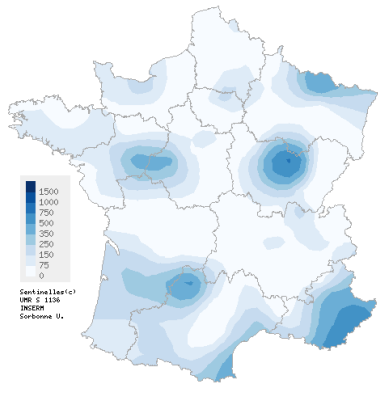
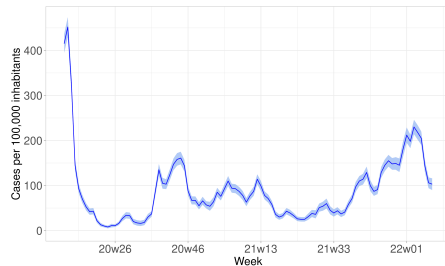


Observed situation in general practice for the week 8 of the year 2022, from 02/21/2022 to 02/27/2022

Acute Respiratory Infection (ARI)
(COVID-19, Influenza and other respiratory viruses)
Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



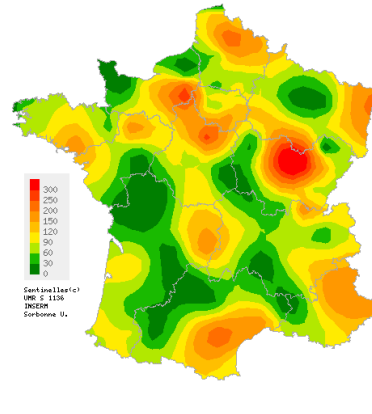
Incidence rates by week

The purpose of ARI surveillance is to monitor outbreaks of influenza, COVID-19 and other seasonal respiratory viruses (RSV, rhinovirus and metapneumovirus).

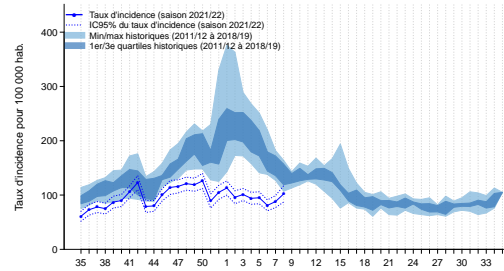
In metropolitan France, last week (2022w08), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 103 cases per 100,000 inhabitants (95% CI [90 ; 116]). This rate is stable compared to week 2022w07 (consolidated data: 106 [94 ; 118]).

Complete national and regional data are available on the last page of this bulletin.

Acute diarrhea
Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (2011/12 to 2018/19) (*)

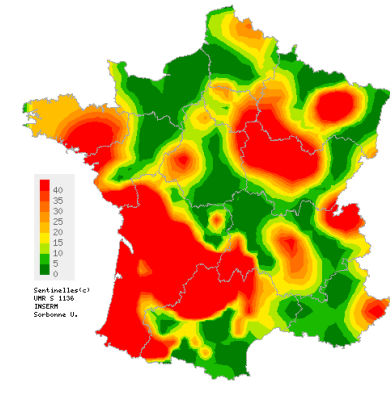
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

In metropolitan France, last week (2022w08), the incidence rate of acute diarrhea seen in general practice was estimated at 102 cases per 100,000 inhabitants (95% CI [87 ; 117]). This rate is stable compared to week 2022w07 (consolidated data: 88 [77 ; 99]) with a lower activity level than those usually observed in this period.

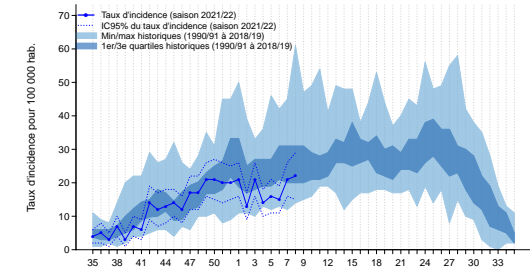
Complete national and regional data are available on the last page of this bulletin.

(*) The incidences of acute diarrhea, greatly reduced in 2019/2020 and 2020/2021 by COVID-19 pandemic health measures, are not included in the historical baseline values.

Chickenpox
Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (1990/91 to 2018/19) (*)

In metropolitan France, last week (2022w08), the incidence rate of Chickenpox seen in general practice was estimated at 22 cases per 100,000 inhabitants (95% CI [15 ; 29]). This rate is stable compared to week 2022w07 (consolidated data: 21 [16 ; 26]) and at a low level of activity compared to those usually observed in this period.

