

COVID-19

EPIDEMIOLOGICAL POINT

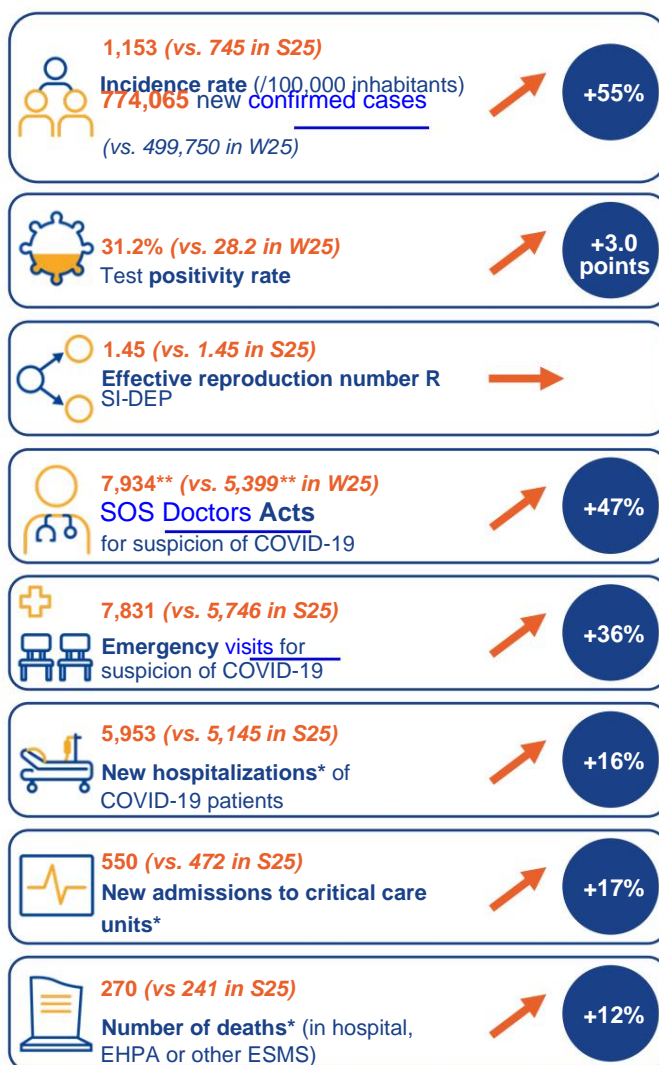
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Public Health France, as part of its surveillance, alert and prevention missions, analyzes and publishes data concerning COVID-19 from its network of partners¹ and its own studies and surveys. This assessment is based on the data reported to Public Health France until July 06.

Key figures

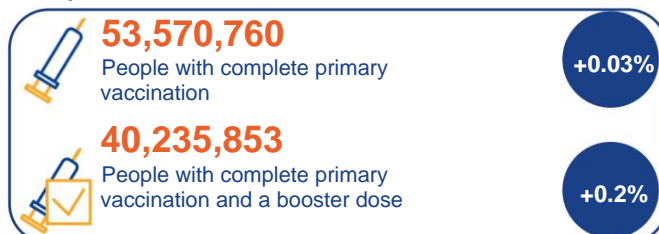
In week 26 (June 27-July 03, 2022)

In comparison with S25 (June 20-26, 2022)



As of July 04, 2022

Compared to June 27, 2022



Key points

Epidemiological situation

In week 26, the circulation of SARS-CoV-2 intensified in mainland France, new hospitalizations as well as deaths were up sharply, mainly affecting the oldest, insufficiently vaccinated.

