected for the effect of public holidays



Santé publique France

# Hospitalisations, intensive care admissions, and deaths

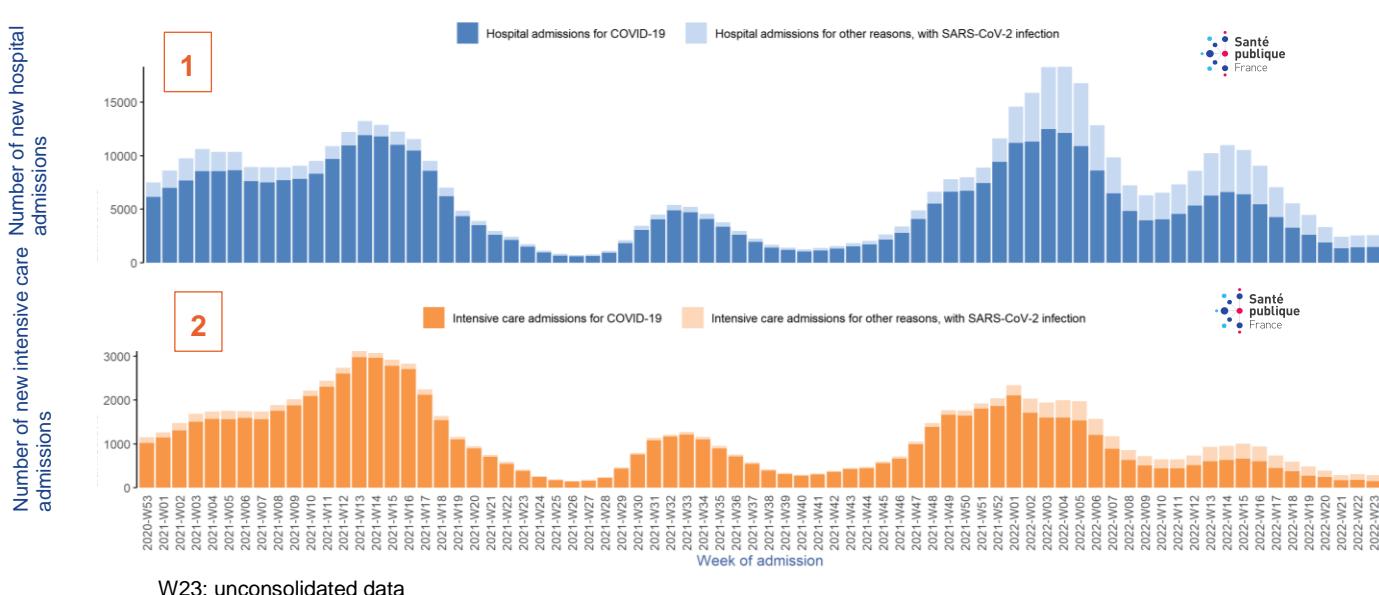
For a better interpretation of hospital indicators, new hospital and intensive care admissions are analysed by date of patient admission to hospital. New deaths (in hospitals and long-term care facilities) are analysed by date of occurrence. **Data from week 23, collected up to 14 June 2022, are not yet consolidated and may be underestimated.**

On 14 June 2022, 14,148 COVID-19 patients were hospitalised in France (vs. 14,351 on 7 June, i.e. -1%), including 868 in intensive care (vs. 909 on 7 June, i.e. -5%).

Nationwide, the number of [new hospital admissions](#) was 2,589 in week 23, i.e. +1% compared with week 22 (unconsolidated data) vs. +5% between weeks 21 and 22 (after consolidation). The number of new intensive care admissions reached 287 in week 23, i.e. 7% less than in week 22 (vs. +7% between weeks 21 and 22). In week 23, 1,470 patients were admitted for COVID-19 management (+2%) and 1,119 patients with SARS-CoV-2 were admitted for other reasons (+1%). Regarding intensive care units, 150 patients were admitted for COVID-19 (-15%) and 137 for other reasons (+3%).

