Supplementary Material

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Description of the model

The scheme Figure S1 represents the stochastic compartmental model used in the article.

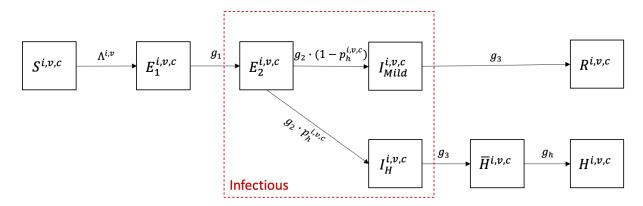


Figure S1: Scheme of the compartmental model.

The superscript letters have the following meaning:

- *i* is the index of the age group (0-4 y.o., 5-9 y.o., 10-14 y.o., 15-19 y.o., 20-24 y.o., 25-29 y.o., 30-34 y.o., 35-39 y.o., 40-44 y.o., 45-49 y.o., 50-54 y.o., 55-59 y.o., 60-64 y.o., 65-69 y.o., 70-74 y.o., older than 75 y.o.)
- v is the index of the vaccination status (2 old doses, 3 old doses, 2 recent doses, 3 recent doses or 4 doses)
- c is the index of the comorbidity risk group (Low risk, Intermediate risk, High risk)

Definitions of compartments:

- S contains people susceptible to be infected
- \bullet E_1 contains people infected to but not yet infectious

- E₂ contains people infectious who will develop a mild or severe disease
- \bullet I_{Mild} contains infectious people who develop a mild disease
- \bullet I_H contains infectious people who develop a severe disease requiring an hospitalisation
- \bar{H} contains people who develop a severe disease but are no longer infectious
- *H* contains hospitalised people
- R contains people who recover from a mild disease

Definitions of transition rates in $days^{-1}$:

•
$$\lambda^{i,v} = \frac{intro_{w}}{7 S(0)} + p (1 - VE_{sus}^{v}) \sum_{j} c_{i,j} \sum_{v'} (1 - VE_{inf}^{v'}) \frac{E_{2}^{j,v',c} + I_{Mild}^{j,v',c} + I_{H}^{j,v',c}}{N^{j}}$$
, where

- \circ p is the probability of infection per contact
- o c is the contact matrix between age groups
- \circ N j is the number of individuals in age group j
- $g_1 = 1/2.5$
- $\bullet \quad g_2 = 1$
- $g_3 = 1/2$
- $\bullet \quad g_h = 1/4$

•
$$p_h^{i,v,c} = p_h^{i}(a, c) (1 - VE_{sev}^{v}) (1 - p_t^{i,c} + p_t^{i,c} (1 - TE))$$
, where

- \circ $VE_{sev}^{\ \ \nu}$ is the vaccine effectiveness against hospitalisation
- \circ $p_t^{i,c}$ is the probability that an individual in the age group i and the comorbidity group r receive the treatment
- TE is the treatment effectiveness against hospitalisation
- intro_w is the average number of infections introduced per week

$$\bullet \quad S(0) = \sum_{j,v,c} S^{j,v,c}(0)$$

Numerical analysis

For each scenario, we performed 500 simulations over 200 days, on a uniform time subdivision with a mesh of 0.1 day. We defined 95% uncertainty intervals as quantiles 0.025 and 0.975 of the estimated distributions.

We used R (version 4.1.1) with Odin (version 1.2.4) to build and run the model and Tidyverse (version 1.3.1) for all statistical analyses and plots.

Probability of hospitalisation adjusted by comorbidity in Wallis and Futuna

Let $p_h^f(a)$ be the probability of hospitalisation in the age group a in Metropolitan France. We denote $p^f(a,c)$ the proportion of individuals in the comorbidity risk group c and in the age group a. Let RR_c be the relative risk of hospitalisation in the comorbidity risk group c. Then, the probability of hospitalisation in the comorbidity risk group c and the age group c and the age group c is:

$$p_h(a, c) = p_h^f(a) \frac{RR_c}{\sum_{c} p^f(a, c) RR_c}$$

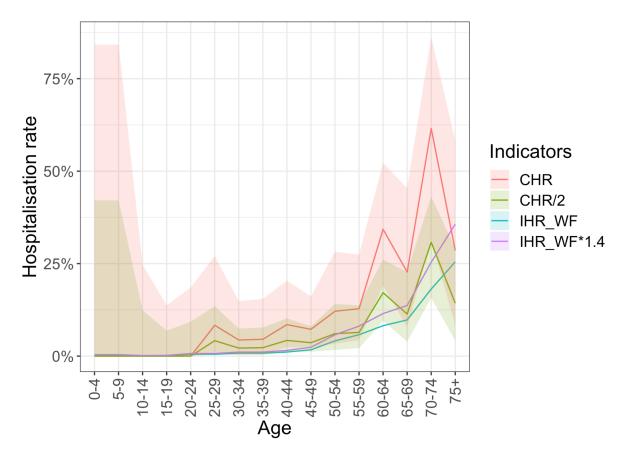


Figure S2: Hospitalisation rate by age in Wallis and Futuna. CHR corresponds to the case hospitalization rate (i.e. the number of hospitalisations divided by the number of cases) observed during the wave of Alpha variant in between March and May 2021 in Wallis and Futuna. IHR_WF is the probability of hospitalisation if infected, used in the model for the population of Wallis and Futuna. Considering that Alpha is 1.4 more severe than Omicron (and the ancestral strain) and that 50% of infections have been detected, our model seems realistic.

