

How Covid-19 spread through France while doctors' warnings were ignored

Friday 22 May 2020, by [ABDELILAH Alexander](#), [KREMPP Guillaume](#), [PASCARIELLO Pascale](#), [ROUGET Antton](#), [SCHMIDT Robert](#) (Date first published: 14 May 2020).

The number of people infected by the Covid-19 virus in France had already reached epidemic proportions in February, weeks before the lockdown on public movement was introduced, this investigation by Mediapart reveals. Research now being carried out by doctors even suggests that the very first cases of the coronavirus appeared in the country in mid-November of last year. But the restrictive measures limiting testing for the virus hid the reality of its propagation, which has to date claimed more than 28,000 lives.

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It was on January 28th that Lucie (not her real name), who worked in a chartered accountant's practice in central France, first complained of feeling tired. She had developed a cough, suffered headaches and had lost her sense of taste. Three days later she consulted her family doctor, whose diagnostic was that she had contracted a severe form of flu, and told her to rest.

On February 1st, her husband Alain (whose real name is also withheld), an IT engineer, felt the same symptoms of fatigue, and on February 3rd the couple's doctor put him on sick leave and sent him for an x-ray examination of his lungs, when "flu syndrome" was detected. February 4th, he told Mediapart, "was an infernal day, we were coughing to the point of suffocating".

But by February 6th he was feeling a little better, and returned to work.

On February 8th, a Saturday, Lucie began coughing again. At about 2pm she suffocated and died in the arms of her husband, even before the arrival of the emergency services he had called. Attempts to revive her through cardiac massage had no effect.

Lucie, said Alain, had led "a healthy life dedicated to our children, our family, our friends and our work". She was aged 51, had no known underlying medical problems, and had not visited China. Almost 400 relatives, friends, work colleagues and others came to the funeral service for her in the village where the couple lived, in the Haute-Loire département (county) in south-central France.

An investigation was immediately opened to establish the causes of what was regarded as a potentially suspicious death. Alain was questioned by the gendarmerie, who appeared to believe he might have poisoned his spouse. "They asked me a load of questions," Alain recalled. "At one point I

said ‘Stop! You’re going too far and I’m not an assassin!’” The gendarmes cut short the questioning and told Alain that they were just going through the usual procedures.

At the mortuary of the major teaching hospital in the nearby town of Saint-Étienne, the medico-legal department carried out a battery of tests on Lucie’s corpse. “They did virologic, toxicologic, bacteriologic and organic examinations,” said Alain. “They tested everything, even for coronaviruses, but they found nothing.”

But there was at least one thing they had not tested for, which was specifically the Covid-19 virus, despite it being officially recognised as present in France since January 24th – two weeks before Lucie’s death.

It was at the end of March, when the Covid-19 epidemic had begun causing thousands of deaths, that Alain heard reports of other victims who, young and with no known comorbidity, had begun feeling unwell with flu-like symptoms, losing their sense of taste, and who died within hours from acute respiratory distress syndrome (ARDS).

Having had no news from the Saint-Étienne hospital’s medico-legal department, Alain contacted its director, detailing to her the symptoms Lucie had suffered. The director replied within half an hour, that Sunday, to say she would pass on the information to the pathologist in charge of the case. One week later, Alain was contacted by the hospital for further details and in April samples taken from Lucie during the post mortem exam were finally tested for Covid-19. However, the samples were by then too old to give any clear results.

With Alain’s cooperation, Mediapart contacted a doctor from an intensive care unit at a hospital in the Paris region to seek his opinion of x-rays of Lucie’s lungs. “The x-rays show an interstitial syndrome compatible with Covid-19,” the doctor, whose name is withheld, reported.

By the end of last week, Alain, while he had been questioned by the gendarmes, had never been contacted by the health authorities. He was aware of no epidemiological investigation to trace the origins of Lucie’s infection, and the possible consequences for her entourage, although such research would help to better understand when and how the Covid-19 virus spread through the population.

