

# COVID-19 EPIDEMIOLOGICAL POINT

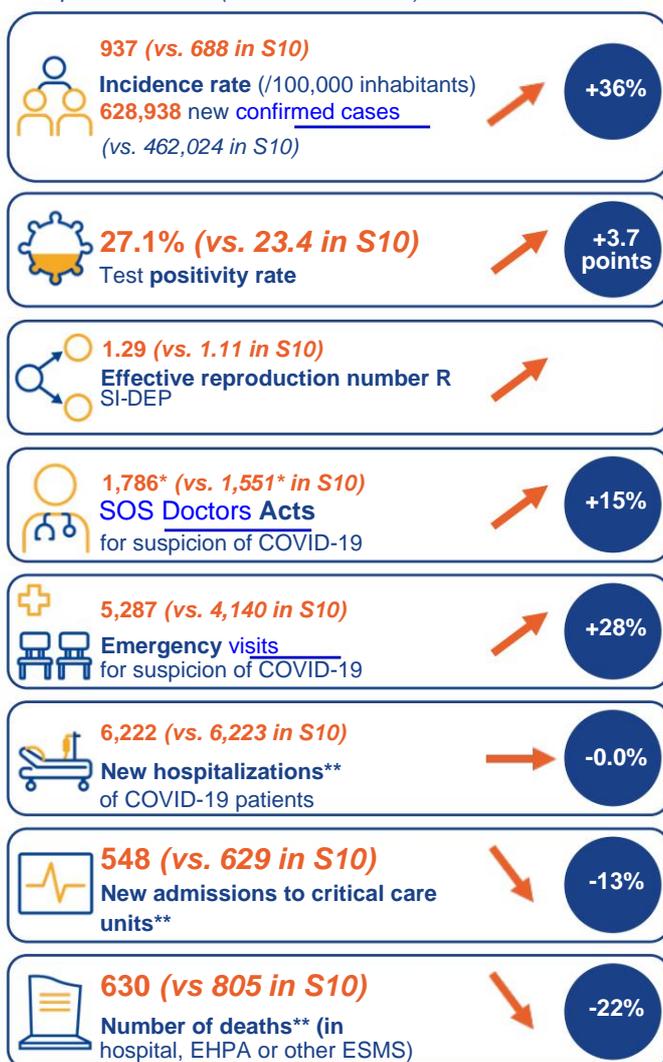
March 24, 2022 / No. 108

Public Health France, as part of its surveillance, alert and prevention missions, analyzes and publishes data concerning COVID-19 from its network of partners<sup>1</sup> and its own studies and surveys. This assessment is based on data reported to Public Health France until March 22.

## Key figures

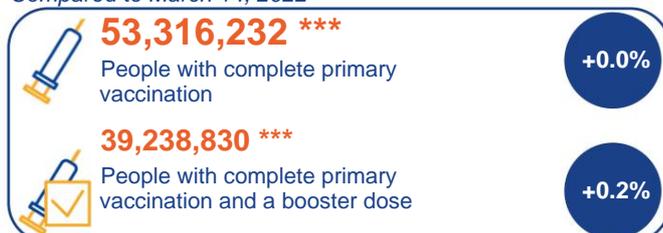
In week 11 (March 14-20, 2022)

Compared with S10 (07-13 March 2022)



As of March 21, 2022

Compared to March 14, 2022



\*Due to a technical problem, indicators restricted to the 39 SOS Médecins associations which transmitted their data out of the usual 60. \*\*S11: non-consolidated data. \*\*\*Due to actions to delete vaccination records in the Covid Vaccine database carried out by the National Health Insurance Fund, reductions in vaccination coverage are observed between 03/14/2022 and 03/21/2022. The evolutions are calculated from the corrected data.

<sup>1</sup>Public Health France would like to thank the large network of actors on which it relies to ensure COVID-19 surveillance: liberal and hospital medicine, emergencies, hospital and city medical biology laboratories, learned societies of infectiology, resuscitation, emergency medicine, Cnam, Inserm, Insee.

