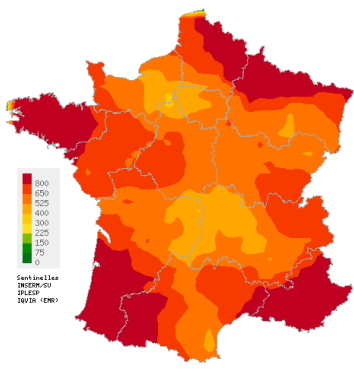


Observed situation in primary care

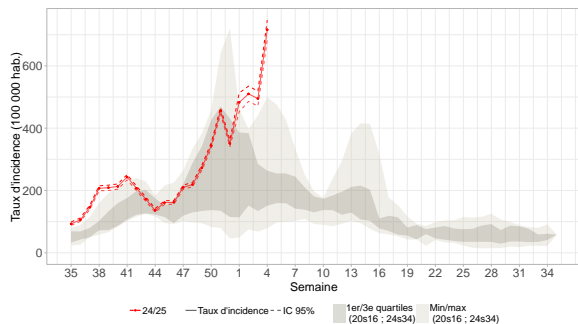
Epidemiological surveillance bulletin for the week 4 of the year 2025, from 01/20/2025 to 01/26/2025

Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses
High 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 (2025w04), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **716 cases per 100,000 population (95% CI [684; 747])**.

Subject to future data consolidation, this rate is **strongly increasing** compared to the previous week (consolidated data for 2025w03: 495 [471; 519]) and is at a **very high level of activity**.

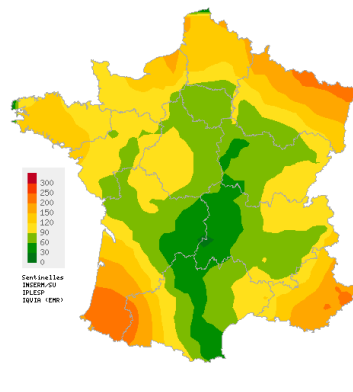
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

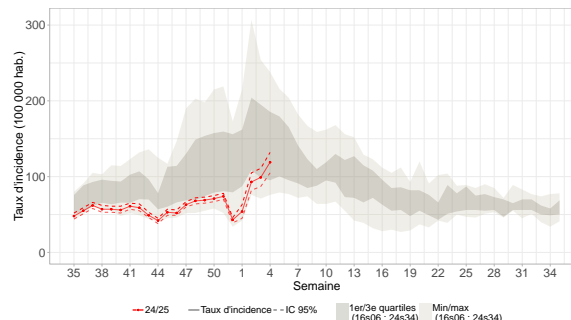
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Acute diarrhea

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 (2025w04), the incidence rate of acute diarrhea cases seen in general practice was estimated at **119 cases per 100,000 population (95% CI [105; 132])**.

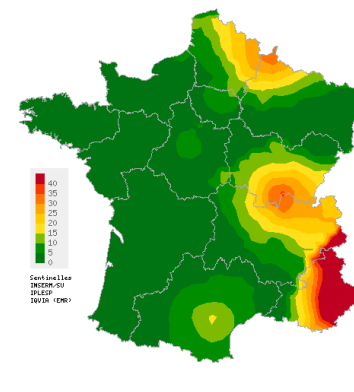
Subject to future data consolidation, this rate **continues the increase observed over the last few weeks** (consolidated data for 2025w03: 99 [87; 111]) and is at a **similar activity level** than those usually observed during this period.

The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks

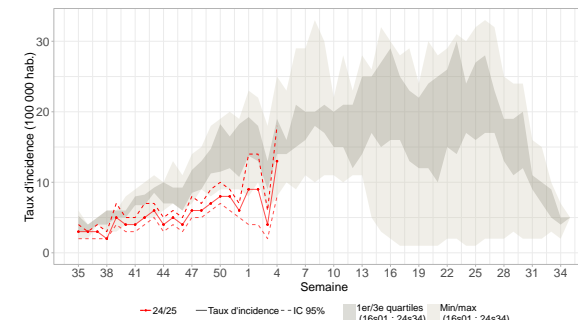
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