• Metropolitan France:

- Incidence rate still increasing in all regions and above 1% (1,000/100,000) in the majority of them

- Number of new hospitalizations, intensive care admissions and deaths on the rise

• Overseas:

- Virological indicators decreasing in Martinique but remaining at very high levels
- Marked increase in the incidence rate which continues in Guadeloupe and Reunion

Variants

- Continued increase in the proportion of the majority Omicron BA.5 sub-lineage in the Flash S25 survey (06/20)

Reinfections

- Increase in the proportion of reinfections since December 2021, reaching 12% in S23-2022

Prevention

- Vaccination as of July 4, 2022 (Covid Vaccine data):
 - Stability of booster dose vaccination coverage at 74.8% among those aged 18 and over and at 84.7% among those aged 65 and over
 - Only 26.5% of 60-79 year olds and 33.7% of 80 year olds and over eligible for the second booster dose actually received it
- In the context of school holidays and activities conducive to an increase in the transmission of the virus, compliance with combined measures remains essential to protect the most vulnerable populations and it is essential:
 - to isolate themselves in the event of symptoms and a positive test for the COVID-19
 - to apply barrier gestures on an individual basis, including wearing a mask (in the presence of fragile people, in the event of crowding in closed spaces, in particular in transport, or during large gatherings), hand washing and ventilation frequents closed places

Dashboard
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*S26: non-consolidated data. ** The technical problem related to the change of SOS Médecins server, in progress since February 16, 2022 and responsible for an interruption in the transmission of data for 22 of the 61 SOS Médecins associations, was resolved yesterday. Transmissions were restored on 07/05/2022 and missing data for the period 02/16/2022 to 07/05/2022 was recovered. The analysis presented below relates to data from all the SOS Médecins associations. The COVID indicators have been recalculated over the period from 02/16 to 07/05/2022 in order to integrate missing data (22 associations + COVID medical acts not transmitted via the old server).

¹Public 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.

Week 26 (from June 27 to July 03, 2022)

POINT POSITION

In week 26, the circulation of SARS-CoV-2 continued to accelerate throughout metropolitan France. The incidence rate increased again by more than 50% in almost all age groups and in all metropolitan regions. New hospitalizations as well as admissions to critical care units were still on the rise and the number of deaths was also increasing. In Overseas France, a marked increase in incidence rates was observed in Guadeloupe, Reunion, and Mayotte even though the incidence remained low in this department.

The vaccination effort must be increased to improve the vaccination coverage which remains insufficient in certain territories such as the West Indies and Guyana and among the oldest, whereas the latter had the highest hospitalization rates and that only a third of eligible 80 and over received the 2nd booster dose. In the context of increased circulation of SARS-CoV 2 and summer holidays, conducive to activities increasing the transmission of the virus, the application of barrier gestures remains essential to limit the spread of the epidemic and protect people. most vulnerable populations. Monitoring the other recommended measures remains essential in the event of symptoms, a positive test or contact at risk.

EPIDEMIOLOGICAL SITUATION

In S26, the incidence rate increased again by 55%, rising to 1,153/100,000 inhabitants. This increase concerned all age groups and was very marked among young adults (+69%, or 1,518/100,000 among 20-29 year olds). The incidence rate was particularly high and more than 1,500 cases per 100,000 among 20-39 year olds. The positivity rate continued to increase in all age groups and was 37% among 50-59 year olds. It increased by at least 4 points among 60-89 year olds.

In S26, referrals for suspected COVID-19 were still on the rise at SOS Médecins (7,934, +47%) and in the emergency room (7,831, +36%).

The increase in new hospitalizations continued in H26 (5,953, +16%) after a 30% increase the previous week (after data consolidation). Similarly, admissions to critical care units increased by 17% in W26 (472, vs.

+10% in S25). Hospitalization rates were still highest among those aged 90 and over and rising sharply (93.3/100,000, +27%). The number of deaths in hospital and in ESMS increased for the 2nd consecutive week (270, +12%, data not consolidated in H26). The number of [deaths from all causes](#) remained within the usual fluctuation margins in W26.

In metropolitan France, a sharp increase in the incidence rate was again observed throughout the territory. It increased particularly in the Pays de la Loire (+77%), in New Aquitaine (73%) and in Auvergne-Rhône-Alpes (71%).