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## Key points

### Epidemiological situation

In week 11, the increase in the circulation of SARS CoV-2 continued throughout the country, while new hospitalizations in all departments remained stable.

#### • Metropolitan France:

- Rising incidence rate in all age groups, especially among the oldest
- Very high and increasing positivity rate
- Decreasing critical care admissions and number of deaths

#### • Overseas:

- Incidence rate still high in Martinique (>1,000/100,000) although falling sharply
- High incidence rate in Reunion (>1,000) and slightly increasing

### Variants

- Omicron accounted for 99.9% of interpretable footage in Flash S10 survey 07/03
- Majority BA.2 sub-lineage (73% in S10)

### Contact tracing

- Increase in the number of cases (+38%) and contact persons (+24%)
- Increase in the frequentation of public places by cases in a context of the lifting of barrier measures conducive to the transmission of the virus

### Prevention

- Vaccination as of March 21, 2022 (Covid Vaccine data):
  - 79.4% of the total population had received a complete primary vaccination
  - 73.1% of those aged 18 and over had received a booster dose and 83.1% among those aged 65 and over
- Importance of combined measures:
  - Complete vaccination schedule with booster, including a second dose in eligible people, in particular those aged 80 and over, residents of nursing homes and immunocompromised
  - Maintaining barrier gestures including wearing a mask, especially in closed spaces or in the presence of vulnerable people, hand washing, frequent ventilation of closed places

## Week 11 (March 14-20, 2022)

### POINT POSITION

In week 11, the circulation of SARS-CoV-2 accelerated throughout the country. The incidence rate continued to increase (+36%) to reach 937/100,000 at the national level. It was highest among 6-14 year olds and 30-49 year olds where it exceeded 1,000/100,000, but the largest increases were seen among 60-89 year olds. Nevertheless, new hospitalizations remained stable and critical care admissions and the number of deaths continued to decline.

Contact tracing data indicated that cases reported frequenting public places more. Given the lifting of health measures, this development suggests that the increase in the number of infected people could continue. As of March 21, 83.1% of people aged 65 and over and 71.0% of residents in Ehpad or ULSD had received a booster shot. In the context of co-circulation of SARS-CoV-2 and influenza viruses, maintaining barrier gestures remains recommended, in particular to protect vulnerable people (wearing a mask in closed or crowded spaces, hand washing, ventilation of closed places). The vaccination effort must now include the second booster dose in eligible populations, in particular those aged 80 and over, residents of nursing homes and the immunocompromised. Similarly, compliance with other measures remains essential, particularly in the event of a symptom, positive test or contact at risk.

### EPIDEMIOLOGICAL SITUATION

At the national level, the incidence rate continued its rise that began the previous week. It amounted to 937 cases per 100,000 inhabitants in S11 (+36%), i.e. nearly 90,000 new cases on average per day. If this rate has increased in all

age groups, the strongest increases were observed among the oldest, with those aged 60-89 showing an increase greater than or equal to 45%. However, the incidence rate was highest among 6-14 year olds and 30-49 year olds (>1,000/100,000).

The R-staff also increased (1.29) and was above 1 for the second week in a row. The screening rate also increased in S11

(3,461/100,000, +18%). The positivity rate followed the same trend and reached 27.1% (+3.7 points).

The highest rates were observed among 10-19 year olds and 40-49 year olds, but it was the oldest (50-89 year olds) who showed the greatest increases.

Recourse to care for suspected COVID-19 increased for the second consecutive week in SOS Médecins associations (1,786, +15%) and in emergencies (5,287, +28%). All age groups were affected by these increases.