Contacted by Mediapart, neither the Saint-Étienne hospital nor the local Auvergne-Rhône-Alpes regional health agency (ARS) replied to questions submitted to them about the handling of Lucie’s case.

Alain may never know for certain whether Lucie fell victim to the coronavirus, because of an early strategy towards the epidemic in which only those who had recently travelled to China or certain regions in Italy with symptoms of infection were tested.

That approach, when the testing that was carried out was limited to just a few medical establishments, skewed the data and official analyses on the spread of the epidemic, which was only recognised as such by the government in mid-March. According to documents and first-hand accounts given to Mediapart for this report, the delay in recognising the spread of the virus amounted to several crucial weeks, despite the warnings of doctors in the field.

Until February 28th, just 38 hospitals across France were authorised to receive patients with Covid-19 symptoms, to eventually test them, and to treat those diagnosed with the infection. These établissements de santé de référence (“referenced health establishments” [1]), or ESRs, were so designated as part of the “level 1” of the three-stage plan of action against the spread of the virus.

“Level 1” consisted of slowing its progress without mobilising all the country’s hospitals. That was also when the health authorities advised testing for the virus only among those who had recently arrived in France from parts of the globe where the virus was rife, notably China and some parts of Italy and who had subsequently developed respiratory problems.

On February 28th, a “level 2” was introduced, when the authorities considered that cases of infection in France had been identified and the spread of the virus was under control – before “level 3” was finally activated, when it was recognised that the circulation of Covid-19 among the population had reached the proportions of an epidemic.

That “level 3” stage was decided on the evening of March 14th – the day before nationwide municipal elections were controversially held – when all French hospitals were mobilised to treat what had finally been called an epidemic. By then, however, those ESR hospitals that had been uniquely designated to receive Covid-19 cases had already become overwhelmed. They were admitting a flood of patients who had had no contact with virus hotspots abroad, nor those major clusters in France, which then centred on the north-east Haut-Rhin département in the Alsace region and the l’Oise département north of Paris.

On January 25th, the infectiology services in the ESR Paris hospitals Bichat and la Pitié-Salpêtrière, the principal ones treating Covid-19 in the capital, sent out a joint email request to all infectiology medics in the city and surrounding region, saying “we are looking for volunteers to take up days of next week”.

One month later, on the evening of February 25th, another, far more urgent, call was sent out: “Good evening everyone, the [*Paris hospitals*] Pitié, Bichat and Necker are overstretched and need help [...] in classifying suspect cases into possible cases and to carry out PCR [[2](#)] sampling to identify the rare confirmed cases”. The Covid-19 virus had taken hold in the Paris region.

‘There was an indisputable delay’

During a visit to the Pitié-Salpêtrière on February 27th, French President Emmanuel Macron was told by the head of the establishment’s infectious diseases unit, professor Éric Caumes that, “The coronavirus is already circulating among the French [*population*]”. Over the second half of that month, numerous cases of Covid-19 had arrived in hospitals across the country.

“At the time, the instructions were still to test people presenting respiratory symptoms associated with exposure to the virus in China or in Italy,” recalled professor Yazdan Yazdanpanah, head of the infectious and tropical disease service at the Bichat hospital in Paris, and who was himself infected by the virus in late March. “At the end of February, in our service we decided all the same that we would test all those people who presented serious symptomologies, pneumonia cases.”

“As soon as we tested everyone, we had an enormous number of [*Covid-19*] cases,” he continued. “That was when we understood that it was circulating a great deal, and that it was too late because when you test, it’s to go back over cases, to isolate contacts and so on.” Yazdanpanah sits on the two committees tasked with advising Macron and his government on the epidemic and appropriate strategy, the ‘Scientific Council’ and the ‘Committee for Analysis, Research and Expertise’ (CARE).