The highest incidence was still observed in Île-de-France (1,295, +33%), followed by Pays de la Loire (1,260, +77%). The rates of new hospitalizations increased in all regions, except in Île-de-France where this indicator remained stable (unconsolidated data). The number of new critical care admissions was also up in most regions. The increase was particularly high

in Burgundy-Franche-Comté (+108%) and in Auvergne-Rhône-Alpes (+70%).

In Overseas France, even if the decrease continued, the incidence rate remained at a very high level in Martinique (1,129, -24%). It continued to increase in Guadeloupe (1,039, +41%) and stabilized in Guyana (491, +3%). In Mayotte, an increase in incidence was observed but remained moderate (51, +74%). The rate of new hospitalizations was on the rise in Reunion.

VARIANTS

The replacement of BA.2 by BA.5 was confirmed during the Flash S25 survey (20/06). This has been predominant for two weeks and represented 67% of the interpretable sequences, against 18% for BA.2. As for BA.4, it was detected in 7% of the sequences. In connection with the progression of these sub-lineages, the presence of the mutation in position L452 in the screening tests always progressed (80% in S26 vs 74% in S25).

REINFECTIONS

Between March 02, 2021 and June 12, 2022, possible reinfections represented 4.1% of all confirmed cases of COVID-19, a proportion that has increased sharply since December 2021. In addition, a high number of reinfections with Omicron after a first infection by this same variant was observed.

Nevertheless, the probability of reinfection occurring after a first infection with another variant (Alpha, Delta or other) remained significantly higher.

PREVENTION

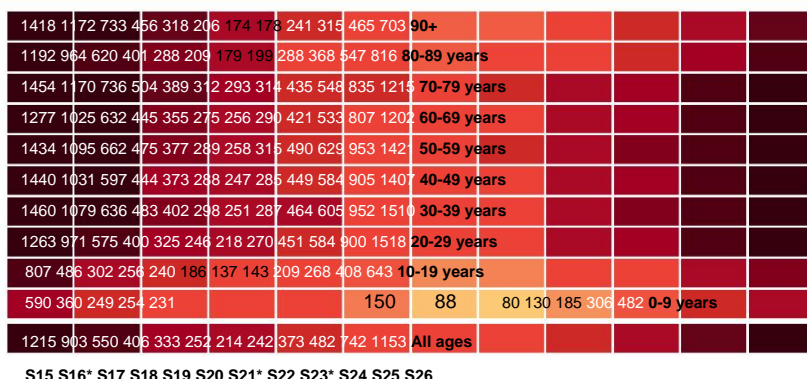
As of July 4, vaccination coverage had progressed little (84.7% among those aged 65 and over for the booster dose). Only 26.5% of people aged 60-79 and 31.7% of people aged 80 and over, as well as 42.2% of EHPAD residents who were eligible, had received their second booster dose. Also in the DROMs, vaccination coverage remained insufficient, particularly in Guyana, Guadeloupe and Martinique, where only 15.2%, 22.7% and 25.3% of the population received the first booster dose.

Evolution of incidence and screening rates per week, with or without correction for the effect of public holidays since week 23-2020, France (data as of July 06, 2022)

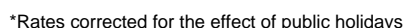


In school-aged children, the incidence rate increased in all age groups, particularly in 15-17 years old (512, +63%). It was highest among 6-10 year olds (649, +58%), with a screening rate of 2,640 (+44%) and a positivity rate of 24.6% (+2.2 points).