The number of new hospital admissions remained stable in H11 (6,222) while new admissions to critical care were still decreasing (548, -13%) as were the number of deaths in hospital and in ESMS (unconsolidated data). As for [all-cause mortality](#), it returned to the usual fluctuation bands for the third consecutive week. [\\_\\_\\_\\_\\_](#)

In metropolitan France, the incidence rate increased in all regions, from +25% in New Aquitaine (975) to +90% in Corsica (1,233).

It exceeded 1,000/100,000 in five regions and was again the highest in Brittany (1,330, +32%) and in the Grand Est (1,300, +30%). The rate of

new hospitalizations was stable or increasing across the country, except in Occitanie, where it was down (-21%).

In Overseas France, the incidence rate remained highest in Martinique with 1,670/100,000 despite a sharp drop (-48%). Reunion (1,106, +6%) and Guadeloupe (961, -10%) also had a high rate. The rate of new hospitalizations remained the highest in Reunion, although having decreased slightly.

### VARIANTS

Omicron accounted for 99.9% of interpretable footage in the Flash S10 (07/03) survey. As for its BA.2 sub-lineage, it remained dominant in mainland France (73%).

### CONTACT TRACKING

In S11, the numbers of new cases recorded in the ContactCovid database (619,992, +38%) and new [contact persons at risk \(311,757, +24%\)](#) increased for the 2nd consecutive week. Nearly 60% of the cases called did not declare any contact person at risk, but the cases indicated frequenting more events or establishments open to the public, in all age groups. This week being the first in which the restrictive measures were lifted in shops and other establishments open to the public, this development suggests that the increase in the number of people exposed and contaminated in these establishments could continue.

### PREVENTION

As of March 21, 79.4% of the total population had received a complete primary vaccination. Vaccination coverage for the booster dose reached 83.1% among those aged 65 and over and 71.0% among residents of nursing homes or ULSDs.



## Hospitalizations, critical care admissions and deaths

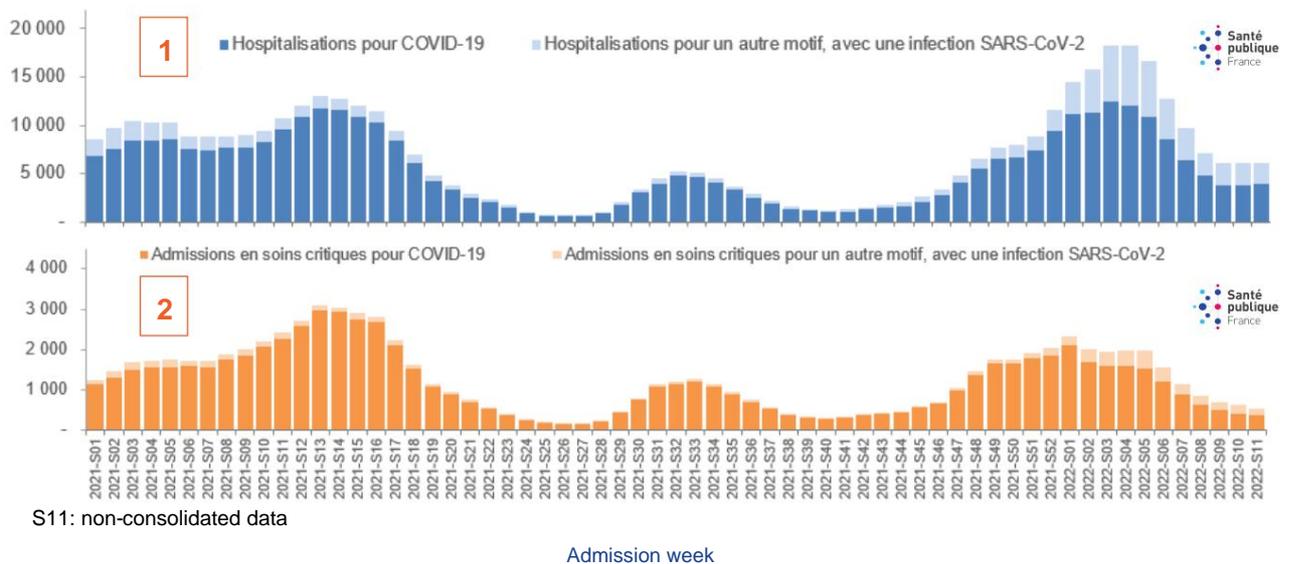
In order to have a better readability of the dynamics of hospital indicators, new hospitalizations and admissions to critical care are analyzed by date of admission of patients to hospital. New deaths (in hospital and in ESMS) are analyzed by date of occurrence. **S11 data, closed on 03/22/2022, is not yet consolidated and may be underestimated.**