Up until February 28th, and while the number of Covid-19 cases was multiplying, the French health ministry’s agency Santé Publique France (SPF), which is responsible for epidemiological monitoring of the population and notably introducing urgent policies in response to exceptional health crises, continued to focus on testing those suspect cases of coronavirus infection in people who had

returned from China and Italy. On February 26th, the SPF had identified only 18 cases of Covid-19 infections across France. “You only find what you are looking for,” commented one Paris hospital doctor, whose name is withheld.

An illustration of this was one of the first cases positively identified, in the Oise département, who was only tested for the virus, despite his serious condition, ten days after he was hospitalised. Admitted to hospital for flu on February 16th in the town of Compiègne, about 80 kilometres north of Paris, the 55-year-old man was transferred to the intensive care unit 48 hours later.

One doctor present when the patient was admitted with what was a worsening condition of unexplained and serious pneumopathy, told Mediapart: “On February 22nd we called the hospital in [the nearby town of] Amiens, which was the referenced establishment [ESR] for Covid, to know whether it was necessary [*for them*] to carry out a PCR test. But the directives of the national public health agency [*SPF*] targeted those people returning from exposed countries like China. So Amiens told us that given this patient had not travelled in a zone at risk it was not at that stage necessary to test him.”

The Amiens teaching hospital was one of the 38 referenced hospitals – ESRs – initially designated as uniquely in charge of Covid-19 cases, and only ESRs were able to test for the virus. Despite the initial refusal of the Amiens hospital to test the patient, the hospital in Compiègne nevertheless decided to send samples from him for Covid-19 testing at another ESR hospital, in Paris. “On February 25th the results came back; the patient was infected with Covid-19,” said the Compiègne hospital doctor, who spoke to Mediapart on condition his name was withheld.

On the evening of that same day, a crisis meeting was held between officials from Santé Publique France (SPF) and the health ministry’s public health policy-making administration, the ‘Direction générale de la santé’ (the ‘health directorate’), along with the local regional health agency (ARS), the emergency medical assistance service, the SAMU, and the teaching hospitals of Amiens and Lille (both of them ESRs). Following that, a series of tests for Covid-19 were carried out on other patients at the hospital in Compiègne. “Within one week, between February 25th and March 21st, we had 15 people who tested positive,” said the hospital doctor. “We rapidly asked ourselves why ‘level 3’ had not been activated. It was incomprehensible given the situation. All the more so because a [school] teacher had come through Compiègne [hospital], subsequently transferred to Amiens and then to the Pitié [*Salpêtrière hospital*] in Paris, and who died from Covid-19.”

Questioned by Mediapart, the Direction générale de la santé, the DGS, said “as of the reception of information indicating two confirmed cases came from a geographically limited zone, which could raise suspicion of a possible cluster, a specific plan of epidemiological investigations and testing was immediately deployed under the auspices of the ARS”. The DGS said that after the February 25th crisis meeting, “the following day” it sent “a liaison official to the ARS to support this action and mobilise all available resources”.

The full texts of the questions submitted by Mediapart to the DGS, and also the regional health agency (ARS) for Paris and its surrounding area, along with their replies can be found, in French, here [3].

The DGS also asked Santé Publique France on February 26th to modify its definition of “possible cases” of Covid-19 where this appeared in an advisory circular it sent out to healthcare professionals across France, with the removal of the criterium that a person must have travelled to a country where there was a declared epidemic of the virus. As of that date, the “referenced” hospitals, or ESRs, were allowed to test anyone displaying symptoms of acute respiratory distress syndrome regardless of where they had (or not) travelled.

Benjamin Davido, head of the infectiology unit at the Raymond-Poincaré hospital in Garches, close to Paris, said that when, on February 28th, the French authorities declared “level 2” of the plan of action against the virus, the health ministry “said there were clusters, that isolation was needed to avoid propagation”.

“There was talk of clusters as if to make believe that the epidemic was concentrated in centres,” he told Mediapart. “Whereas we were already at a ‘level 3’ [situation], the virus propagating with more than 50 [recorded] cases and two deaths.”

