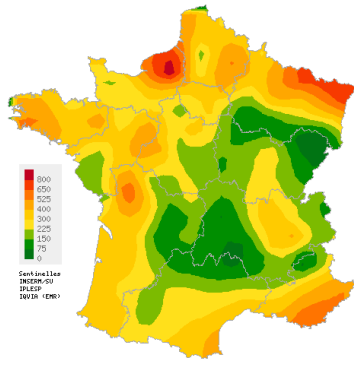
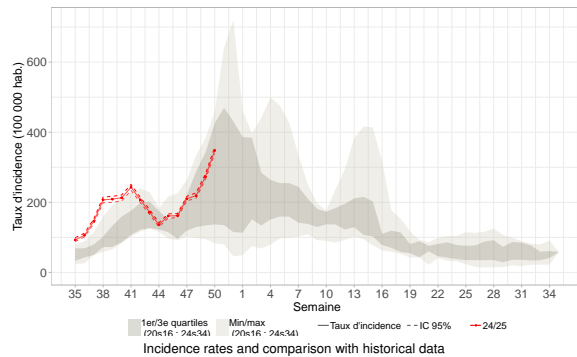


Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses
Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2024w50), the incidence rate of acute respiratory infection (ARI) cases seen in general practice consultation was estimated at **348 cases per 100,000 population (95% CI [339; 358])**.

Subject to future data consolidation, this rate **continues the increase observed since the beginning of November (2024w45)** (consolidated data for 2024w49: 273 [265; 281]).

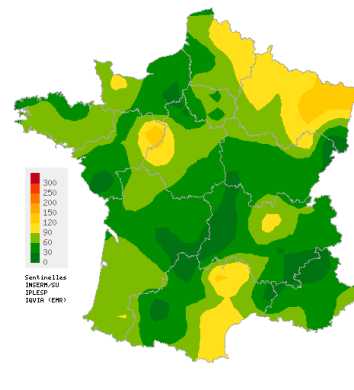
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these viruses.

You can find the french "Santé Publique France epidemiological bulletin" with all surveillance data (ambulatory and hospital) on ARI [by clicking here](#).

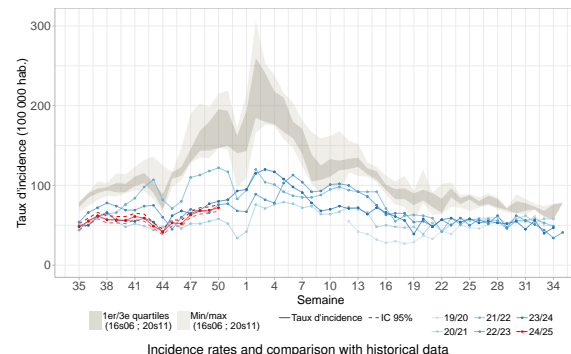
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2024w50), the incidence rate of acute diarrhea cases seen in general practice was estimated at **72 cases per 100,000 population (95% CI [68; 76])**.

Subject to future data consolidation, this rate is **slightly increasing since early November (2024w45)** (consolidated data for 2024w49: 69 [65; 73]), but remains at a **lower level of activity** than those usually observed during this period.

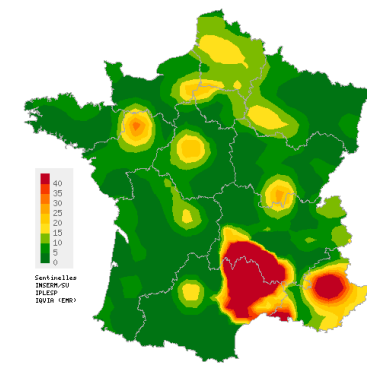
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(*) In order to compare trends observed between pre-COVID-19 and post-COVID-19 periods, data collected between week 01 of 2016 (2016w01) and up to 2020w11 (start date of the pandemic) are shown in the grey area (pre-COVID-19 seasons). The 2019-2020 season (from week 2020w12) and subsequent seasons are represented by distinct curves in blue (post-COVID-19 seasons). The current season is shown in red.