On March 22, 2022, 20,815 COVID-19 patients were hospitalized in France (vs. 20,991 on March 15, i.e. -1%), including 1,618 in critical care services (vs. 1,796 on March 15, i.e. -10%).

At the national level, [new hospitalizations](#) remained stable in W11 (6,222, -0% vs -2% between W09 and W10) and new admissions to critical care units were still decreasing (548, -13% vs -10% between W09 and W10). 3,966 patients were hospitalized for treatment of COVID-19 and 2,256 positive for SARS-CoV-2 were hospitalized for another reason (i.e. +2% and -3% respectively). Regarding critical care, 381 patients (-11%) were admitted for treatment of COVID-19 in S11 and 167 for another reason (-18%).

In S11, the proportion of patients with SARS-CoV-2 hospitalized for reasons other than COVID-19 was stable for all-department hospitalizations (36%), for critical care hospitalizations (30%) and for hospitalizations in intensive care (24%).

### Weekly number of newly hospitalized (1) and newly admitted COVID-19 patients in critical care units (2) since January 3, 2021, France (data as of March 22, 2022)



In S11, the weekly rates of new hospitalizations were stable or slightly increasing in the majority of age groups. They were down among 20-29 year olds, 60-69 year olds and 90+ year olds. Critical care admission rates remained stable or falling in all age groups.

### Weekly rate of newly hospitalized (1) and newly admitted COVID-19 patients in critical care services(2) per 100,000 inhabitants, by age group, from S04-2022 to S11-2022, France

Age Group	1								Age Group	2							
	S04	S05	S06	S07	S08	S09	S10	S11		S04	S05	S06	S07	S08	S09	S10	S11
90 ans et +	244,5	244,1	188,1	146,3	113,4	97,4	104,1	99,4	5,9	5,5	5,3	3,8	3,9	2,8	2,6	2,0	
80-89 ans	126,5	122,4	96,1	77,5	56,3	49,3	50,4	52,0	7,6	9,4	6,0	5,2	3,9	3,4	3,1	3,1	
70-79 ans	55,0	52,0	40,4	30,9	23,5	20,5	20,1	20,1	8,3	8,1	7,1	5,1	3,9	3,5	2,7	2,2	
60-69 ans	27,7	25,8	20,4	14,8	10,4	9,1	9,1	8,2	6,2	5,9	4,8	3,3	2,3	2,0	1,8	1,5	
50-59 ans	15,3	13,9	10,5	7,7	5,6	4,7	4,5	5,1	3,2	2,9	2,5	1,7	1,2	0,8	0,8	0,9	
40-49 ans	11,2	8,8	6,9	4,8	3,5	2,7	2,7	2,9	1,6	1,4	1,2	0,8	0,7	0,5	0,4	0,4	
30-39 ans	17,3	14,4	9,9	7,8	4,5	4,1	3,8	4,1	0,9	1,0	0,7	0,8	0,3	0,3	0,3	0,2	
20-29 ans	14,5	12,1	8,5	6,7	4,4	3,7	4,2	3,5	0,7	0,7	0,5	0,5	0,3	0,2	0,3	0,2	
10-19 ans	6,9	5,4	3,6	2,5	2,0	1,6	1,7	1,9	0,6	0,6	0,4	0,3	0,2	0,1	0,2	0,2	
0-9 ans	15,0	12,3	9,4	6,9	4,9	3,9	4,3	4,5	1,5	1,5	0,9	0,7	0,6	0,5	0,5	0,3	
Tous âges	27,3	25,0	19,1	14,6	10,6	9,1	9,3	9,3	3,0	2,9	2,3	1,7	1,3	1,0	0,9	0,8	

In W11 (unconsolidated data), there were 591 deaths in hospital at national level (-21% compared to W10 vs -21% between W09 and W10). There were also 39 deaths in ESMS (social and medico-social establishments) vs 61 deaths in S10.

