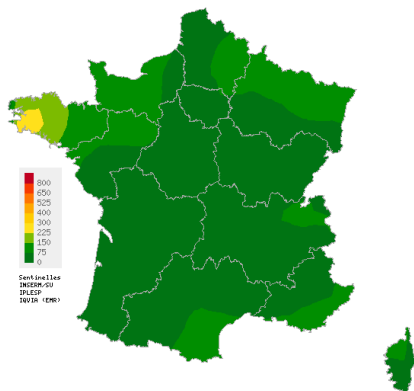


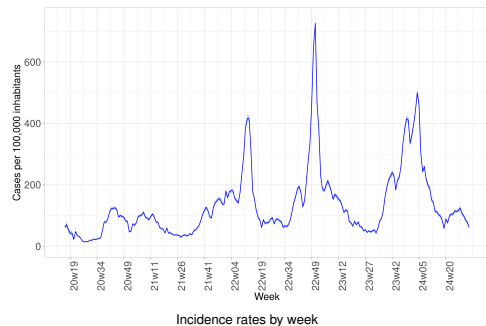
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

Low activity in general practice



Spatial interpolation map of incidence rates at department level



In mainland France, last week (2024w33), the incidence rate of ARI cases consulting in general practice was estimated at **61 cases per 100,000 population (95% CI [56; 67])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2024w32: 78 [72; 84]).

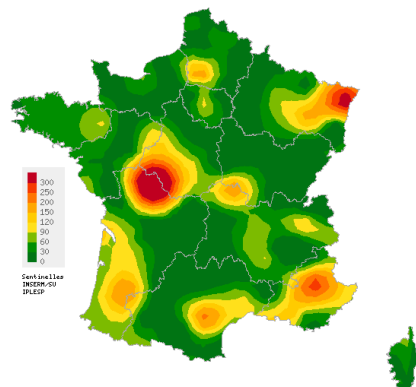
You will find complete regional data on page 2 of this bulletin, and more detailed information on ARI on page 3.

ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

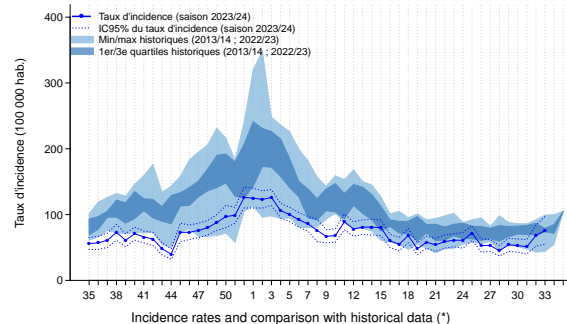
Data sources: Sentinelles and Electronic Medical Records (EMR) IQVIA

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



In mainland France, last week (2024w33), the incidence rate of acute diarrhea cases seen in general practice was estimated at **76 cases per 100,000 population (95% CI [55; 97])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w32: 68 [52; 84]) and corresponds to a **similar activity level** compared to those usually observed at this time of the year.

Complete regional data are available on the second page of this bulletin.

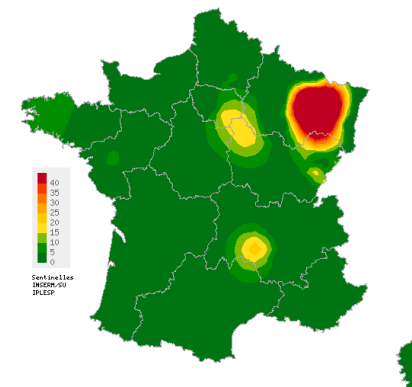
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(* Incidences of acute diarrhea were greatly reduced march 2020 and august 2021 by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