Complete national and regional data are available on the last page of this bulletin.

(*) The chickenpox incidences, greatly reduced in 2019/2020 and 2020/2021 by COVID-19 pandemic health measures, are not included in the historical baseline values.

Observed situation in general practice for the week 8 of the year 2022, from 02/21/2022 to 02/27/2022

Acute Respiratory Infections (ARI) - Detailed Data

Modalities of ARI monitoring by the Sentinelles Network

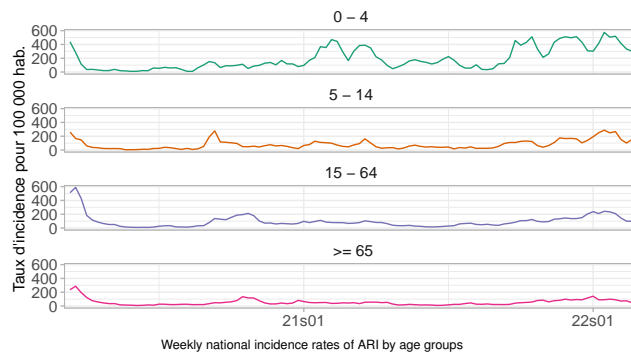
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since 2020. They require close monitoring because they can be the cause of more or less severe epidemics.

In order to carry out this surveillance in general practice, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation) since March 17, 2020, according to the following definition: sudden onset of fever (or feeling of fever) and respiratory signs.

Virological surveillance is also carried out by Sentinel general practitioners and pediatricians, with the collection of a sample of ARI cases seen in consultation in order to identify the circulating viruses.

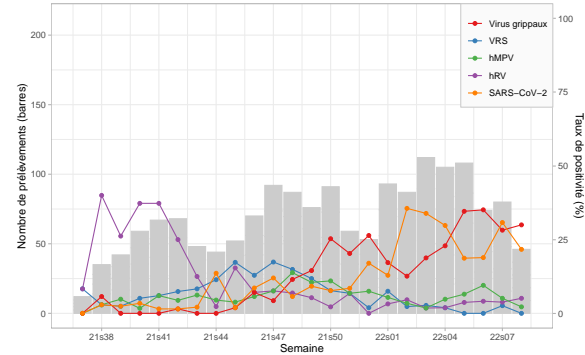
This monitoring is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the University of Corsica.

ARI incidence rates by age groups



In week 2022w08, the incidence rates are decreasing in the 0-4, 15-64 and 65 and over age groups, and are stable in the 5-14 age group, compared to the previous week.

Circulation of respiratory viruses



Number of swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2021w37

Since week 2021w37 (September 13th 2021), 1,656 patients with ARI seen in GPs and paediatric consultations have been swabbed as part of the Sentinel surveillance (from saliva swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

In week 2022w08, 46 patients with ARI seen in GPs and paediatric consultations had been collected:

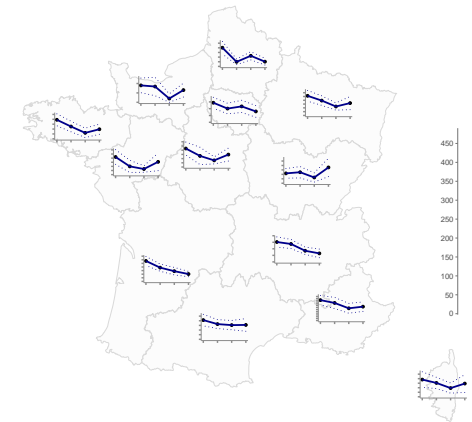
- 10/46 (21.7%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2022w07: 24/78 (30.8%));
- 12/40 (30.0%) were positive for **influenza virus** (consolidated data in 2022w07: 22/78 (28.2%));
- 2/39 (5.1%) were positive for **rhinovirus (hRV)** (consolidated data in 2022w07: 3/78 (3.8%));
- None was positive for **respiratory syncytial virus (RSV)** (0/46 tested) (consolidated data in 2022w07: 2/78 (2.6%));
- 1/46 (2.2%) was positive for **metapneumovirus (hMPV)** (consolidated data in 2022w07: 4/78 (5.1%)).

Six co-infections of influenza and COVID-19 were observed:

- Five A(H1N1)pdm09/SARS-CoV-2 co-infections in weeks 2021w48, 2022w03, 2022w05, 2022w07 and 2022w08 ;
- One A(H3N2)/SARS-CoV-2 co-infection in week 2022w03.