## Situation at regional level

### Incidence, positivity and screening

In **mainland France**, the incidence rate increased throughout the territory and exceeded 1,000/100,000 in five regions: Brittany (1,330, +32%), Grand Est (1,300, +30%), Corsica (1,233, +90%), Normandy (1,115, +38%) and Hauts-de-France (1,067, +32%). The screening rate was also increasing throughout the country. It was highest in Corsica (4,370, +31%) and in the Grand Est (4,422, +21%). The positivity rate was up in all regions and was highest in Brittany (39.4%, +4.3 points), Nouvelle-Aquitaine (34.1%, +2.4 points) and Centre-Val Loire (32.9%, +4.4 points).

In S11, the incidence rate was greater than 1,000/100,000 in 33 departments (vs. 8 in S10). The highest rates were observed in the departments of Finistère (1,568, +25%), Moselle (1,529, +24%), Côtes d'Armor (1,504, +34%), Ardennes (1,434, +7%) and Bas-Rhin (1,430, +40%).

In **Overseas France**, the incidence rate has decreased in Martinique (1,670, -48%) and Guadeloupe (961, -10%). He was in slight increase in Reunion (1,106, +6%) and Guyana (106, +12%), and stable in Mayotte (16 vs 15 in S10). The screening rate remained the highest in Martinique (8,537, -22%) and Guadeloupe (5,738, -1%).

### Evolution of incidence, positivity and screening rates by region, since week S06-2022, France (data as of March 23, 2022)

Regions	Incidence rate per 100,000 inhabitants.						Positivity rate (%)			Screening rate per 100,000 inhab.	
	S06	S07	S08	S09*	S10	S11	S11 vs. S10 (%)	S11	S11 vs. S10 (point)	S11	S11 vs. S10 (%)
	Auvergne-Rhône-Alpes	1307	688	453	373	442	668	51	26.0	5.6	2,575
Burgundy-Franche-Comte	1502	841	533	429	507	775	53	29.2	5.1	2,653	26
Brittany	1378	889	719	787	1006	1330	32	39.4	4.3	3,380	18
Centre-Loire Valley	1128	716	523	519	675	940	39	32.9	4.4	2,857	21
Corsica	1417	967	606	483	648	1233	90	28.2	8.7	4,370	31
Great East	1522	1006	773	762	999	1300	30	29.4	2.1	4,422	21
Hauts-de-France	1212	779	577	578	811	1067	32	28.0	2.6	3,810	19
Ile-de-France	822	516	332	307	415	691	66	19.3	5.0	3,582	23
Normandy	1131	747	568	614	806	1115	38	31.1	4.3	3,585	19
New Aquitaine	2115	1226	826	678	782	975	25	34.1	2.4	2,858	16
Occitania	1787	1088	695	561	585	826	41	28.0	4.7	2,946	17
Pays de la Loire	1274	765	550	524	663	911	37	32.5	4.4	2,805	19
Provence-Alpes-Côte d'Azur	1258	788	600	581	683	894	31	23.3	3.4	3,833	11
Guadeloupe	1079	625	464	683	1070	961	-10	16.7	-1.7	5,738	-1
Guyana	174	79	57	81	95	106	12	9.0	2.3	1,185	-16
Martinique	2039	1380	900	2448	3198	1670	-48	19.6	-9.6	8,537	-22
Mayotte	25	15	10	20	15	16	10	1.7	0.1	994	3
The meeting	2216	1580	1127	958	1042	1106	6	36.2	5.5	3,053	-10



\*Data corrected in Guadeloupe, Martinique and Guyana for the effect of the public holidays of 03/1 and 02 (as well as 02/28 in Guyana only).