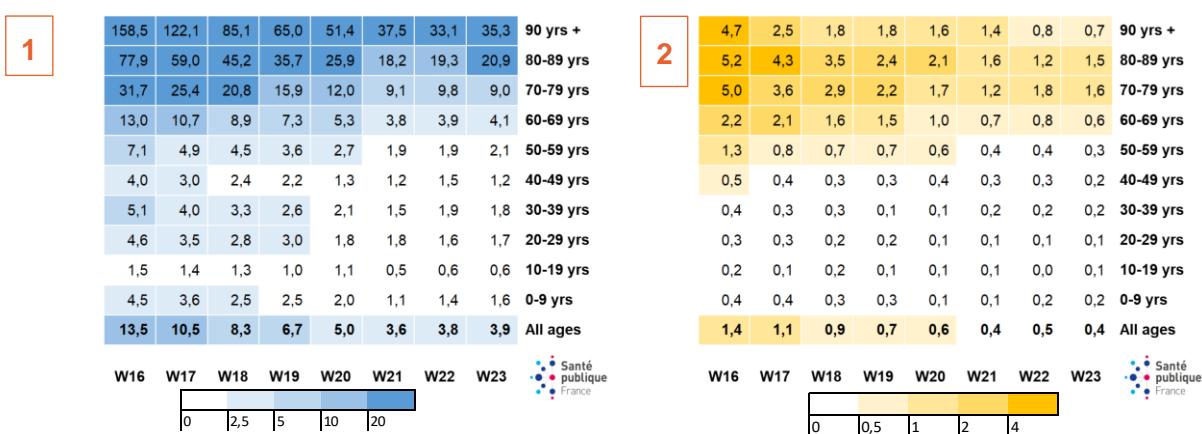
In week 23, the proportion of patients positive for SARS-CoV-2 hospitalised for a reason other than COVID-19 remained stable for hospital admissions in all departments (43%) and increased slightly for resuscitation unit admissions (45%) and intensive care admissions (48%).

**Weekly number of new hospital (1) and intensive care (2) admissions for COVID-19 patients since 28 December 2020, France (data on 14 June 2022)**



In week 23, the weekly rate of new hospital admissions stabilised in the majority of age groups. It continued to decline slightly in the 40-49 and 70-79 age groups, and rose slightly in the 80+ age group. The rate of new intensive care admissions was stable or declined slightly for all age groups.

**Weekly rate of new hospital (1) and intensive care (2) admissions for COVID-19 patients per 100,000 inhabitants, by age group, from week 16 to week 23-2022, France**



In week 23 (unconsolidated data), 219 deaths in hospital were recorded nationwide (-12% compared to week 22 vs. -7% between weeks 21 and 22). There were also 4 deaths recorded in long-term care facilities (vs. 11 in week 22).

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

## Situation at the regional level

### Incidence, positivity, and screening rates

The corrected incidence rate rose in all regions of metropolitan France, from +43% in Provence-Alpes-Côte d'Azur to +74% in Île-de-France. The highest rates were observed in Île-de-France (472, +74%) and Brittany (384, +46%). In week 23, rates were once again higher than 300 in eight regions (vs. 0 in week 22). The screening rate also increased in all regions, ranging from +14% in Corsica to +30% in Île-de-France where it was highest (2,423), followed by Provence-Alpes-Côte d'Azur (2,048, +16%). The positivity rate was on the rise in all regions. The sharpest increase was observed in Île-de-France (19.5%, +5.0 points) and Nouvelle-Aquitaine (22.2%, +5.0 points). It was highest in Brittany (26.9%, +4.5 points) and Pays de la Loire (26.0%, +4.6 points).

In week 23, the corrected incidence rate increased in all departments. 94 departments had an incidence rate above 200 (vs. 44 in week 22). This indicator exceeded 400 in 14 departments (vs. 0 in week 22). The highest rates were observed in Paris (581, +76%), Hauts-de-Seine (541, +78%), Corrèze (502, +55%), Haute-Vienne (492, +54%) and Yvelines (474, +68%).

In overseas France, the incidence rate was very high and rising in Martinique (2,504, +9%). It was also on the rise in French Guiana (358, +22%) and Guadeloupe (624, +9%). It continued to fall in the Reunion Island (205, -11%) and remained low in Mayotte (28, -18%).