On March 3rd, despite the limited use of testing, the Santé Publique France agency reported 212 known cases of Covid-19 infection in France, of which 152 could be linked to an already identified cluster, while 47 others involved people who had returned from a virus hotspot abroad, and the remainder had no known obvious exposure to the virus. It was decided that the strategy of testing would be expanded.

On March 6th, the shortage of testing material began to take effect. Professor Éric Caumes of the Pitié-Salpêtrière hospital in Paris sent out a message to his infectiology service colleagues: “We will not have enough tests and from now on they must be saved in preparation for what awaits us next week. Don’t waste the cartridges.”

Professor Yazdan Yazdanpanah, head of the infectious and tropical disease service at the Bichat hospital in Paris recalled that “we were in tight supply of material surrounding the tests, such as the [nasal sampling] swabs, but never in a situation of being out of stock”.

To address the problem of the supplies of tests, which other countries also experienced, laboratories specialised in infectious diseases, called a “national reference centre”, or CNR, which are appointed by the health ministry, developed their own PCR tests. The DGS told Mediapart that these, distributed as of the last week of January, were necessary because those produced by private companies “were not yet available on the market”.

But the production was limited, and on February 7th further delays were caused when the supply of reactive agents was withheld following a Europe-wide alert over a discovered contamination of these in the production chain. The DGS said that the first commercial test kits became available, after evaluation by the CNR labs, “at the beginning of March”. By comparison, the South Korean government in January commissioned medical diagnostics firm SD Biosensor to develop a Covid-19 testing kit, and which was supplied to the country’s hospitals in February.

“From the moment that the public authorities considered that the virus was not circulating, the means for detecting it were not put in place,” said Djillali Annane, head of the intensive care unit at the Raymond-Poincaré hospital in Garches. “There was an indisputable delay in getting underway.”

‘All hospitals should’ve been readied as of January’

In Paris, at the Pitié-Salpêtrière and Bichat hospitals the fatigue of staff, whose numbers were insufficient in face of the crisis, soon became preoccupying. On Friday March 6th, an infectiology doctor in charge of organising the roster for the weekend, sent out an appeal by email: “Bichat and the Pitié have an acute need of doctors for Saturday, Sunday.” On the evening of that same day, Emmanuel Macron, as he left a Paris theatre with his wife Brigitte, declared: “Life continues. There is no reason, except for those who are fragile, to modify our habits of going out.”

The following day, March 7th, professor Éric Caumes at the Pitié-Salpêtrière hospital sent out another email to his staff: “There are in fact, as of now, cases almost everywhere. Isolate all the

patients around you with respiratory infections. Chains of transmission have begun among hospital personnel.”

“We were far from being able to systematically test patients,” an infectiology doctor at the Garches Raymond-Poincaré hospital, whose name is withheld, told Mediapart. “To such an extent that the AP-HP [Paris hospitals administration] drew up a circular entitled ‘practice to follow in the case of the fortuitous discovery of Covid-19 in a patient’. Everything was treated a minima in the directives of Santé Publique France, which for too long remained quite restricting on the people to be tested. It’s deplorable.”

Professor Stéphane Jaureguiberry of the infectious diseases unit at the Bicêtre hospital close to southern Paris, was similarly scathing. “We lacked reliable and precise information in real time,” he said. “What was needed was more rapid testing and on a larger scale in order to have a more precise vision of what was really happening. But from the start, it was necessary to deal with the shortage, among other things, of swabs for example, and the delays in the possibility of carrying out on-the-spot tests rapidly. The political decisions were always too slow, disconnected even, and sometimes a touch contradictory.”

A doctor with an infectiology hospital service in the Paris region, who asked not to be named, said, “the late activation of ‘level 3’ of the plan to combat the epidemic contributed to us running late. It was only on the evening of March 14th that the Minister of Health recognised that the epidemic was circulating. If the authorities didn’t want to scare the population, at least all the hospitals should have been prepared in advance, as of January.”