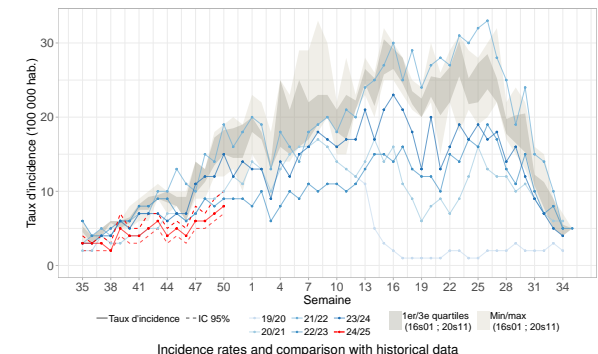
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2024w50), the incidence rate of Chickenpox cases seen in general practice was estimated at **8 cases per 100,000 population (95% CI [7; 10])**.

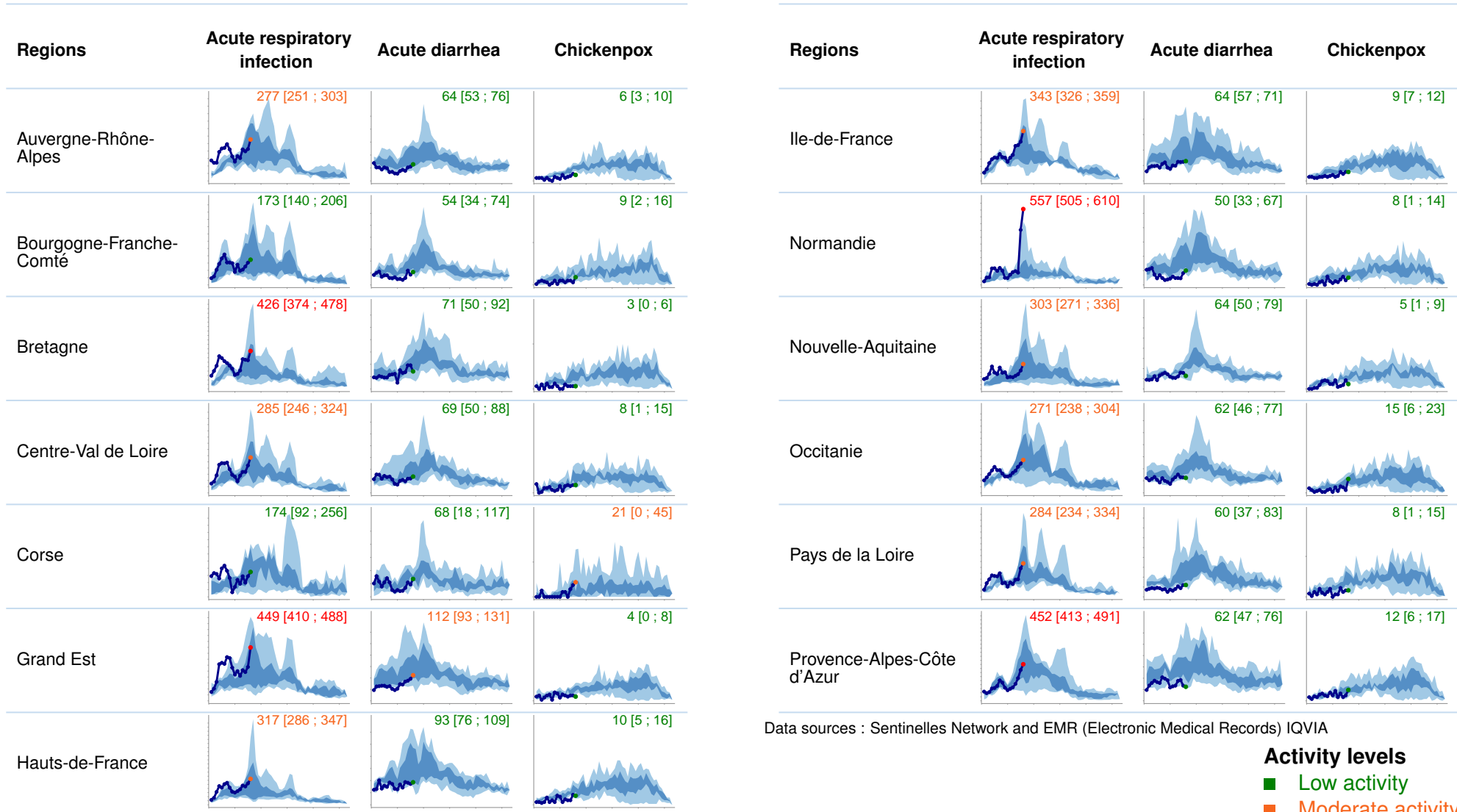
Subject to future data consolidation, this rate is **slightly increasing since two weeks (consolidated data for 2024w49: 7 [6; 9])** but remains at a **lower level of activity** than those usually observed during this period.