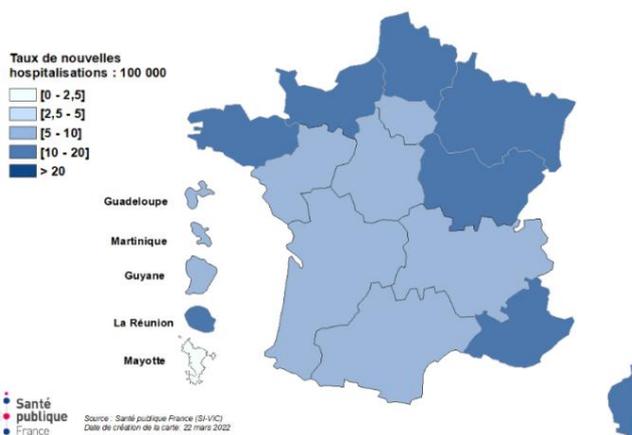
### Hospitalizations and critical care

In mainland France, in S11, the weekly rate of **new hospitalizations** was stable or up in all regions, except in Occitania where it was down (-21%). The highest rates were in Bourgogne-Franche-Comté (13.5/100,000), in the Grand Est (13.2), in Brittany (13.0), in Normandy (12.8), in Provence-Alpes-Côte d'Azur (12.5), Corsica (11.3), and Hauts-de-France (10.8).

The rate of new critical care admissions was stable or decreasing in all regions, except in Normandy where it was increasing.

In Overseas France, the rate of new hospitalizations was increasing in French Guiana, down slightly in Reunion, and stable in the other regions. It remained the highest in Reunion (10.8). The rate of new critical care admissions was stable in all regions and was highest in Guadeloupe (1.3).

### Weekly rate of newly hospitalized COVID-19 patients per 100,000 inhabitants, by region, in H11-2022, France



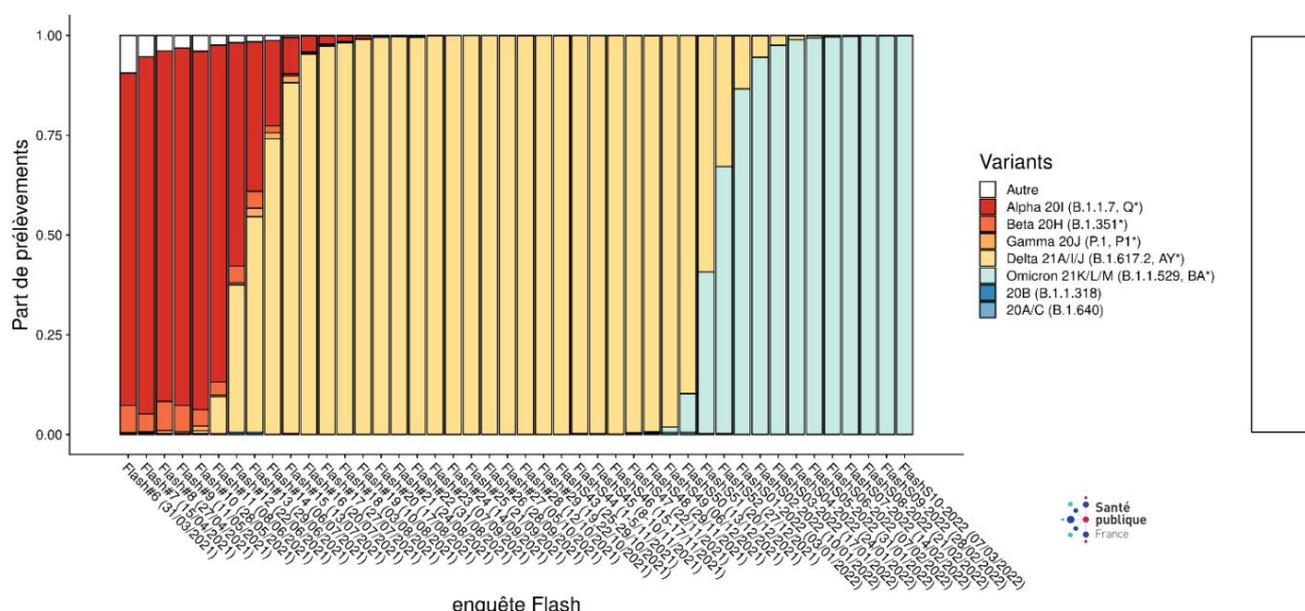
Find all the information on the epidemic situation of the regions in the [regional EPs](#).