“By centralising for so long towards these [ESR] hospitals, it was certainly easier for the authorities to keep their hands on the information. Bichat, Salpêtrière – and the Pasteur [institute] which was also in charge of tests – have direct relations with the Direction Générale de la Santé. And to not speak of an epidemic is not insignificant when one knows that the first round of the [municipal] elections is organised for March 15th.”

The DGS, which held regular meetings with staff from the ESR hospitals, was informed of the situation. The response to the epidemic was, said the DGS “adapted to the acquisition of existing knowledge”, adding that on March 8th, the French public health agency, the SPF, reported just 1,126 confirmed cases in France. “It would appear important to not construct scenarios after the event about the knowledge that we did not have at that time,” it said in its written reply to Mediapart. “On that basis, we do not consider that there was a tardy realisation of the size of the epidemic.”

“Because we were at ‘level 1’ up until the end of the month of February, when a patient suspected of being infected arrived at Garches, we were not able to test them and we had to systematically send them off to Bichat [hospital in Paris] – the referenced establishment – whereas they were overwhelmed,” said Benjamin Davido, head of the infectiology unit at the Raymond-Poincaré hospital in Garches.

Questioned, the Paris hospital administration, the AP-HP, did not deny that this was the case, insisting that “all the AP-HP hospitals were ready to take Covid patients as of the beginning of the crisis”. The Greater Paris regional health agency (ARS) said its activation on March 6th of the so-called “plan blanc” (white plan) – an emergency medical response plan for exceptional situations in the capital, including terrorist attacks – “allowed the mobilisation of all the healthcare establishments”.

“I think the organisation within the AP-HP wasn’t so bad,” said professor Yazdan Yazdanpanah of the Bichat hospital. “On the other hand, even if it’s always much easier to say after the event, I think

that there should quite quickly have been a move towards the city and to involve general practitioners in the testing. It's the fault of no-one, we didn't know this virus and it was thought that we were going to control everything."

Mid-November cases of Covid-19 symptoms

The uncertainty over the chronology of the propagation of the virus in France deepened with the recent discovery that a hospital patient was carrying the virus in late December – one month before the first confirmed cases were announced. The man, who had not visited China, was hospitalised in a north Paris suburb.

The revelation was the subject of a paper published in the International Journal of Antimicrobial Agents on May 3rd, co-signed by Jean-Ralph Zahar, a doctor at the infectious and tropical diseases service at the Jean-Verdier hospital in Bondy, north of Paris, and his colleague, professor Yves Cohen, head of the same hospital's intensive care unit and also that of the Avicenne hospital in neighbouring Bobigny.

Zahar, Cohen and their hospital colleagues decided to carry out tests for Covid-19 infection on the samples, which had been frozen and stored, of patients who had been admitted to the hospitals as of December 2nd 2019. "The first who we found positive [in a new PCR test] for Covid-19 was from December 27th," said Yves Cohen. "We know also that his wife was slightly ill before him, that afterwards he was, and that he transmitted it to his children."

The test was carried out twice, returning a positive result on both occasions. The patient in question survived the infection.

Meanwhile, there is now speculation that the virus may have arrived in France as far back as late October, with the return of athletes who competed in the 2019 Military World Games held in Wuhan, the Chinese city that would become the centre of the epidemic in China.

The games, a multi-sports event for military personnel from around the world, were held between October 18th-27th. In an interview in late March with Télévision Loire 7, a local TV station in her native Loire region in central France, Élodie Clouvel, a member of the gendarmerie and a champion in modern pentathlon (she won a gold medal at the Wuhan event) revealed that she and her colleagues suffered Covid-19 virus symptoms following the games.

During the interview, which was only picked up by national media earlier this month, the 31-year-old athlete was questioned about the postponement of the Tokyo Olympic games and whether she feared catching the virus. No, she said, because she believed she had already been infected by it. "After these world military games, we all fell ill," she said, "[...] I had things I hadn't had before. We weren't more worried than that because it [Covid-19] wasn't yet being talked about. There were a lot of athletes at the world military games who were very ill." The Wuhan games were attended by more than 9,000 athletes from more than 100 countries, including 281 competing athletes from France.