The situations concerning COVID-19 and influenza are detailed on pages 3 and 4 of this bulletin respectively.

Evolution of ARI incidence by regions



Weekly ARI incidence rates by regions

In conclusion

The incidence of ARIs seen in general practice are decreasing since several weeks. However incidence rates are still high in the 0-4 age group (see graph opposite).

The ARI incidence rate is linked in particular to the circulation of SARS-CoV-2 (COVID-19) and influenza viruses. There has been a clear slowdown in the circulation of the other respiratory viruses monitored: metapneumovirus (hMPV), respiratory syncytial virus (RSV) and rhinovirus (hRV) (see graph opposite).

Observed situation in general practice for the week 8 of the year 2022, from 02/21/2022 to 02/27/2022

COVID-19

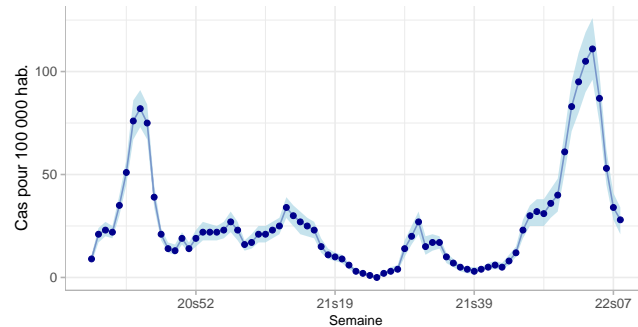
Modalities of COVID-19 monitoring by the Sentinelles Network

The surveillance of ARI carried out by the Sentinel network allows to follow the dynamics of the epidemic of COVID-19 in general practice in metropolitan France.

For each patient presenting an ARI reported by Sentinel general practitioners, descriptive data are collected, including the results of diagnostic tests for COVID-19 (search for SARS-CoV-2 by RT-PCR or antigenic test).

The ARI incidence due to COVID-19 seen in general practice is estimated from the incidence of ARI and the positivity rate of ARI to SARS-CoV-2.

Estimated incidence of ARI due to COVID-19



ARI incidence rate due to SARS-CoV-2 (COVID-19) observed in general practice since 2020w37

In week 2022w08, the incidence rate of ARI due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 28 cases per 100,000 population (95% CI [21; 34]), corresponding to 18,331 [13,901; 22,761] new cases of COVID-19 seen in general practice.

This rate is clearly decreasing compared to those in recent weeks (consolidated data for 2022w07: 34 [28; 41], representing 22,729 [18,324; 27,134] new cases of ARI due to COVID-19 seen in general practice).

Clinical description of ARI due to COVID-19

Since week 2021w52 (when the Omicron variant became the majority in metropolitan France), the 2,020 SARS-CoV-2 (COVID-19) positive ARI cases seen by the Sentinel general practitioners had the following characteristics:

- Their median age was 38 years (range 2 months to 100 years) and 58% (1,144/1,984) were women;
- 40% (771/1,909) of cases aged 12 years and older were not vaccinated against COVID-19 (no vaccine dose received);
- 23% (360/1,563) had risk factors for complications;
- 2% (24/1,555) were hospitalized after their consultations.

These characteristics are close to those of ARI due to COVID-19 seen in general practice since the beginning of the pandemic and until week 2021w51 (median age: 45 years; 57% female; 25% with risk factors; 5% hospitalized patients).

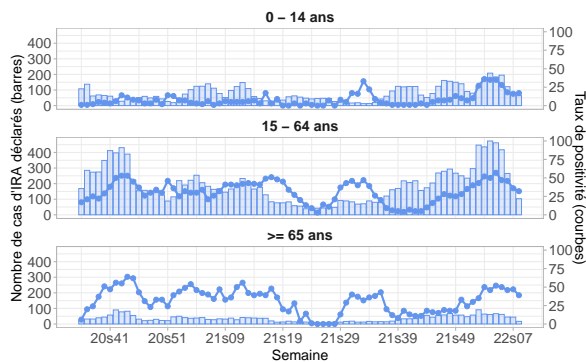
In conclusion

ARI positivity rates for SARS-CoV-2 are decreasing in the 15+ age group and stable in the 0-14 age group.

The incidence of ARI due to COVID-19 seen in general practice has decreased significantly in the last four weeks (see graph opposite).

The characteristics of SARS-CoV-2 (COVID-19) positive ARI cases observed since week 2021w52 in general practice remain similar to those observed since the beginning of the pandemic.