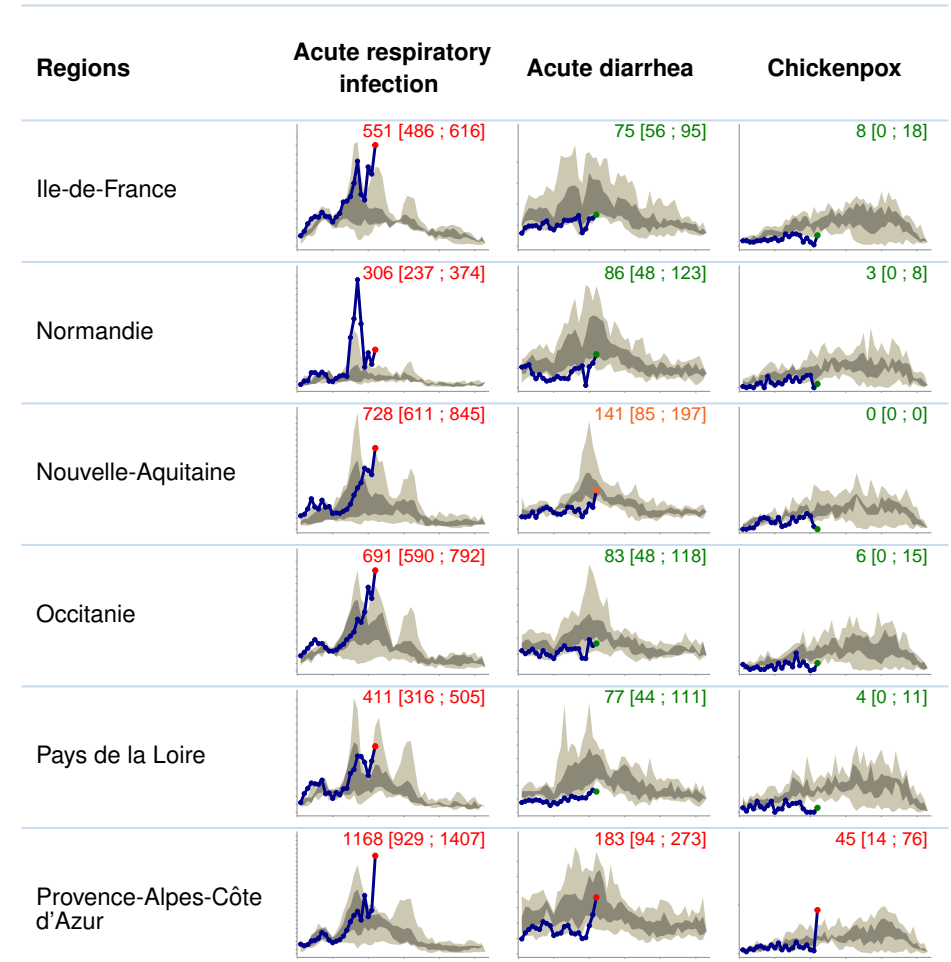
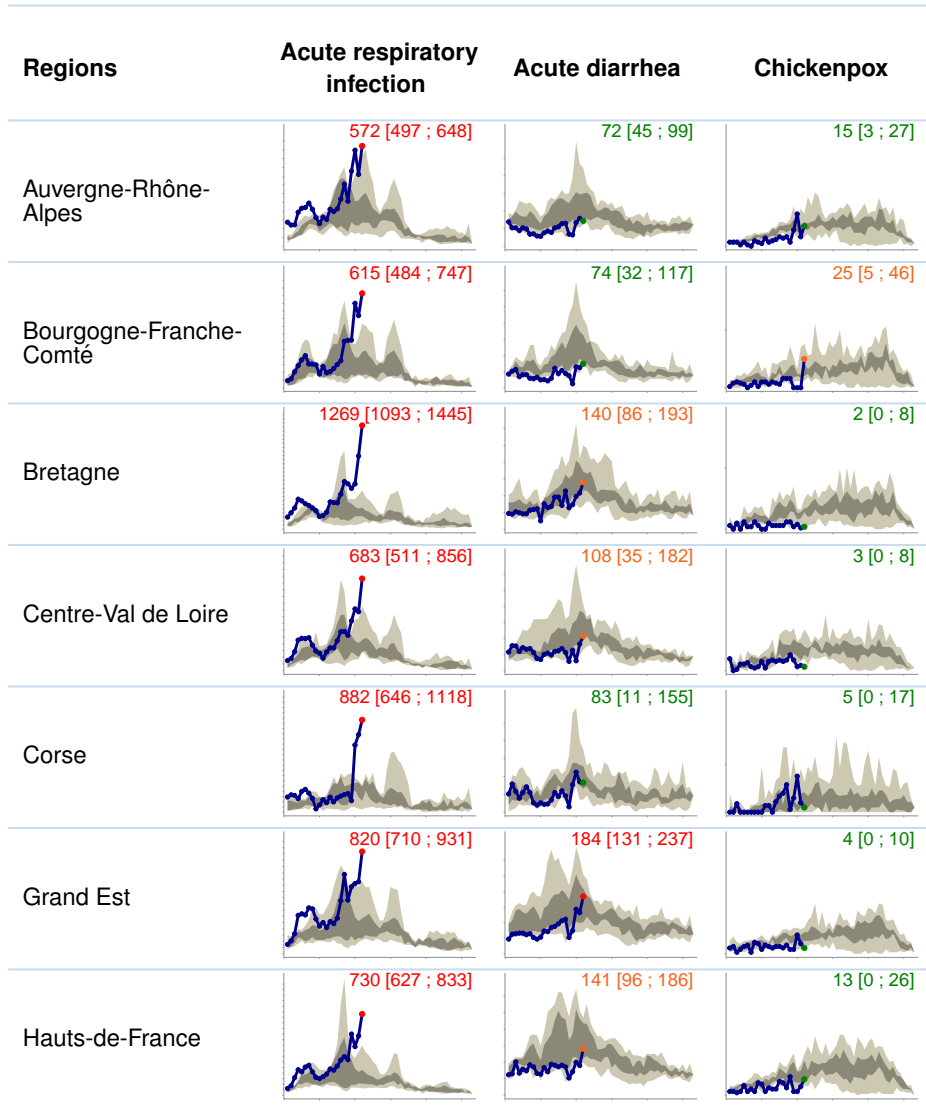
In mainland France, last week (2025w04), the incidence rate of Chickenpox cases seen in general practice was estimated at **13 cases per 100,000 population (95% CI [8; 18])**.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w03: 4 [2; 6]) but remains at a **lower level of activity** than those usually observed during this period.