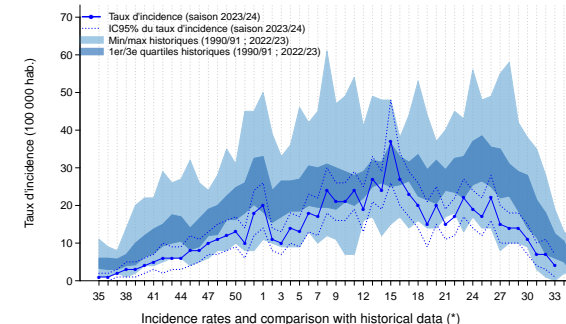
Data source: Sentinelles

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



In mainland France, last week (2024w33), the incidence rate of Chickenpox cases seen in general practice was estimated at **4 cases per 100,000 population (95% CI [1; 7])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w32: 7 [3; 11]) but a downward trend has been observed for several weeks. It corresponds to a **low activity level** compared to those usually observed at this time of the year.

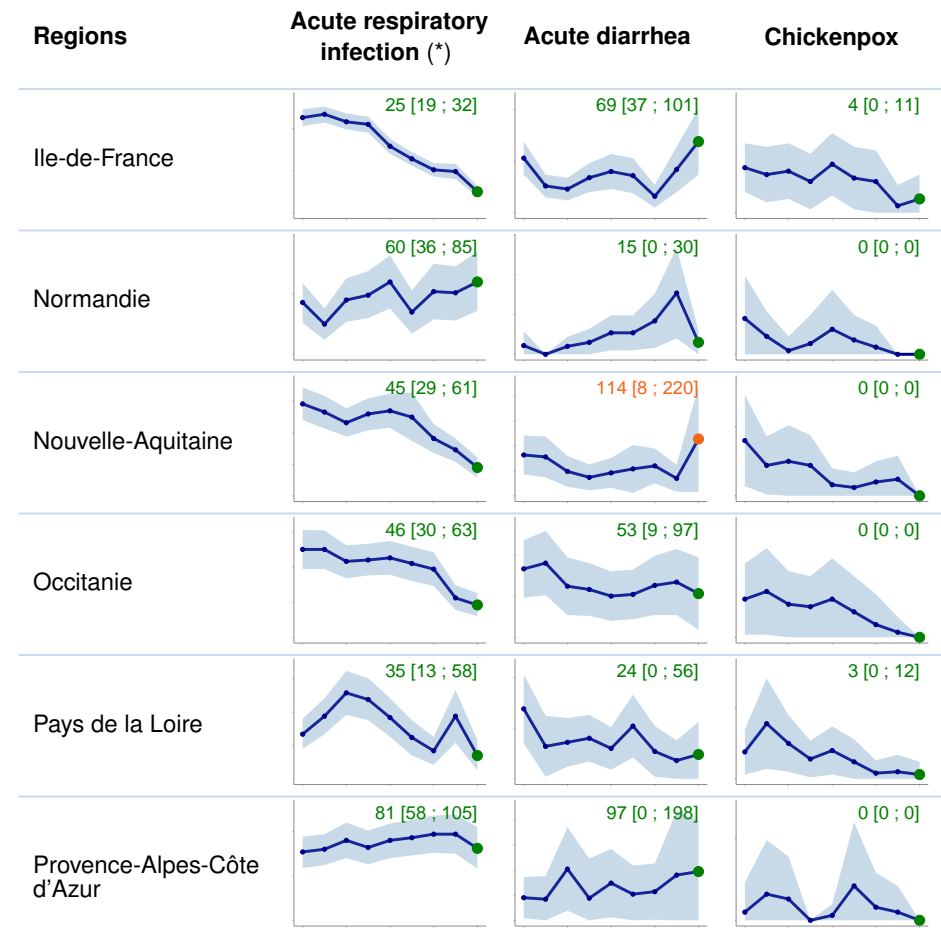
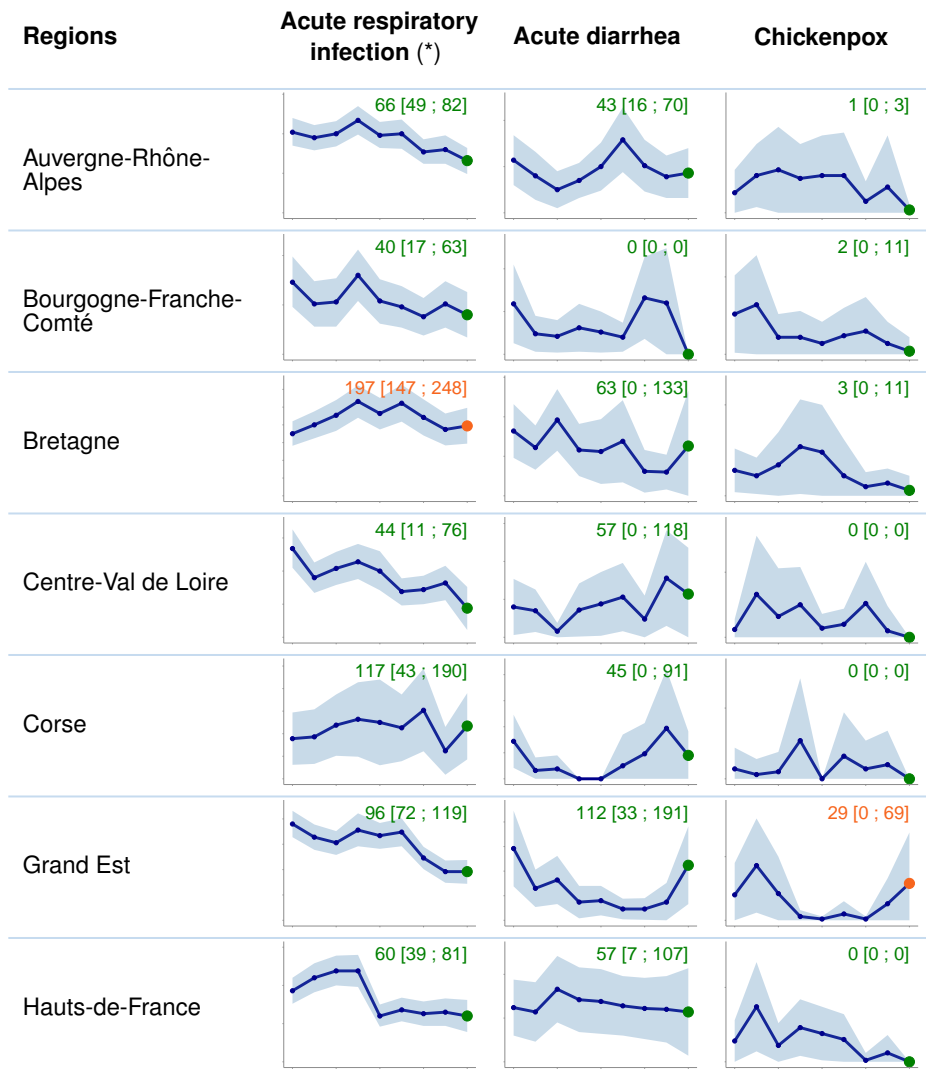
Complete regional data are available on the second page of this bulletin.