Evolution of incidence rates (per 100,000 inhabitants) per week and per age group, since the week since week 15-2022, France (data as of July 06, 2022)



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Hospitalizations, critical care admissions and deaths

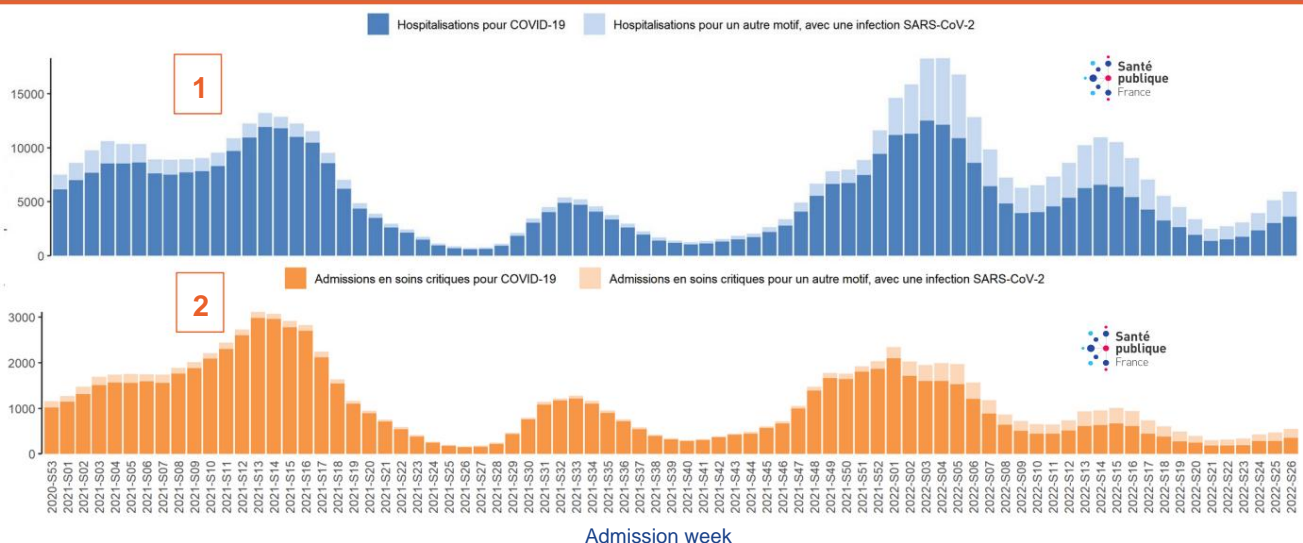
In order to have a better readability of the dynamics of hospital indicators, new hospitalizations and admissions to critical care are analyzed by date of admission of patients to hospital. New deaths (in hospital and in ESMS) are analyzed by date of occurrence. **S26 data, as of July 5, 2022, is not yet consolidated and may be underestimated.**

On July 5, 2022, 17,117 COVID-19 patients were hospitalized in France (vs. 15,572 on June 28, i.e. +10%), including 1,018 in critical care services (vs. 912 on June 28, i.e. +12%).

At the national level, the number of [new hospitalizations](#) was 5,953 in W26, i.e. +16% compared to W25 (non-consolidated data) vs +30% between W24 and W25 (after consolidation). That of new admissions to critical care units reached 550 in W26, i.e. +17% compared to W25 (vs +10% between W24 and W25). In H26, 3,618 patients were hospitalized for treatment of COVID-19 (+19% compared to H25) and 2,335 SARS-CoV-2 positive patients were hospitalized for another reason (+11% compared to S25). Regarding critical care, 354 patients (+25%) were admitted for treatment of COVID-19 and 196 for another reason (+4%).

In W26, among all patients being hospitalized with a positive test for COVID-19, the proportion of patients hospitalized for reasons other than COVID-19 was stable (39% vs 41% in W25), as for intensive care hospitalizations (32%, in W26 and W25). On the other hand, a slight decrease was observed for critical care (36%, vs 40% in W25).