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 4 of the year 2025, from 01/20/2025 to 01/26/2025

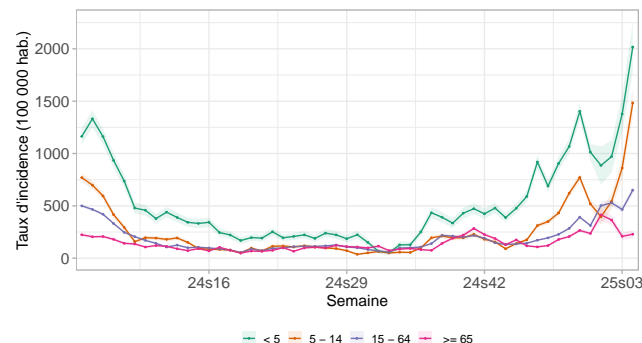


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA



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



Weekly national incidence rates of ARI by age groups

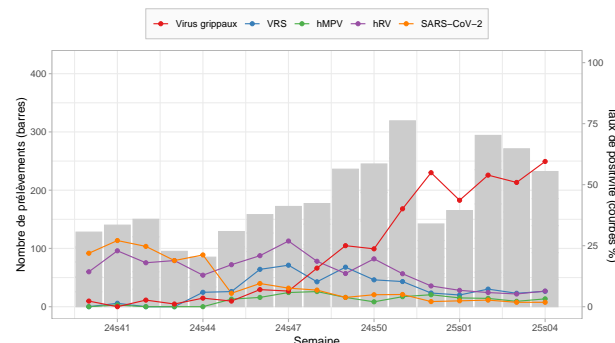
Last week (2025w04), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 2,017 cases per 100 000 population (95% CI [1,776; 2,258]) (consolidated data for 2025w03: 1,378 [1,199; 1,557]);
- **5-14 age group:** 1,483 cases per 100 000 population (95% CI [1,349; 1,617]) (consolidated data for 2025w03: 862 [770; 954]);
- **15-64 age group :** 650 cases per 100 000 population (95% CI [611; 689]) (consolidated data for 2025w03: 465 [436; 495]);
- **65 and above age group :** 229 cases per 100 000 population (95% CI [190; 268]) (consolidated data for 2025w03: 209 [176; 242]).