### Evolution of the incidence, positivity, and screening rates by region since week 18-2022, France (data on 15 June 2022)

Regions	Santé publique France	Incidence rate for 100 000 inhabitants						Positivity rate (%)		Screening rate per 100,000 inhabitants	
		W18	W19	W20	W21*	W22	W23*	W23* vs W22 (%)	W23	W23 vs W22 (point)	W23*
Auvergne-Rhône-Alpes		368	306	227	170	187	279	50	19.2	4.1	1,453
Bourgogne-Franche-Comté		414	314	221	166	182	276	51	19.2	3.9	1,438
Brittany		493	399	299	246	262	384	46	26.9	4.5	1,426
Centre-Val de Loire		449	356	254	195	213	331	55	23.2	4.6	1,427
Corsica		434	363	258	205	195	291	49	17.1	4.1	1,698
Grand Est		439	335	223	170	194	282	45	16.6	3.1	1,693
Hauts-de-France		448	372	255	195	202	318	58	18.4	4.1	1,731
Île-de-France		273	233	203	208	271	472	74	19.5	5.0	2,423
Normandy		452	353	251	200	212	328	55	22.7	4.8	1,449
Nouvelle-Aquitaine		313	259	198	174	207	322	56	22.2	5.0	1,451
Occitanie		360	264	205	191	220	344	56	19.8	4.3	1,742
Pays de la Loire		444	371	270	219	230	344	50	26.0	4.6	1,323
Provence-Alpes-Côte d'Azur		417	357	263	201	203	290	43	14.2	2.7	2,048
Guadeloupe		689	743	670	580	570	624	9	18.7	0.8	3,334
French Guiana		149	174	205	244	292	358	22	19.9	1.6	1,797
Martinique		947	1382	1502	1678	2291	2504	9	37.9	1.1	6,611
Mayotte		28	23	21	31	34	28	-18	3.1	-1.0	886
Reunion Island		962	665	391	302	230	205	-11	13.1	-3.1	1,569

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

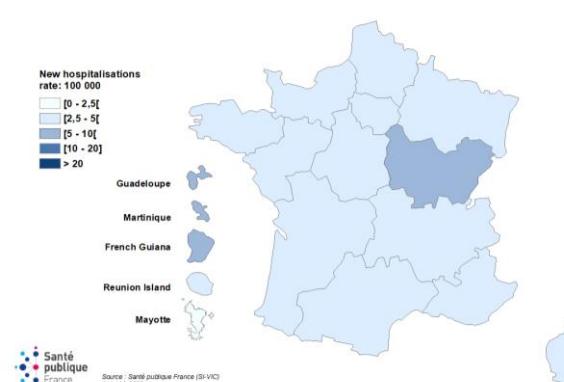


### Hospital and intensive care admissions

In metropolitan France, the weekly rate of [new hospital admissions](#) stabilised in the majority of regions, and increased in Provence-Alpes-Côte d'Azur, Brittany, Île-de-France and Nouvelle-Aquitaine. The highest rate was observed in Bourgogne-Franche-Comté (5.0/100,000). The rate of new intensive care admissions declined or remained stable throughout metropolitan France, except in Île-de-France, where it increased slightly.

In overseas France, the rate of new hospital admissions declined in the Reunion Island, remained stable in Martinique and French Guiana, and increased in Guadeloupe. The rate of new intensive care admissions showed a very slight increase in Guadeloupe, French Guiana and Martinique, but remained low in all regions.