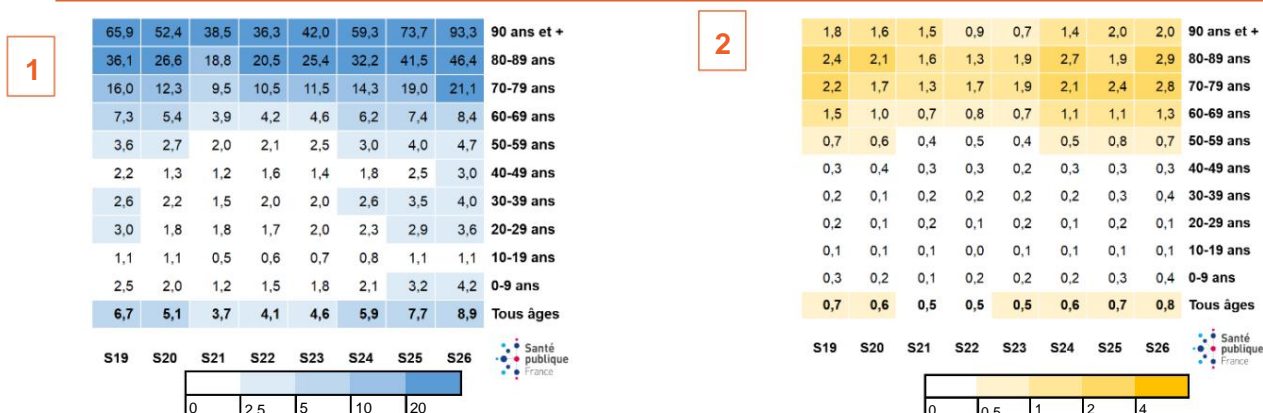
Weekly number of COVID-19 patients newly hospitalized (1) and newly admitted to critical care units (2) since December 28, 2020, France (data as of July 05)



S26: non-consolidated data

In W26, the weekly rate of new hospitalizations was on the rise in all age groups, except among 10-19 year olds where it was stable. The highest rate and the greatest increase was observed among those aged 90 and over. Rates of new critical care admissions were stable in the majority of age groups and increased slightly among 60-89 year olds.

Weekly rate of newly hospitalized (1) and newly admitted COVID-19 patients in critical care units (2) per 100,000 inhabitants, by age group, from W19 to W26-2022, France



In W26 (unconsolidated data), there were 263 deaths in hospital at national level (+12% compared to W25 vs +6% between W24 and W25). There were also 7 deaths in ESMS (social and medico-social establishments) in S27, (7 in S25).

Situation at regional level

Incidence, positivity and screening

In mainland France, the **incidence rate** was up sharply in all regions, from +33% in Île-de-France to +77% in Pays de la Loire. The highest rates were observed in Île-de-France (1,295, +33%), in Pays de la Loire (1,260, +77%), and in Brittany (1,237, +58%). In W26, most regions had rates above 1,000 (9 vs 0 in W25). The **detection rate** was also increasing nationwide. It was **highest in Île-de-France** (4,869, +32%) and in Provence-Alpes-Côte d'Azur (4,182, +41%). The **positivity rate** was up sharply in all regions except Île-de-France where it was **stable** (26.6%, +0.3 points). The most marked increases of more than 5 points were observed in Pays de la Loire (41.3%), New Aquitaine (37.6%) and Bourgogne-Franche-Comté (33.4%). It was highest in Brittany (41.3%, +4.0 points) and in Pays de la Loire (41.3%, +5.5 points).

In W26, the incidence rate was increasing in all departments. Thus, 48 departments had an incidence rate above 1,000 (vs. 2 in W25). The highest rates were observed in Paris (1,571, +31%), Lozère (1,527, +81%), Hauts-de-Seine (1,504, +33%) and Haute-Garonne (1,499, +58%).

In Overseas France, the decline continued in Martinique but the incidence rate remained very high (1,129, -24%). It continued to increase in Guadeloupe (1,039, +41%) and was stable in Guyana (491, +3%). An increase was also noted in Reunion (334, +53%). Even if the numbers remained very low in Mayotte, a marked increase was observed this week (51, +74%).