Incidence rates are **increasing among children (0-4 and 5-14 age groups) and among adults (15-64 age group), and stable in the 65 and more age group**, compared to the previous week.

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

Circulation of respiratory viruses in general practice and pediatric



Number of weekly samples taken and positive rate for the five families of respiratory viruses tested

Since 2024w40, **3,138** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w04), **232 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:** **60%** (138/232) (consolidated data for 2025w03: 51% (138/271));
- **Rhinovirus:** **6%** (14/219) (consolidated data for 2025w03: 5% (14/268));
- **Respiratory syncytial virus (RSV):** **6%** (14/221) (consolidated data for 2025w03: 6% (15/271));
- **Metapneumovirus:** **3%** (7/219) (consolidated data for 2025w03: 2% (6/268)).
- **SARS-CoV-2 (Covid-19):** **2%** (4/221) (consolidated data for 2025w03: 2% (5/271));

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

Description of IRA cases seen in general practice

Last week (2025w04), 2,447 cases of ARI were reported by Sentinelles general practitioners. Among these, 1,788 (73% of reported cases) were described and had the following characteristics:

- **Median age:** 25 years (range from 1 month to 101 years);
- **Male/female sex-ratio:** 0.84 (786/932);
- **Risk factors:** 10% (167/1,659) had risk factors for complications;
- **Hospitalization:** 0.3% (95% CI [0; 0.6]) of patients were hospitalized after the consultation (5/1,657).

Data source: Sentinelles

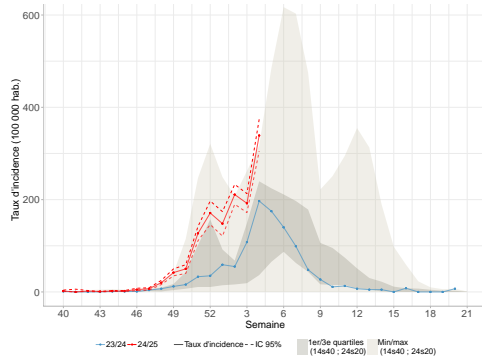
In conclusion

Last week (2025w04), subject to future data consolidation, the incidence of ARI cases seen in general practice was **increasing and reached a very high level of activity. This increase was particularly marked among children (0-4 and 5-14 age groups), and has been for the last two weeks.**

The cases of IRA observed last week in general practice were mainly due to the **circulation of influenza viruses**. We also observe to a lesser extent circulation of RSV and rhinovirus.

Incidence rates of influenza cases

Increasing and high level of activity



Incidence rates of influenza cases observed in general practice since 2024w40 compared to previous seasons (*)

Last week (2025w04), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **422 cases per 100,000 population** (95% CI [381; 463]), corresponding to 282,643 [255,069; 310,217] new cases.

Subject to future data consolidation, this rate is **strongly increasing** compared to the previous week (consolidated data for 2025w03: 247 [223; 271], corresponding to 165,566 [149,365; 181,767] 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.*

Description of confirmed influenza cases seen in primary care

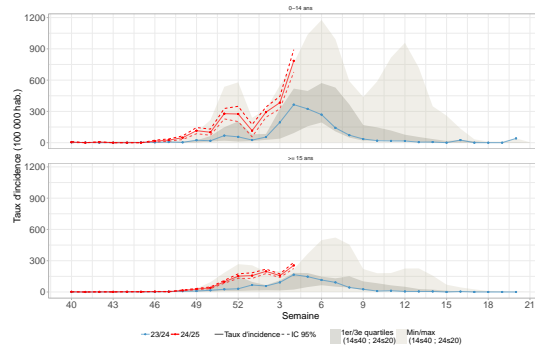
Since the beginning of virological surveillance (2024w40), the 893 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 33 years (from less than 1 month to 95 years old);
- **Male/female sex-ratio:** 0.93 (429/460) ;
- **Vaccination:** 89% (726/815) were not vaccinated against influenza;
- **Risk factors:** 27% (181/678) had risk factors for complications;
- **Hospitalization:** 0.1% of the patients were hospitalized at the end of the consultation (1/694).