### Weekly rate of newly hospitalised COVID-19 patients per 100,000 inhabitants, by region, in week 23-2022, France



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

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

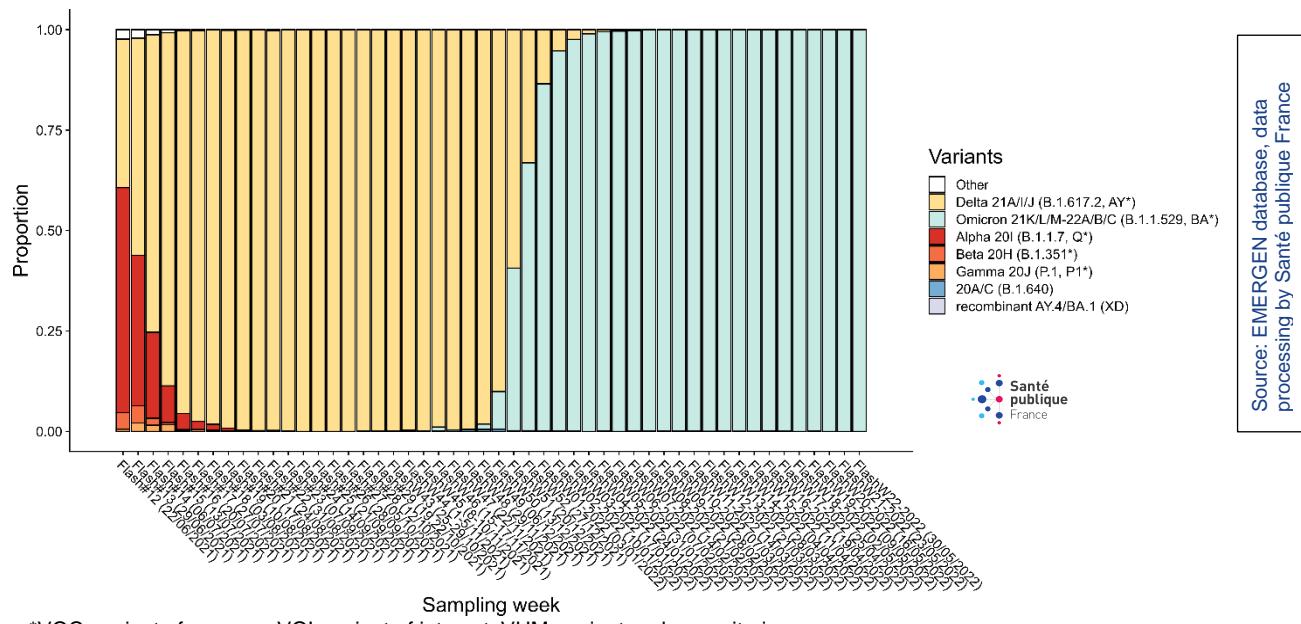
## Variants

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 23, the proportion of samples in France with a **screening result compatible with Omicron** was **98% for the D1 proxy** (stable compared to week 22).

The proportion of detection of mutations in L452 position (L452R or L452Q, result of C1 screening) is continuing to increase, from 28% in week 22 to 46% in week 23. 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 metropolitan France, it represented **100% of interpretable sequences in the week 22 Flash Survey** (from 30 May, based on only 885 interpretable sequences), and over 99% in week 21 (23 May, based on 1,456 interpretable sequences). In the French overseas regions and departments, Omicron is the only variant detected since the week 6 Flash Survey (07/02/22, based on a total of 2,452 interpretable sequences from the overseas regions and departments in Flash Surveys between weeks 6 and 22).

### Evolution of the proportions for each classified variant (VOC, VOI, and VUM\*) in Flash Surveys, metropolitan France (data on 13 June 2022; Flash Surveys from weeks 21 and 22 unconsolidated)



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, they were in turn divided into further sub-lineages. **BA.2 is dominant in France, with 54% (72% including its sub-lineages) of 885 interpretable sequences in the week 22 Flash Survey (30/05)**. Detection of the BA.2.12.1 sub-lineage of BA.2, which is being monitored closely due to carrying the L452Q mutation, increased in recent Flash Surveys (4.4% in the week 22 Flash Survey vs. 3.4% for the week 21 Flash Survey). The Omicron BA.4 and BA.5 sub-lineages are being closely monitored and have been detected in France since the week 13 Flash survey for BA.5 and the week 16 survey for BA.4. Detection of BA.4 and BA.5 during Flash Surveys has increased: 3.7% for BA.4 and 24.2% for BA.5 in the week 22 Flash Survey, compared with 1.4% and 13.3% in the week 21 Flash Survey. In South Africa, where BA.4 and BA.5 were initially detected and where BA.4 is now dominant, the incidence has fallen to low levels and the impact of this wave was very moderate. BA.5 is now dominant in Portugal, where the peak of the wave appears to have passed. More information is available in the [variants risk analysis of 18/05/2022](#).