Clouvel said a military doctor she had "recently" spoke with said he believed she had caught the virus because "there many people from the delegation who were ill".

The French defence ministry, however, released a statement this month denying knowledge of a possible infection of its athletes from the coronavirus. "There has not been, from within the French delegation to the Military World Games, cases declared to the armed forces' health services of flu or hospitalisations, during or on return from the [games] that could be likened, with hindsight, to cases

of Covid-19," it said.

Speaking before the French Senate last week, where she was questioned about Clouvel's claims, junior armed forces minister Geneviève Darrieussecq said testing the French delegation now would be pointless. "As for serological tests, they absolutely do not indicate the date of contamination," she told the senators. "So athletes who test positive could very well have contracted the virus a year ago or two months ago. Such testing makes no sense.

In several hospitals in the Île-de-France (Paris and its surrounding region) and in the Grand Est region (east-northern France, including Alsace), the two worst-hit by the pandemic of all French regions, a number of doctors have begun checking back on their patient records for signs of Covid-19 that may have been initially unidentified. "By looking back now, we are re-thinking about pathologies which at the time we didn't understand," said one, an infectiology specialist who asked not to be named. "In practice, during an epidemic, before seeing numerous deaths you see people infected. We have all been taught that before a disease 'speaks', it is underground."

The doctor said that the current studies of past records might allow a better appreciation in the future of an unknown disease. "What in general we lack is people, grey matter and systems that allow making a connection between data to say 'Here, in such or such a hospital, and over there, something's going on that isn't normal,'" he said.

The Albert-Schweitzer hospital (pictured) in the town of Colmar, north-east France, one of the regions worst-hit by the epidemic, was almost entirely devoted to Covid-19 cases in March and April.
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The Albert-Schweitzer hospital (pictured) in the town of Colmar, north-east France, one of the regions worst-hit by the epidemic, was almost entirely devoted to Covid-19 cases in March and April.
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The Albert-Schweitzer hospital in the town of Colmar, in the Alsace region, has re-examined the results of almost 2,500 scanner imaging tests of patients' thoraxes carried out by its staff between October 15th 2019 and April 31st 2020, in search of pulmonary anomalies that are typical of those caused by Covid-19. While this procedure cannot be absolutely certain of identifying infection by the virus, it can give a strong indication of such. On May 7th, the head of the hospital's medical imaging department, Michel Schmitt, announced that so far, one case presenting signs of Covid-19 infection had been found on imaging performed on November 16th 2019, and several more after that.

Schmitt said evidence of "sporadic cases" included two as of mid-November, 12 in December and 16 in January.

Another example of the current research into the earliest and missed cases of Covid-19 is a questionnaire campaign launched by Professor Laurent Gerbaud, head of the 'public health' department at the teaching hospital in the town of Clermont-Ferrand in central France. The questionnaires, which Gerbaud says are "totally anonymous" are being sent to around 5,000 inhabitants of the Haut-Rhin département of north-east France, where the epidemic was particularly fierce. The campaign, which was at the behest of a number of doctors working in the Haut-Rhin, is to collect people's detailed recollections of symptoms that may have been possible cases of Covid-19.

Gerbaud said the early results of the questionnaires show the possibility of "one or two cases in November, and around ten between December 20th and 25th".

While Gerbaud described the survey as "interesting but imperfect", notably because of "the limitations of an observational inquiry", he and his staff have identified a period when the Haut-Rhin reached a level of an epidemic of Covid-19. "We used the period from December 15th to January 15th

to calculate a normal fluctuation of the number of people declaring symptoms of Covid,” he explained. “We pass into the level of an epidemic between December 27th and January 31st.”

That was a period that begins shortly before the World Health Organization (WHO) was first alerted by China to a form of pneumonia of unknown causes detected in Wuhan, and continues over several weeks into a period when the virus was widely regarded as a problem limited to China. “If we had sounded the alarm at the end of January, we could have avoided the overwhelming of hospitals during the month of March,” said Gerbaud, adding that the most vulnerable could then have been the focus of home confinement measures.