ARI positivity rates to SARS-CoV-2 by age groups



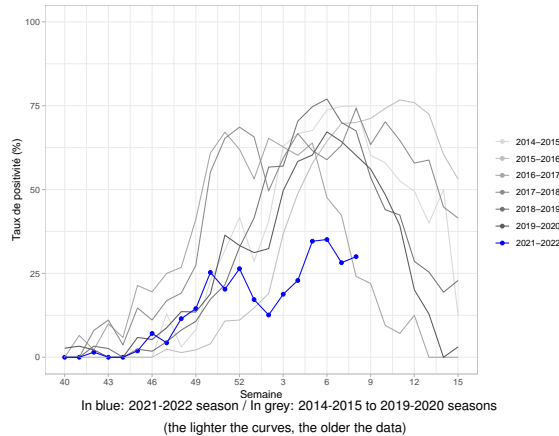
Number of ARI cases reported by Sentinelles physicians and SARS-CoV-2 positivity rate since 2020w37

In week 2022w08, the SARS-CoV-2 positivity rate of patients consulting for ARI was 17%, 32%, and 39%, respectively in those aged 0-14, 15-64, and 65 years and older.

Observed situation in general practice for the week 8 of the year 2022, from 02/21/2022 to 02/27/2022

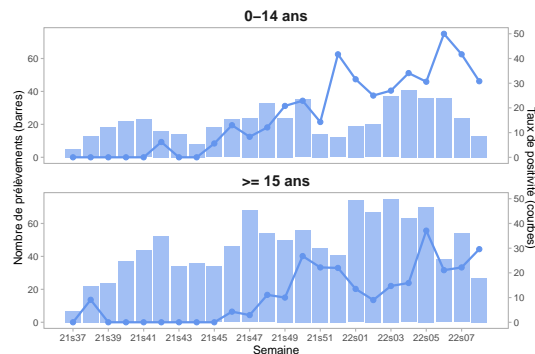
INFLUENZA

ARI positivity rates to influenza



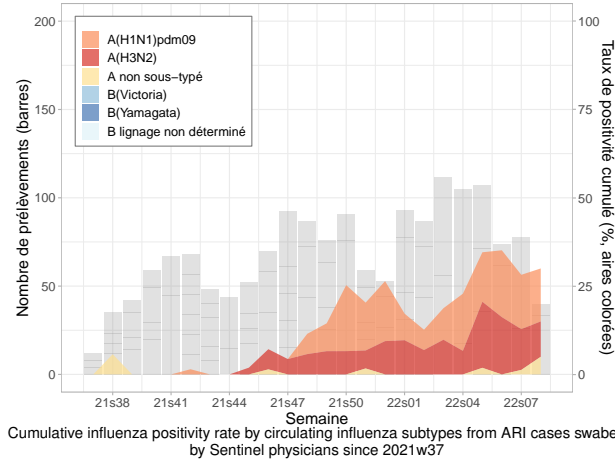
In week 2022w08, the influenza positivity rate of patients consulting for an ARI and sampled by Sentinel physicians was estimated to 30.0% (12/40).

ARI positivity rates to influenza by age groups



In week 2022w08, the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 31% and 30% respectively in the 0-14 and 15 and older age groups.

Identification of influenza viruses



The graph above shows the number of samples tested for influenza each week (bars), and the cumulative positivity rates by circulating influenza virus subtypes each week (coloured areas). The sum of these stacked areas represents the overall influenza positivity rate among the samples tested.

Since the beginning of virological surveillance in early September 2021, 15.3% (252/1,651) of the samples tested positive for influenza viruses.

In week 2022w08, 30.0% (12/40) of the samples collected tested positive for an influenza virus (consolidated data for the previous week 2022w07: 28.2% (22/78)).

They were exclusively influenza A viruses, distributed as follows:

- 6/40 (15.0%) cases of influenza A(H1N1)pdm09;
- 4/40 (10.0%) cases of influenza A(H3N2);
- 2/40 (5.0%) non-subtyped influenza A cases.

Clinical description of confirmed influenza cases

Since the beginning of virological surveillance in early September, the 252 confirmed influenza cases seen by Sentinel general practitioners and pediatricians had the following characteristics:

- Their median age was 19 years (from 6 months to 82 years);
- 52% (129/248) were women;
- 96% (233/244) were not vaccinated against influenza;
- 9% (22/244) had risk factors for complications;
- One patient (1/239) was hospitalized at the end of the consultation.