(*) In order to compare trends observed between pre-COVID-19 and post-COVID-19 periods, data collected between week 01 of 2016 (2016w01) and up to 2020w11 (start date of the pandemic) are shown in the grey area (pre-COVID-19 seasons). The 2019-2020 season (from week 2020w12) and subsequent seasons are represented by distinct curves in blue (post-COVID-19 seasons). The current season is shown in red.

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

Incidence rates by french region

Observed situation in general practice for the week 50 of the year 2024, from 12/09/2024 to 12/15/2024

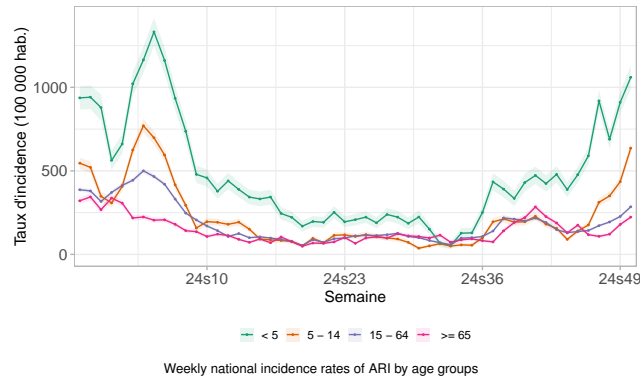


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA

Activity levels
■ Low activity
■ Moderate activity
■ High activity

For the three indicators, the blue curve corresponds to the change in the incidence rate per 100.000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the 10 previous years is shown in blue, with quartiles in dark and minimum/maximum values in light. This representation enables current trends to be compared with historical data. The value of the last point and its confidence interval are shown at the top of each graph. Different scales are used for different indicators.

ARI incidence rates by age groups



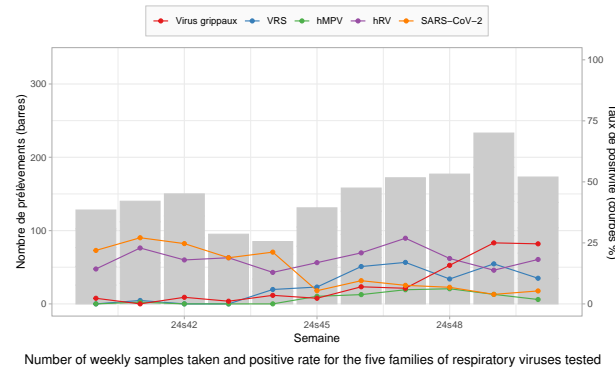
Last week (2024w50), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 1,060 cases per 100 000 population (95% CI [989; 1,131]) (consolidated data for 2024w49: 910 [846; 974]);
- **5-14 age group:** 636 cases per 100 000 population (95% CI [599; 672]) (consolidated data for 2024w49: 435 [406; 464]);
- **15-64 age group :** 285 cases per 100 000 population (95% CI [274; 295]) (consolidated data for 2024w49: 227 [218; 236]);
- **65 and above age group :** 223 cases per 100 000 population (95% CI [207; 239]) (consolidated data for 2024w49: 179 [165; 192]).