Adjustment of the contact matrix of Fiji to the Wallis and Futuna demography

Here, we describe the density correction used to compute the Wallis and Futuna contact matrix from the contact matrix of Fiji available in Prem et al.² This adjustment is detailed in Arregui et al³ but we give the formula here for the sake of clarity.

Let $c'_{i,j}$ (resp. $c_{i,j}$) be the average number of contacts that an individual in the age group i has with individuals in the age group j per day in Fiji (resp. in Wallis and Futuna), N'_{j} (resp. N_{j}) the population in the age group j in Fiji (resp. in Wallis and Futuna), and N' (resp. N) the total population in Fiji (resp. in Wallis and Futuna). Then, we assume that $c_{i,j} \frac{N_{j}}{N} = c'_{i,j} \frac{N'_{j}}{N'}$, which allows us to obtain the contact matrix in Wallis and Futuna as:

$$c_{i,j} = c'_{i,j} \frac{N'_{j}N}{N_{j}N'}.$$

Doubling time observed in Wallis and Futuna in July 2022

An epidemic started in Wallis and Futuna after partial reopening on June 23, 2022. We estimated the observed doubling time at the beginning of the epidemic of 3.33 days (95% confidence interval [2.8-4]).

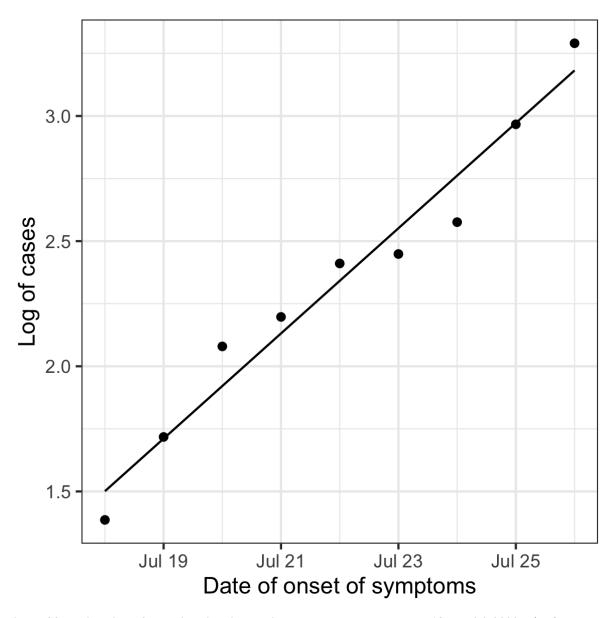


Figure S3: Estimation of doubling time in Wallis and Futuna between July 18 and 26, 2022. The dots are the log of the rolling average of cases from July 18 to 26, 2022. The line is the linear regression computed from the dots. The doubling time is the $\log(2)/a$, where a is the slope of the line.

Sensitivity analysis with respect to the mean time of hospitalisation

We conducted a sensitivity analysis with respect to the mean of hospitalisation. It is 11 days on average in our baseline scenario, but can be shorter if for example some patients receive care at home.

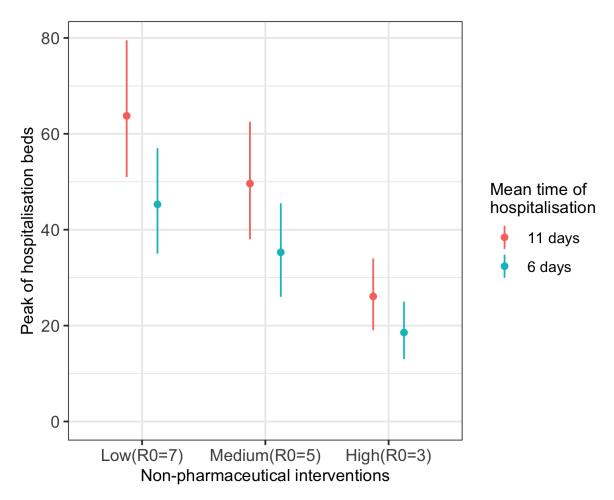


Figure S4: Peak of hospitalisation beds with different mean time of hospitalisation. The dots represent the means and the vertical bars the 95% uncertainty intervals.

References

- 1 Lapidus N, Paireau J, Levy-Bruhl D, *et al.* Do not neglect SARS-CoV-2 hospitalization and fatality risks in the middle-aged adult population. *Infect Dis Now* 2021; **51**: 380–2.
- Prem K, van Zandvoort K, Klepac P, *et al.* Projecting contact matrices in 177 geographical regions: An update and comparison with empirical data for the COVID-19 era. *PLoS Comput Biol* 2021; **17**: e1009098.
- 3 Arregui S, Aleta A, Sanz J, Moreno Y. Projecting social contact matrices to different demographic structures. *PLoS Comput Biol* 2018; **14**: e1006638.