Evolution of incidence, positivity and screening rates by region, since week 21-2022, France (data as of July 06, 2022)

Regions	Incidence rate per 100,000 inhabitants.						Positivity rate (%)			Screening rate per 100,000 inhab.	
	S21*	S22	S23*	S24	S25	S26	S26 vs. S25 (%)	S26	S26 vs. S25 (point)	S26	S26 vs. S25 (%)
Auvergne-Rhône-Alpes	170	187	281	391	586	1003	71	32.7	4.0	3,066	50
Burgundy-Franche-Comté	166	183	278	371	549	929	69	33.4	5.1	2,779	43
Brittany	245	263	387	483	783	1237	58	41.3	4.0	2,995	43
Centre-Loire Valley	195	213	334	419	647	1004	55	35.9	3.7	2,797	39
Corsica	205	196	294	415	705	1154	64	30.7	4.3	3,755	41
Great East	169	195	283	347	507	830	64	27.7	4.4	2,998	38
Hauts-de-France	195	202	320	391	614	963	57	29.5	3.7	3,261	37
Île-de-France	208	272	473	644	971	1295	33	26.6	0.3	4,869	32
Normandy	200	212	331	391	596	903	51	34.2	3.5	2,640	36
New Aquitaine	174	208	324	423	668	1157	73	37.6	5.2	3,078	49
Occitania	191	220	346	473	776	1230	59	33.3	2.9	3,696	45
Pays de la Loire	219	231	346	442	714	1260	77	41.3	5.5	3,048	53
Provence-Alpes-Côte d'Azur	201	204	292	418	728	1152	58	27.5	3.1	4,182	41
Guadeloupe	578	572	631	613	735	1039	41	24.4	3.1	4,266	23
Guyana	244	295	363	429	476	491	3	23.9	1.2	2,052	-2
Martinique	1680	2234	2537	1946	1495	1129	-24	28.0	-3.4	4,040	-15
Mayotte	31	34	28	20	29	51	74	4.2	1.1	1,212	31
The meeting	302	230	208	173	219	334	53	17.0	3.1	1,958	25

*Data corrected for the effect of the public holidays of Thursday May 26, 2022 and Monday June 06, 2022

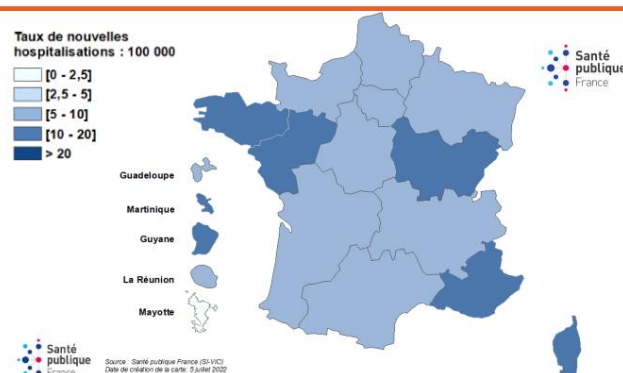


Hospitalizations and critical care

In mainland France, the weekly rate of **new hospitalizations** was increasing in all regions, except in Île-de-France where the rate was stable. The highest rates were observed in Corsica (13.1/100,000), Brittany (11.7) and Provence-Alpes Côte d'Azur (10.8). The rate of new critical care admissions was up in the majority of territories.

Overseas, the rate of new hospitalizations was up in Reunion, stable in Guadeloupe and down in Guyana and Martinique. The highest rates were found in Guyana (10.7) and Martinique (10.0). Rates of new critical care admissions remained low but were up slightly in Guyana and Guadeloupe.

Weekly rate of newly hospitalized COVID-19 patients per 100,000 inhabitants, by region, in S26-2022, France