Incidence rates are **increasing in all age groups** and **particularly in children** (0-4 and 5-14 age groups) compared to those of the previous week.

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

Circulation of respiratory viruses in general practice and pediatric



Since 2024w40, **1,642** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2024w50), **173 patients** presenting an ARI and seen in general practice or pediatric consultations were tested. The rates of positivity of samples for the various viruses tested were as follows:

- **Influenza viruses: 25%** (42/171) (consolidated data for 2024w49: 25% (58/232));
- **Rhinovirus: 18%** (31/170) (consolidated data for 2024w49: 14% (32/232));
- **Respiratory syncytial virus (RSV): 11%** (18/171) (consolidated data for 2024w49: 16% (38/232));
- **SARS-CoV-2 (Covid-19): 5%** (9/171) (consolidated data for 2024w49: 4% (9/232));
- **Metapneumovirus: 2%** (3/170) (consolidated data for 2024w49: 4% (9/232)).

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

Description of IRA cases seen in general practice

Last week (2024w50), **1,072** cases of ARI were reported by Sentinelles general practitioners. Among these, 781 (73% of reported cases) were described and had the following characteristics:

- **Median age:** 33 years (range from 2 months to 93 years);
- **Male/female sex-ratio:** 0.86 (342/400);
- **Risk factors:** 19% (133/709) had risk factors for complications;
- **Hospitalization:** 0.8% (IC 95% [0.2; 1.5]) of patients were hospitalized after the consultation (6/713).

Data source: Sentinelles

In conclusion

Last week (2024w50), subject to future data consolidation, the incidence of ARI cases seen in general practice **continued the increase observed since early November**. The circulation dynamic is **seems to be accelerating among children (0-4 and 5-14 age groups)**.

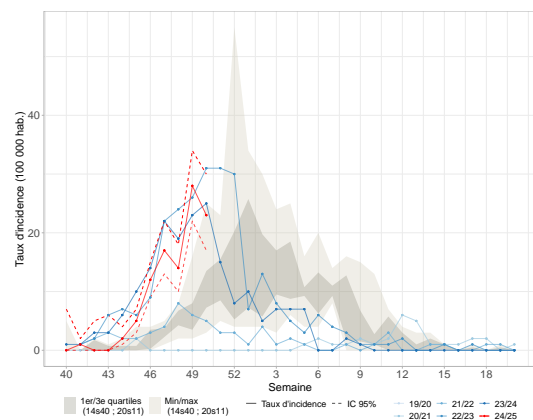
The main viruses detected in swabbed patients consulting for an ARI are **influenza viruses, rhinovirus and RSV**.

However, there is also, to a lesser extent, **SARS-CoV-2 (COVID-19)** and **metapneumovirus** still circulating.

RSV infection and bronchiolitis

Observed situation in general practice for the week 50 of the year 2024, from 12/09/2024 to 12/15/2024

Incidence rate of RSV infections Slightly decreasing activity



Incidence rate of RSV infection cases seen in general practice since 2024w40 and comparison to historical data (*)

Last week (2024w50), the incidence rate of **RSV infection** cases (*the virus responsible for most cases of bronchiolitis in infants*) seen in general practice among patients consulting for an ARI was estimated at **37 cases per 100,000 population** (95% CI [27; 46]), corresponding to 25,543 [18,300; 32,786] new cases.

Subject to future data consolidation, this rate is **slightly decreasing** compared to the previous week (consolidated data for 2024w49: 46 [37; 56], corresponding to 30,922 [24,697; 37,147] new cases).