## Variants

The [screening strategy](#) deployed in France aims to reactively detect mutations impacting the transmissibility, severity or immune escape of SARS-CoV-2. Certain mutation profiles make it possible to suspect the presence of variants. In S11, the proportion of samples in France with a **screening result compatible with Omicron was 99.5% for the A0C0 proxy** (vs 99.4% in S10) and **98.4% for proxy D1** (vs. 98.5% in [S10](#)).

In addition, the [sequencing data](#) confirm **the dominance of Omicron in France**. In mainland France, it represented **99.9% of interpretable sequences in the Flash S10 survey** (07/03, based on 2,233 interpretable sequences), as in the Flash S09 survey (28/02, based on 3 161 interpretable sequences). In DROMs, Omicron is the only variant detected since Flash S06-2022 (07/02). These data underline the virtual disappearance of Delta following its replacement by Omicron.

### Evolution of the share of each classified variant (VOC, VOI and VUM) during the Flash surveys, Metropolitan France (data as of March 21, 2022, Flash S09 and S10-2022 surveys not consolidated)



\*VOC: variant of concern; VOI: variant of interest; VUM: variable under surveillance.

In addition to the three Omicron sub-lineages BA.1, BA.2 and BA.3, other sub-lineages have been defined within BA.1 and some are beginning to be detected sporadically in France. These BA.1 sub-lineages are the result of a very fine genetic classification aimed at the evolutionary monitoring of Omicron, and nothing indicates to date that they have different characteristics (in terms of transmissibility, escape immune response and severity) of the initial BA.1 sublineage. As the trends of the previous weeks suggested, **the BA.2 sub-lineage is now the majority in France, with 73% of the 2,229 Omicron sequences in the Flash S10 survey**. The progression of BA.2 to the detriment of BA.1 is observed throughout metropolitan France, but at different levels depending on the region. In the DROMs, BA.2 also seems to be increasing, but the data needs to be consolidated. While BA.2 has been shown to be more transmissible than BA.1, the two sublineages are similar in terms of immune response escape and severity.