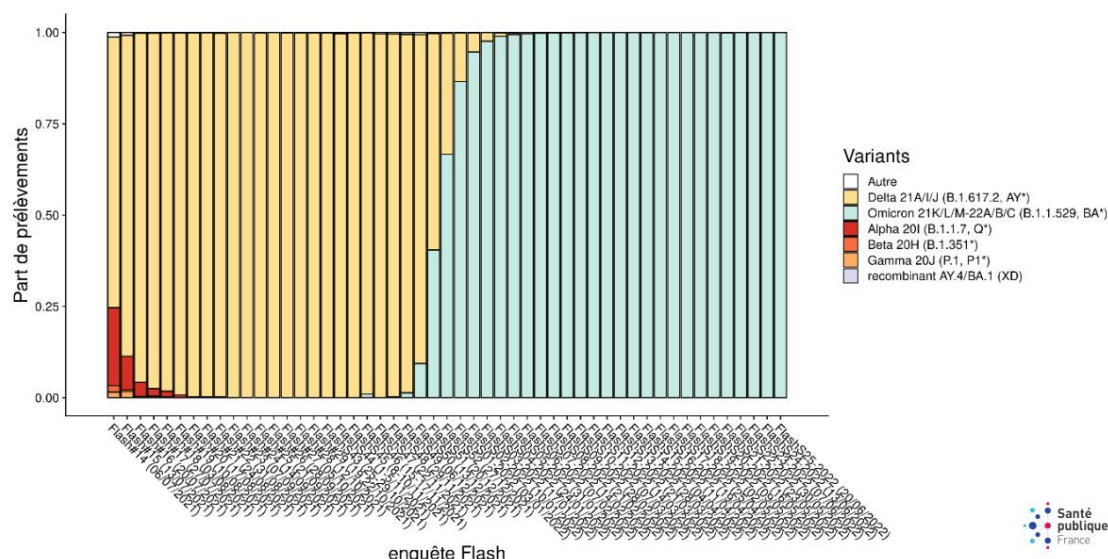
Variants

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 S26, the proportion of samples in France with a **screening result compatible with Omicron was 98% for proxy D1** (stable compared to S25).

The proportion of detection of mutations in position L452 (L452R or L452Q, screening result C1), continues to increase, going from 74% in S25 to 80% in S26. This increase is observed in all regions (in metropolitan France and the DROMs), but at different levels. These mutations are closely monitored because L452R was associated with the increased transmissibility of Delta. They are now found in the Omicron BA.4 and BA.5 sub-lineages, but also in other BA.1 and BA.2 sub-lineages (including BA.2.11 and BA.2.12.1). This increase in C1 screened samples corresponds to C1D1 screening results, which confirms that these are Omicron sub-lines carrying mutations at position L452 and not a resurgence of Delta.

In addition, the [sequencing data](#) confirm **the omnipresence of Omicron in France**. In mainland France, it represented **100% of the interpretable sequences of the Flash S25** (06/20, based on only 1,509 interpretable sequences) and S24 (06/13, based on 2,704 interpretable sequences) surveys. In DROMs, Omicron is the only variant detected since Flash S06-2022 (07/02, out of a total of 3,021 interpretable sequences between Flash S06 and Flash S25 in all DROMs).

Evolution of the share of each classified variant (VOC, VOI and VUM*) during the Flash surveys, Metropolitan France (data as of July 4, 2022, Flash S24 and S25 surveys not consolidated)



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

The Omicron variant includes the five sub-lineages BA.1, BA.2, BA.3, BA.4 and BA.5, themselves subdivided into sub-lineages. For several weeks, **a gradual replacement of BA.2 by BA.5 has been observed**. Indeed, during the Flash S25 survey (06/20), BA.2 represented 18% of interpretable sequences (25% including all of its sub-lineages) against 67% for BA.5, whereas during Flash S24, the observed data indicated 24% for BA.2 and 54% for BA.5.

The **Omicron BA.2.12.1 and BA.4 sub-lines** (also carriers of mutations at position L452) are still detected but at lower levels than BA.5. BA.2.12.1 represented 3% of the interpretable sequences of the Flash S25 survey (vs 7% during Flash S24). BA.4 represented 7% of sequences during Flash S25 (vs. 6% during Flash S24). Additional information is available in [the variant risk analysis of 06/15/2022](#).