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

Incidence rates of influenza cases

by age groups

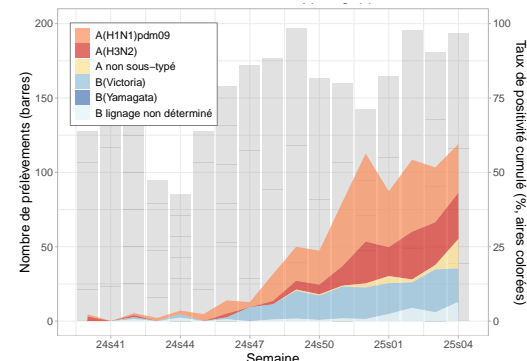


Incidence rates of influenza cases seen in general practice by age groups since 2024w40 and comparison with historical data (*)

Last week (2025w04), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **increasing in both age groups, and particularly in the 0-14 age group** compared to those of the previous week.

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

Identification of influenza viruses

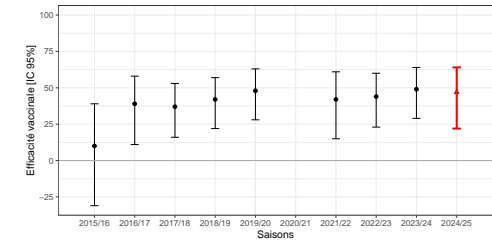


Cumulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since 2024w40, the **893** influenza viruses identified were distributed as follows: **44% of type A(H1N1)pdm09** (389/893), **24% of type B Victoria** (218/893), **23% of type A(H3N2)** (201/893), **6% of undetermined B lineage** (51/893) and **4% of non-subtyped A viruses** (39/893).

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

Vaccine effectiveness against seasonal flu



In red: 2024-2025 season / In black: 2014-2015 to 2023-2024 seasons

The overall influenza vaccine effectiveness is estimated at **47% (95% CI [22%; 64%])**, a moderate level comparable to previous seasons. Among groups for whom influenza vaccination is recommended, efficacy varies according to category, and remains close to those estimated in the previous seasons:

- People under 65 with risk factors for complication: 62% [21%; 82%];
- People aged 65 or over: 31% [-20%; 61%].

These estimates will be refined over the coming weeks.

**In the absence of active circulation of influenza viruses in 2020/2021, it is not possible to estimate the effectiveness of the influenza vaccine for this season.*

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

In conclusion

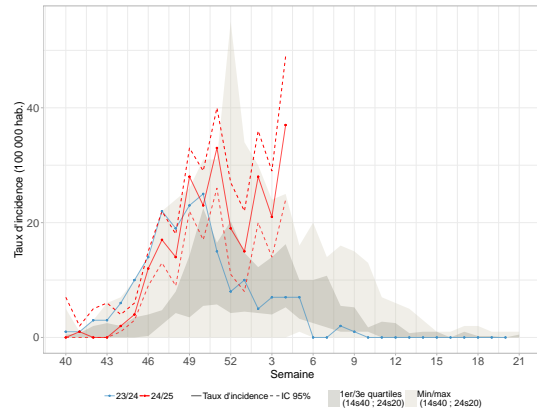
Last week (2025w04), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **strongly increasing** compared to the previous week, reaching a **high level of intensity**.

Among children (0-15 age group), the incidence rate is continuing the rise seen over the last three weeks. Among adults (aged 15 and over), the increase has resumed, after appearing to stabilise in recent weeks.