Description of RSV infections seen in primary care

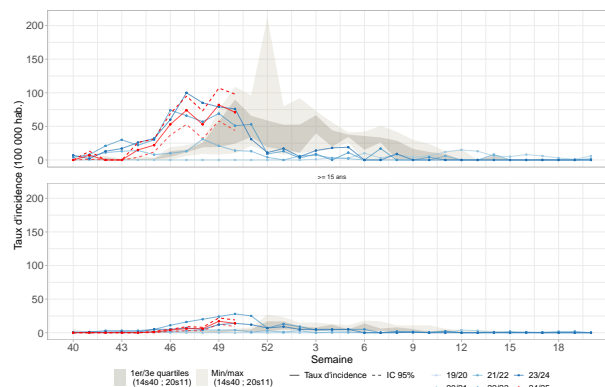
Since the beginning of virological surveillance (2024w40), the **143** confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 3 years (from 1 month to 89 years old);
- **Male/female sex-ratio:** 1.10 (75/68);
- **Risk factors:** 25% of the patients had risk factors for complications (42/131);
- **Hospitalization:** no patients were hospitalized at the end of the consultation (0/124).

(*) To compare current RSV activity with past RSV epidemics, the incidence rates shown in the graph are derived from the influenza-like illness indicator and have been estimated secondarily from the ARI indicator since 2020.

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

Incidence rates of RSV infections by age groups



Incidence rate of RSV infections cases in general practice since 2024w40 compared to historical data (*)

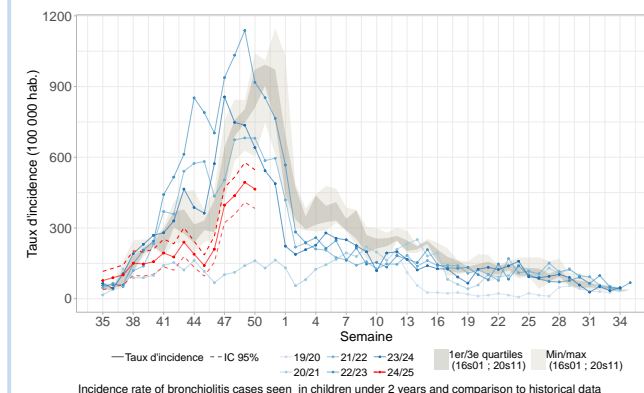
Last week (2024w50), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 112 cases per 100,000 population (95% CI [70; 154]), corresponding to 12,595 [7,872; 17,318] new cases;
- **15 years and above:** 22 cases per 100,000 population (95% CI [14; 29]), corresponding to 11,948 [7,878; 16,018] new cases.

Subject to future data consolidation, these rates are **slightly decreasing in both age groups** in comparison with the rates of the previous week.

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

Bronchiolitis cases in children under 2 years



Incidence rate of bronchiolitis cases seen in children under 2 years and comparison to historical data
Last week (2024w50), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **472 cases per 100,000 population** (95% CI [384; 560]) in children under 2 years of age.

Subject to future data consolidation, this rate was **stable** compared to the previous week (data consolidated for 2024w49: 485 [397; 573]).

Data source: Electronic Medical Records (EMR) IQVIA

In conclusion

Last week (2024w50), subject to future data consolidation, the incidence of **RSV infection** cases seen in general practice among patients consulting for an ARI was **slightly decreasing** compared to the previous week but **remains at a moderate level of activity**.

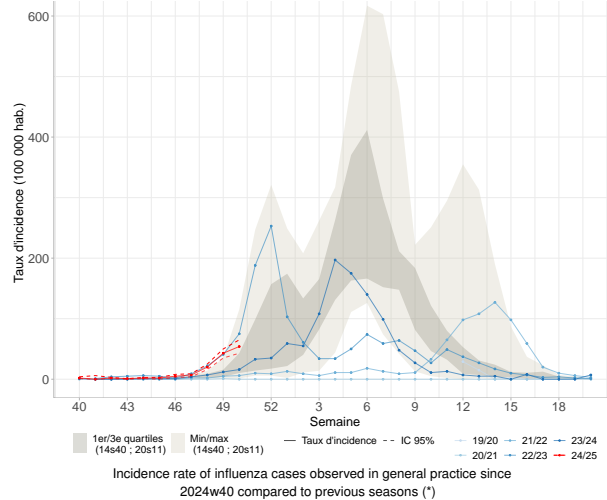
The level of RSV is similar to the levels observed over the past two years at the same time.