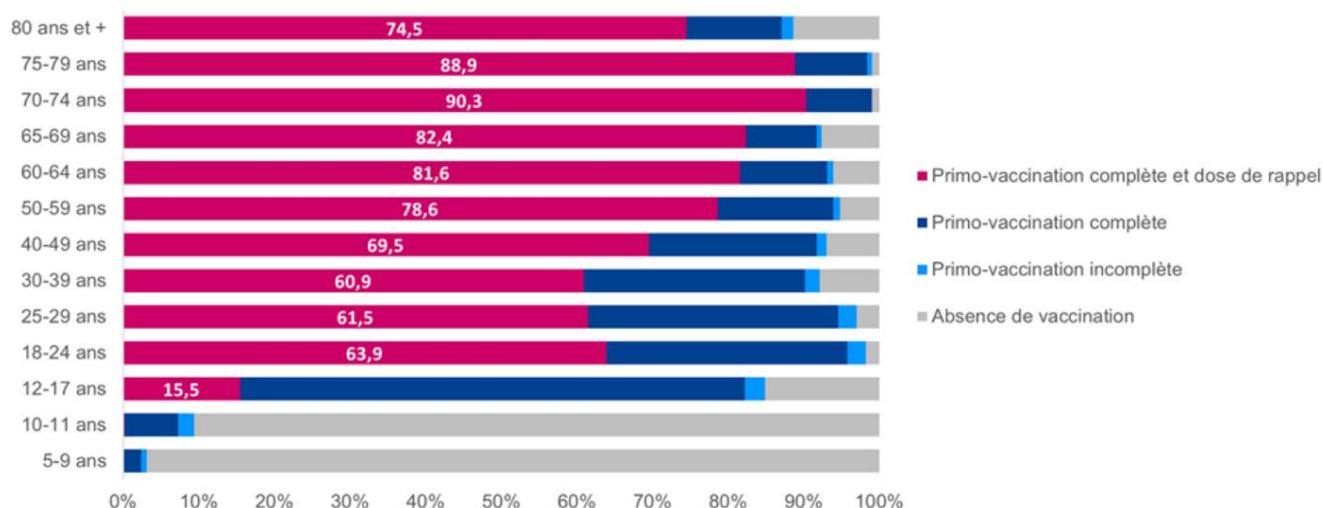
Since February 18, 2022, the **Delta/Omicron recombinant named XD** has been subject to increased monitoring by the laboratories of the EMERGEN consortium, Public Health France and the CNR Virus for respiratory infections. The majority of the XD variant genome corresponds to the Delta variant (AY.4 sublineage), but a large portion of the S gene (coding for the Spike protein) corresponds to the Omicron variant (BA.1 sublineage). As of March 21, **44 sequences have been detected in France**, including 21 during Flash investigations. These sequences correspond to cases from several regions and dating back to early January 2022, suggesting circulation of this recombinant at low levels for several weeks. However, the frequency of detection of the XD variant during Flash surveys does not seem to have increased between S01 and S10. To date, very little data is available on the characteristics of the XD variant, but investigations are ongoing. More information is available in [the variant risk analysis of 02/23/2021](#).

## Vaccination

As of 03/21/2022, the estimate of vaccination coverage in the general population from the Covid Vaccine was 79.4% for a complete primary vaccination\* and 58.5% for the booster dose. The booster dose vaccination coverage was 73.1% among those aged 18 and over and 83.1% among those aged 65 and over. In addition, 9.4% of children aged 10 to 11 had received a first dose of vaccine (3.1% for 5 to 9 year olds).

Due to actions to delete vaccination records in the Covid Vaccine database carried out by the National Health Insurance Fund, reductions in vaccination coverage were observed between 03/14/2022 and 03/21/2022.

### Vaccination coverage, by age group, France (data as of March 21, 2022)



As of 03/21/2022, 93.5% of **residents in Ehpad** (accommodation establishments for dependent elderly people) or USLD (long-term care unit) had received a complete primary vaccination and 71.0% had received a reminder.

With regard to **health professionals**, the vaccination coverage of the booster dose was 77.9% for those working in Ehpad or USLD, 86.4% for liberals and 77.0% for employees in establishments. health.

Vaccination coverage of the booster dose among residents of nursing homes or USLDs and professionals working in the health field may be underestimated due to the date of constitution of the cohorts (March 2021).

Following the latest [recommendations](#) concerning the second booster dose in people aged 80 and over as well as in residents of nursing homes or USLDs, the vaccination coverage data for the second booster dose will soon be published.

Vaccination coverage data by department are published on [Géodes](#).

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

To find out more about COVID-19, surveillance systems and vaccination, consult the [Public Health France](#) file and the [Vaccination Info Service](#) website.  
For more information on regional data, see [Regional Epidemiological Points](#)  
Find all the data in open access on [Geodes](#)