## Vaccination

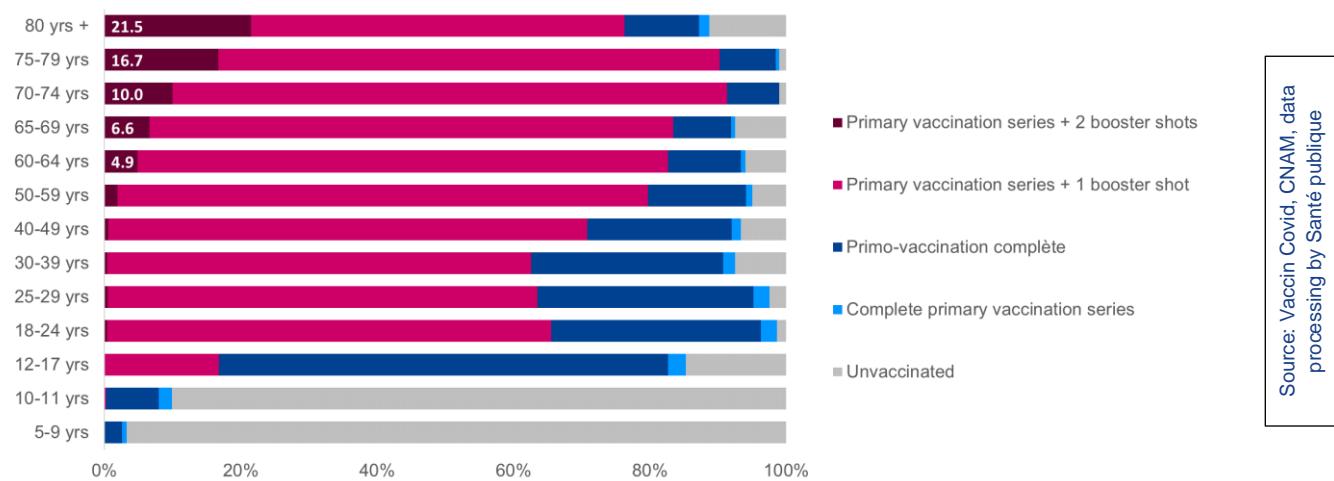
On 13/06/2022, vaccination coverage in France based on Vaccin Covid was estimated at 79.8% for a complete primary vaccination series\* and 59.7% for the booster shot.

Vaccination coverage for the booster shot reached 74.5% among adults over 18 years of age 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, 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 aged 60-79, to be given six months after the last injection.

In the 60-79 age group, 8.6% had received a booster shot (7.5% on 06/06/2022), representing 29.1% of those eligible\*\* for it at the time. In the 80+ age group, 21.5% had received a second shot (20.7% on 06/06/2022), representing 29.2% of those eligible for it at the time.

**Vaccination coverage, by age group, France (data on 13 June 2022)**



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

On 13/06/2022, 93.6% of residents in nursing homes and long-term care facilities had completed a primary vaccination series, 74.7% had received one booster shot and 26.9% had received a second booster shot (25.8% on 06/06/2022). Among those eligible for the second booster shot at that date\*\*, 37.8% had received it.

As regards health professionals, vaccination coverage for the booster shot was 79.4% for those working in nursing homes or long-term care facilities, 87.5% for professionals in private practice and 78.4% 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.

\*The definition of a complete primary vaccination series was [published](#) previously.

\*\*Eligibility for the second booster shot comes after a period of three months since the first shot for those aged 80 and over, and for residents of nursing homes or long-term care facilities, and a period of six months for 60-79 year-olds. To give time to eligible individuals to make arrangements to get vaccinated, eligibility is measured with one extra month from the last injection, i.e. four months for those aged 80 and over and for residents of nursing homes and long-term care facilities, and seven months for 60-79 years-olds.

[Dashboard](#)

[InfoCovidFrance](#)

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

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](#)