Furthermore, **the incidence of bronchiolitis in children under 2 years** seen by general practitioners is **stable**, compared to the previous week. The level of bronchiolitis activity in this age group is slightly lower than that usually observed at this time of the year.

Bronchiolitis is mainly caused by respiratory syncytial virus (RSV), although other respiratory viruses may also be responsible, such as rhinovirus or SARS-CoV-2 (Covid-19).

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on bronchiolitis by clicking [here](#).

Incidence rates of influenza cases Moderately increasing activity



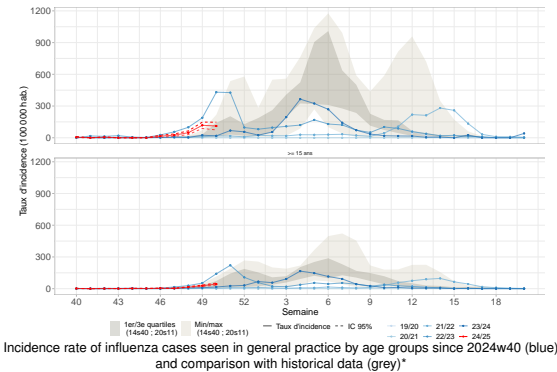
Last week (2024w50), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **85 cases per 100,000 population** (95% CI [69; 101]), corresponding to 56,763 [45,990; 67,536] new cases.

Subject to future data consolidation, this rate is **moderately increasing** compared to the previous week (consolidated data for 2024w49: 70 [58; 82], corresponding to 46,857 [38,919; 54,795] new cases).

(*) *In order to compare current activity with past influenza epidemics, the incidence in the graph are taken from the influenza-like illness indicator and are estimated secondarily from the ARI indicator since 2020.*

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

Incidence rates of influenza cases by age groups



Last week (2024w50), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **stable in the 0-14 age group** and **moderately increasing in the 15 and above age group** compared to those of the previous week.

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

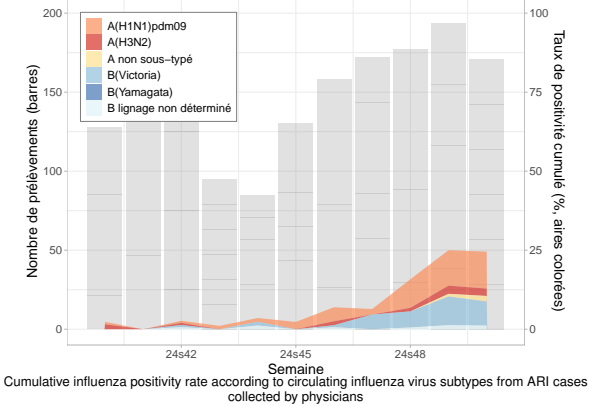
Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the **164** confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 25 years (from 4 months to 95 years old);
- **Male/female sex-ratio:** 0.98 (81/83) ;
- **Vaccination:** 95% (134/145) were not vaccinated against influenza;
- **Risk factors:** 26% (33/126) had risk factors for complications;
- **Hospitalization:** no patient was hospitalized at the end of the consultation (0/141).

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

Identification of influenza viruses



Since the week 2024s40, the **164** influenza viruses identified were distributed as follows: **48% of type A(H1N1)pdm09 virus (79/164)**, **33% of type B Victoria (54/164)**, **10% of type A(H3N2) (17/164)**, **6% of undetermined B lineage (9/164)** and **3% of non-subtyped A viruses (5/164)**.