Vaccination

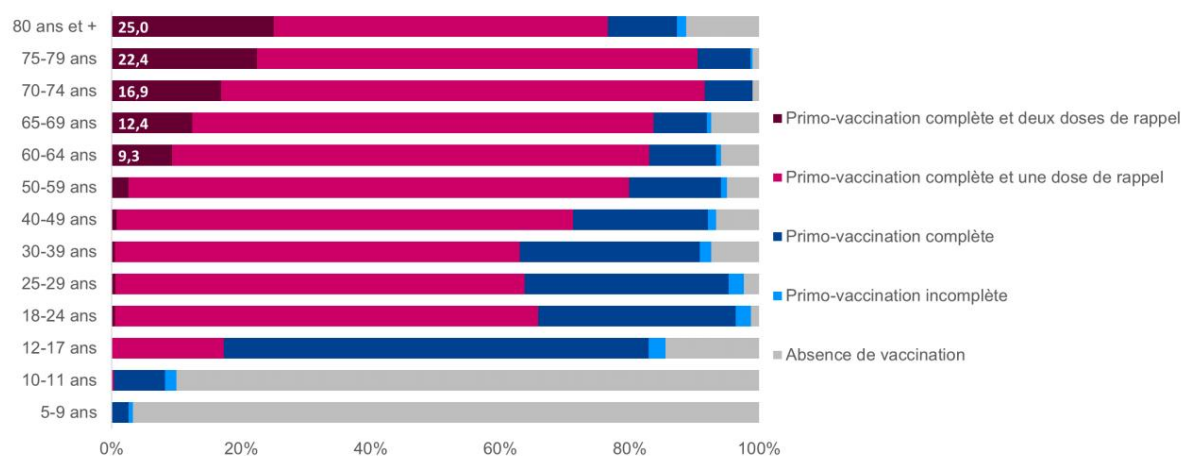
As of 04/07/2022, the estimate of vaccination coverage in the general population from the Covid Vaccine was 79.8% for a complete primary vaccination* and 60.0% for the booster dose.

The booster dose vaccination coverage was 74.8% among those aged 18 and over and 84.7% among those aged 65 and over. In addition, 10.0% of children aged 10 to 11 had received a first dose of vaccine (3.3% for 5 to 9 year olds).

People aged 80 and over as well as residents of residential facilities for dependent elderly people (Ehpad) and long-term care units (USLD) are eligible for a second booster shot, starting three months after the injection of the first booster, in accordance with the opinion of [the Vaccine Strategy Orientation Council of February 18, 2022](#). In addition, following the [recommendations](#) From April 7, 2022, eligibility for the second booster dose was extended to people aged 60 to 79, with a six-month delay since the last injection.

Among 60-79 year olds, 14.2% had received a second booster dose (11.4% on 06/27/2022) and 26.5% of those who were eligible** had actually received it. Among those aged 80 and over, vaccination coverage of this second dose was 25.0% (23.1% as of 06/27/2022), and 33.7% of those who were eligible by this date had received it. .

Vaccination coverage, by age group, France (data as of July 4, 2022)



As of 07/04/2022, 93.6% of nursing home or USLD residents had received a complete primary vaccination, 75.2% had received a booster and 30.1% had received a second booster (28.8% on 27 /06/2022). Among those who were eligible for the second booster dose on this date**, 42.2% had actually received it.

With regard to health professionals, the vaccination coverage of the booster dose was 79.6% for those working in Ehpad or USLD, 87.8% for liberals and 78.7% for employees in health establishments. .

Vaccination coverage of booster doses among residents of nursing homes or USLDs and professionals working in the health field may be underestimated due to the evolution of the cohorts since their creation (March 2021).

Vaccination coverage data by department are published on Géodes and those concerning the second booster dose in people aged 60 and over, as well as in nursing home or USLD residents are also published there.

Discover the surveys of the week

[Update on the risks of reinfection with Sars-Cov-2](#)

[Update on the epidemiological situation linked to Covid-19 among 0-17 year olds](#)

[The latest results from the surveillance of COVID-19 cases among professionals in healthcare establishments](#)

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 [Géodes](#)