Meanwhile, at the Raymond-Poincaré hospital in the Paris suburb of Garches, the head of its intensive care unit, Djillali Annane, said he and his staff have begun a vast re-examination of “all the samples of PCR tests we used from November 1st 2019 to March 1st 2020 to see if there are cases of Covid-19”. He said there was a double aim in doing so. “On one hand, from a purely medical point of view, we have the duty to be able to retrospectively tell a person [whether] it was Covid-19 or not. Subsequently, if it is established that there were several cases in France during the autumn of 2019, this also brings into question the dynamics of the epidemic. Now, a lot of decisions are based on these epidemiological models.”

Annane, however, urges caution. “The hypotheses must be verified,” he said. “We’re going back over 2,000 PCR [tests]. If we have no positive [result], it would be an indication that the case of Bondy is a sporadic one. One must not rush, [and] be very cautious.”

At the Mercy hospital in the town of Metz, in the north-east region of Lorraine, the doctor in charge of medical imaging, Laurent Hennequin, compared the numbers of pulmonary x-rays carried out over recent months with those in normal periods. “From my narrow radiological viewpoint, I don’t have any alarm, no increase,” he said. “If there was an epidemic peak, there would have been a peak in pulmonary x-rays.”

In an interview earlier this month with the AFP news agency, Samuel Alizon, a specialist in modelling infectious diseases based at the university of Montpellier, in southern France, and affiliated to the French national scientific research centre, the CNRS, said it was important to distinguish between isolated cases and the origins of the “wave” of the epidemic. “Concerning the origin of the epidemic wave in France, current data situates it at between mid-January and the beginning of February,” he told AFP, noting that “less than 2.5% of simulated scenarios” point to an earlier period. “It is all the same possible that isolated cases were imported earlier, potentially producing chains of transmission which petered out.”

Questioned about the efforts now underway to search back through medical records for an early trace of the virus, the health ministry’s public health policy administration, the DGS (Direction générale de la santé), told Mediapart that it “hopes that these investigations contribute to documenting the most precisely as possible the initial phase of the epidemic”. Santé Publique France (SPF), responsible for epidemiological monitoring of the population, said it was working on a “methodology guide” as a framework for the research.

But despite that encouragement, professor Yves Cohen, who identified the Covid-19 case in Bondy dating back to December – and which attracted the attention of the WHO which subsequently called on other countries to also search back for previously unidentified cases – said “neither the Direction générale de la santé nor the regional health agency have contacted me to date about the circulation of epidemic in the country and carry out more involved studies”.

Speaking to Mediapart last week, he said he had just received an email from the SPF which simply

contained a form to fill in “like those we receive for each contaminated patient”.

PASCALE PASCARIELLO, ANTON ROUGET, ALEXANDER ABDELILAH, GUILLAUME KREMPP AND ROBERT SCHMIDT (WE REPORT)

P.S.

- MEDIAPART. MAY 19, 2020:
<https://www.mediapart.fr/en/journal/france/190520/how-covid-19-spread-through-france-while-doctors-warnings-were-ignored?onglet=full>

This is a slightly abridged version of the original article in French which can be found here: available on ESSF (article), [art](#)

- English version by Graham Tearse
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If you have information of public interest you would like to pass on to Mediapart for investigation you can contact us at this email address: enquete@mediapart.fr. If you wish to send us documents for our scrutiny via our highly secure platform please go to <https://www.frenchleaks.fr/> which is presented in both English and French.

Footnotes

[1] https://solidarites-sante.gouv.fr/IMG/pdf/guide_methodologique_covid-19.pdf

[2] https://en.wikipedia.org/wiki/Polymerase_chain_reaction

[3] <https://www.mediapart.fr/en/journal/france/190520/how-covid-19-spread-through-france-while-doctors-warnings-were-ignored/prolonger>