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

In conclusion

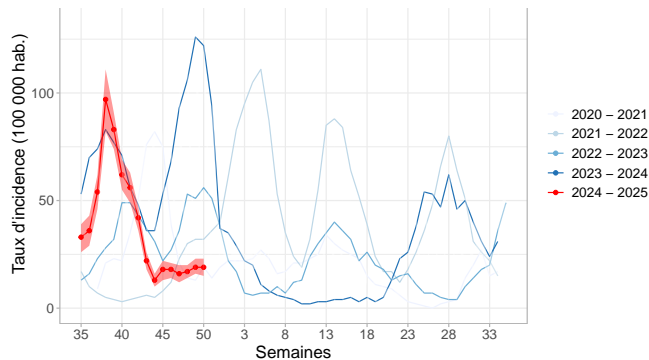
Last week (2024w50), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **stable in the 0-14 age group**, and **moderately increasing in the rest of the population** compared to the previous week.

Active circulation of influenza viruses has been observed for the past two weeks. This level of activity, comparable to that of previous seasons during the same period, is occurring earlier than usual.

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on influenza by clicking [here](#).

Incidence rates of Covid-19

Activity stable at a low level



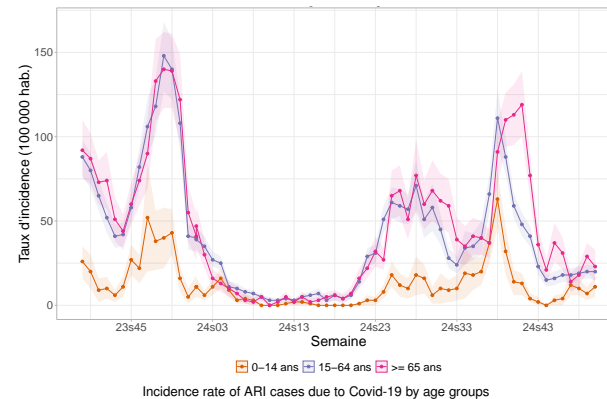
National ARI incidence rate due to Covid-19 and comparison with historical data

Last week (2024w50), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **19 cases per 100,000 population** (95% CI [15; 23]), corresponding to 12,545 [9,700; 15,390] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w49: 19 [16; 23], corresponding to 12,934 [10,720; 15,148] new cases).

Data source: Sentinelles

COVID-19 incidence rates by age groups



Incidence rate of ARI cases due to Covid-19 by age groups

Last week (2024w50), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 11 cases per 100,000 population (95% CI [5; 17]), corresponding to 1,247 [570; 1,924] new cases;
- **15-64 years:** 20 cases per 100,000 population (95% CI [15; 24]), corresponding to 7,953 [6,070; 9,836] new cases;
- **65 years and above:** 23 cases per 100,000 population (95% CI [14; 33]), corresponding to 3,316 [1,972; 4,660] new cases.

Subject to future data consolidation, these rates are **slightly increasing in the 0-14 age group, stable in the 15-64 age group, and slightly decreasing in the 65 and more age group** compared to those of the previous week.

Data source: Sentinelles

Description of Covid-19 cases presenting ARI seen in general practice

Since week 2024w49, the **99 Covid-19 described cases** with an ARI had the following characteristics:

- **Median age:** 54 years (range from 2.5 years to 92 years);
- **Male/female sex-ratio:** 0.73 (41/56);
- **Risk factors:** 33% (31/96) had risk factors for complications;
- **Hospitalization:** 2% (2/95) of the patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2024w50), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI was **stable** compared to the previous week and is at a **low level of activity since the end of October** (see graph opposite).

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the Covid-19 pandemic by clicking [here](#).

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
Faculté de Santé Sorbonne Université
Site Saint-Antoine, BC 2908
27, rue Chaligny
75571 Paris Cedex 12

Partners and supervisory bodies

Partners & data sources

Sentinelles 

 UNIVERSITÉ DE ROUEN  UNIVERSITÉ CÔTE D'AZUR

 EoS MÉDECINS

 Santé publique France

 MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

 UNIVERSITÀ DI CORSICA PASQUALE PAOLI

 HCL HOSPIES CIVILS DE LYON

 INSTITUT PASTEUR

 CNR virus des gastro-entérites
Dijon, France

 CNGE COLLEGE ACADEMIQUE

Supervisory bodies of Sentinelles network

 iPLESP

 Inserm
La science pour la santé
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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

 grippe net covid

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!