(* Incidences of Chickenpox cases during the 2019/2020 and 2020/2021 seasons were greatly reduced by the Covid-19 pandemic containment and health measures. They are not included in historical comparisons.

Data source: Sentinelles

Incidence rates by french region

Observed situation in general practice for the week 33 of the year 2024, from 08/12/2024 to 08/18/2024



Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA (*)

Activity levels
■ Low activity
■ Moderate activity
■ High activity

Each graph shows changes in the incidence rate per 100,000 population (curve) and its 95% confidence interval (blue zone) over the last eight weeks. The value of the last point and its confidence interval are shown at the top of each graph. The colour indicates the corresponding level of activity. Different scales are used for different indicators.

The purpose of these graphs is to show regional trends over the last two months for each of the indicators presented in this bulletin. You can find more data on our [Sentiweb website](https://www.sentiweb.fr).

Acute respiratory infection (ARI) - Additional data

Observed situation in general practice for the week 33 of the year 2024, from 08/12/2024 to 08/18/2024

Surveillance of ARI by the Sentinelles network

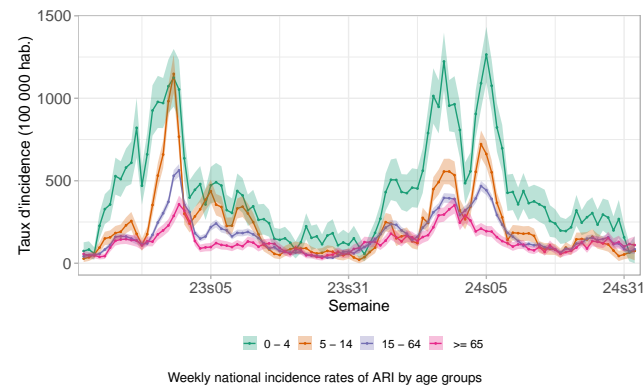
Surveillance evolution: the estimation of the incidence of ARI cases in general practice is now based on two data sources: those of general practitioners in the Sentinelles network, and those of doctors in the EMR (Electronic Medical Records) network run by IQVIA, as part of a scientific partnership. By pooling these data, we have access to information from a larger number of GPs. Estimates are therefore more accurate, particularly at regional level.

Every year, respiratory viruses circulate in mainland France (SARS-CoV-2 (Covid-19), respiratory syncytial virus (RSV), influenza viruses, rhinoviruses and metapneumoviruses). For surveillance purposes, general practitioners (Sentinelles and EMR) report the number of cases of ARI seen in consultation (or teleconsultation). Sentinelles GPs also report descriptive data for each patient, including the results of laboratory tests for Covid-19 (RT-PCR or antigenic test). Virological surveillance (weekly sampling of patients consulting for ARI) is also carried out between October and April by general practitioners and pediatricians from the Sentinelles network and the general medicine departments of the universities of Rouen and Côte d'Azur.

This surveillance is carried out in partnership with Santé publique France, the Centre National de Référence des virus des infections respiratoires (Hospices civils de Lyon and Institut Pasteur) and the University of Corsica.

You can find more detailed information on ARI surveillance on our [Sentinweb website](#).

ARI incidence rates by age groups

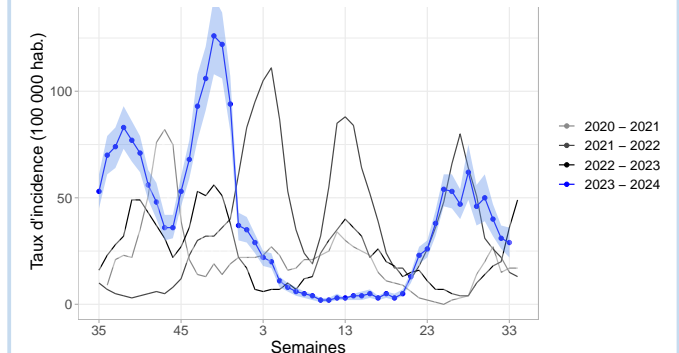


Weekly national incidence rates of ARI by age groups

Last week (2024w33), subject to future data consolidation, incidence rates were **stable** in all age groups compared to the previous week.

Data source : Sentinelles

Estimated incidence of Covid-19 cases seen in general practice

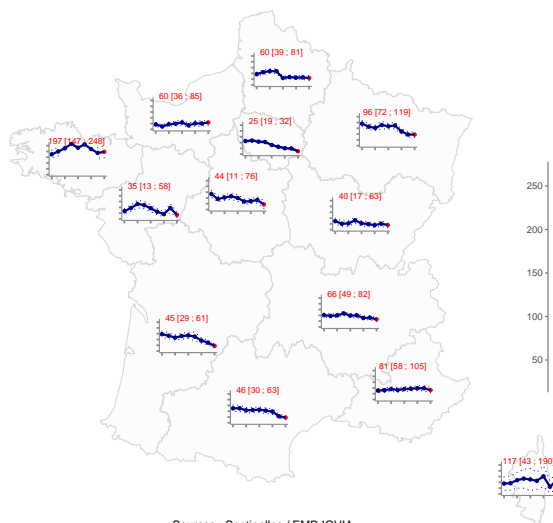


ARI incidence rate due to SARS-CoV-2 (Covid-19) and comparison with historical data