These characteristics are similar to those of positive influenza cases observed in past seasons in general practice (median age: 24 years; 50% women; 92% unvaccinated against influenza; 14% with risk factors; 0.4% hospitalized patients).

In conclusion

After an increase observed that started in week 2022w02, the circulation of influenza viruses seems to stabilize since week 2022w05.

The positivity rates of the last few weeks show a less important dynamic than what is usually observed during influenza epidemics (see graph opposite).

For now, the predominant circulating influenza viruses are the A(H1N1)pdm09 and A(H3N2) subtypes.

Observed situation in general practice for the week 8 of the year 2022, from 02/21/2022 to 02/27/2022

| National incidence rates over the last 3 weeks (per 100,000 inhabitants) | 2022w08 (unconsolidated) | 2022w07 | 2022w06 |
|--|--|--|--|
| | Incidence rate estimations [95% confidence interval] | Incidence rate estimations [95% confidence interval] | Incidence rate estimations [95% confidence interval] |
| Acute Respiratory Infection | 103 [90 ; 116] | 106 [94 ; 118] | 143 [130 ; 156] |
| Acute diarrhea | 102 [87 ; 117] | 88 [77 ; 99] | 81 [71 ; 91] |
| Chickenpox | 22 [15 ; 29] | 21 [16 ; 26] | 15 [11 ; 19] |

| Regional incidence rates for the week 2022w08 (per 100,000 inhabitants) | Acute Respiratory Infection | Acute diarrhea | Chickenpox |
|---|--|--|--|
| | Incidence rate estimations [95% confidence interval] | Incidence rate estimations [95% confidence interval] | Incidence rate estimations [95% confidence interval] |
| Auvergne-Rhône-Alpes | 65 [32 ; 98] | 83 [42 ; 124] | 18 [0 ; 38] |
| Bourgogne-Franche-Comté | 178 [75 ; 281] | 142 [41 ; 243] | 29 [0 ; 65] |
| Bretagne | 98 [46 ; 150] | 92 [45 ; 139] | 40 [7 ; 73] |
| Centre-Val de Loire | 148 [71 ; 225] | 143 [64 ; 222] | 18 [0 ; 41] |
| Corse | 146 [48 ; 244] | 51 [0 ; 109] | 0 [0 ; 0] |
| Grand Est | 163 [76 ; 250] | 109 [39 ; 179] | 21 [3 ; 39] |
| Hauts-de-France | 51 [15 ; 87] | 135 [75 ; 195] | 21 [0 ; 44] |
| Ile-de-France | 80 [37 ; 123] | 92 [57 ; 127] | 26 [9 ; 43] |
| Normandie | 65 [28 ; 102] | 94 [29 ; 159] | 1 [0 ; 6] |
| Nouvelle-Aquitaine | 102 [65 ; 139] | 62 [23 ; 101] | 42 [0 ; 85] |
| Occitanie | 155 [87 ; 223] | 91 [48 ; 134] | 27 [0 ; 65] |
| Pays de la Loire | 155 [48 ; 262] | 78 [36 ; 120] | 8 [0 ; 20] |
| Provence-Alpes-Côte d'Azur | 318 [209 ; 427] | 93 [41 ; 145] | 14 [0 ; 30] |

French Sentinel network

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Since 1984, the "réseau Sentinelles" or Sentinelles network has been a research and health monitoring network in primary care (general medicine and paediatrics) in metropolitan France. The participation of physicians is voluntary. Currently, 637 physicians participate in the continuous surveillance activity (594 general practitioners and 43 paediatricians), allowing the production of weekly epidemiological reports.

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Publication : Yves Dorléans

Information systems & biostatistics : Ibrahima Camara, Olivier Garcia, Titouan Launay, Clément Turbelin, Ana Vilcu

Monitoring manager : Thomas Hanslik, Caroline Guerrisi, Louise Rossignol

| Regional branch | Heads & Epidemiologists/Animators |
|---|--|
| Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté | Marianne Sarazin Caroline Liotard |
| Centre-Val de Loire, Pays de la Loire, Bretagne | Thierry Prazuck Charly Kengne-Kuetche, Marie Pouquet |
| Corse, PACA | Alessandra Falchi Shirley Masse, Julie Sevila |
| Grand Est | Daouda Niaré |
| Ile-de-France, Hauts-de-France | Mathilde François Camille Bonnet, Hayat Benamar |
| Normandie | Justine Ducher |
| Nouvelle-Aquitaine, Occitanie | Maryse Lapeyre-Mestre Marion Debin, Yves Dorléans |

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