Last week (2024w33), the incidence rate of Covid-19 cases seen in general consultations for ARI has been estimated at **29 cases per 100,000 population** (95% CI [22; 36]) corresponding to 19,321 [14,409; 24,233] new cases. This rate was **stable** compared to the previous week.

Data source : Sentinelles

ARI incidence rates by region



Sources : Sentinelles / EMR IQVIA

Weekly ARI incidence rates by region over the last nine weeks

Description of IRA cases seen in general practice

Last week (2024w33), 122 cases of ARI were reported by Sentinelles general practitioners. Of these, 94 (77% of reported cases) were described and had the following characteristics:

- **Median age:** 45 years (range from 14 months to 97 years);
- **Male/female sex-ratio:** 0.77 (36/ 47);
- **Risk factors:** 22% (19/84) had risk factors for complications;
- **Hospitalization:** 1% (95% CI [0; 3]) of patients were hospitalized after the consultation (1/83).

Data source : Sentinelles

In conclusion

Last week (2024w33), subject to future data consolidation:

- the incidence of **ARI** cases seen in general practice was **decreasing** compared to the previous week. It was at a **low** level of activity (see opposite graphs).
- the incidence of **Covid-19** cases seen in general practice for an ARI was **stable** compared to the previous week, but a downward trend was observed for several weeks.

Surveillance organisation

Under the aegis of Santé publique France, surveillance in general practice in mainland France is moving towards the integration and joint analysis of data from different networks.

The epidemiological surveillance data published in this bulletin come from several complementary networks of general physicians:

- The Sentinelles network, coordinated by the Institut Pierre Louis of Epidemiology and Public Health (iPLESP) under the supervision of Sorbonne University and Inserm;
- and the EMR (Electronic Medical Records) database, managed by IQVIA.

During the enhanced respiratory infection surveillance season (September to April), data are also collected from physicians in the network coordinated by the general medicine departments of the University of Rouen and the Côte d'Azur University.

All these collected data are analysed jointly. They provide more reliable on a finer geographical scale, while limiting consolidation from one week to the next.

Current monitoring concerns [nine health indicators](#), with three of them being published each week in this bulletin;

You can find more information about the organization of this surveillance, the number of participating physicians, the methods used, scientific publications and partnerships on the Sentinelles network website: www.sentiweb.fr.

Information and contacts

The Sentinelles team is composed of epidemiologists, statisticians, physicians, IT specialists and technicians.

Head of the Sentinelles network
Olivier Steichen, Thierry Blanchon

IT Biostatistics
Clément Turbelin


Epidemiological Surveillance and Studies
Marion Debin

Publication
Yves Dorléans

CONTACT US

 01 44 73 84 35

 sentinelles@upmc.fr

 IPLESP UMR-S 1136 — Inserm, Sorbonne Université
Faculté de Santé Sorbonne Université
Site Saint-Antoine, BC 2908
27, rue Chaligny — 75571 Paris Cedex 12

Sources, supervisory bodies and partners

Data sources



Supervisory bodies



Partners



French General Practitioner or Paediatrician ?



Get involved in research and health monitoring in primary care by joining the Sentinelles network ([become a Sentinelles doctor](#)) !

THERE IS ALSO GENERAL POPULATION MONITORING



Join the participatory cohort for monitoring Covid-19 and influenza by registering at <https://www.grippenet.fr>

You don't need to be a healthcare professional to take part!