We observe a co-circulation of **A(H1N1)pdm09**, **A(H3N2)** and **B Victoria** viruses,

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 RSV infection cases Increasing activity



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

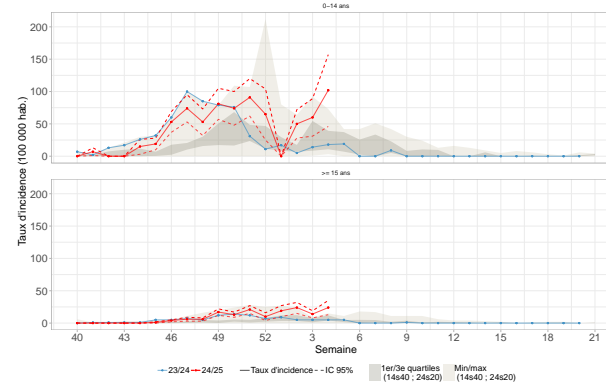
Last week (2025w04), the incidence rate of **RSV infection** cases (*the virus responsible for most cases of bronchiolitis in infants*) seen in general practice among patients consulting for an ARI was estimated at **45 cases per 100,000 population** (95% CI [29; 61]), corresponding to 30,415 [19,751; 41,079] new cases.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w03: 27 [18; 37], corresponding to 18,159 [11,813; 24,505] new cases).

(*) 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 infection cases by age groups



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

Last week (2025w04), incidence rates of **RSV** infection cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 126 cases per 100,000 population (95% CI [57; 195]), corresponding to 14,017 [6,306 ; 21,729] new cases;
- **15 years and above**: 30 cases per 100,000 population (95% CI [16; 43]), corresponding to 16,397 [9,021 ; 23,774] new cases.

Subject to future data consolidation, these rates are **increasing in both age groups** compared to those of the previous week.

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

Description of RSV infections seen in general practice and pediatric

Since the beginning of virological surveillance (2024w40), the **246** confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 9.5 years (from 1 month to 98 years old);
- **Male/female sex-ratio**: 0.8 (110/136);
- **Risk factors**: 33% of patients had risk factors for complications (75/225);
- **Hospitalization**: 0.1 % of the patients were hospitalized at the end of the consultation (1/204).

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

In conclusion

Last week (2025w04), subject to future data consolidation, the incidence of **RSV** infection cases seen in general practice among patients consulting for an ARI was **increasing** compared to the previous week and **remained at a high level for the period**. This increase is observed in both age groups (0-14 and 15 years and older).

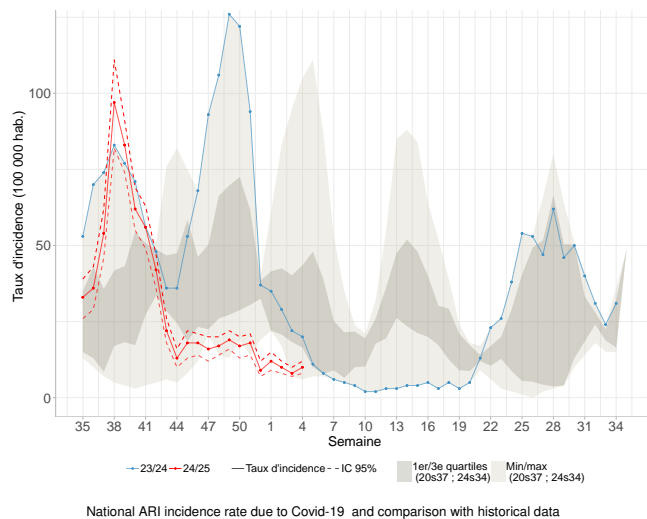
Data for the 'bronchiolitis in children under 2' indicator are not currently available for weeks 2025w01 to 2025w04.

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 Covid-19 cases

Activity stable at a low level



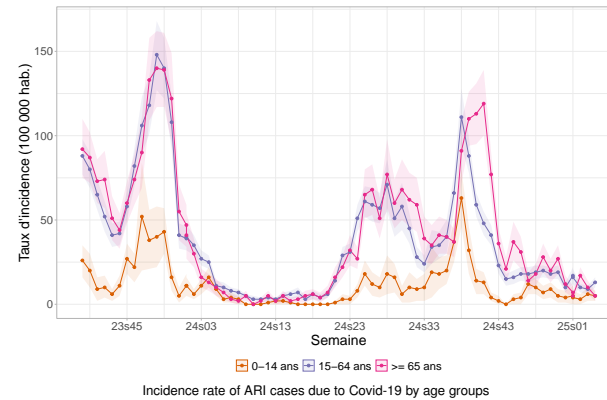
Last week (2025w04), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **10 cases per 100,000 population** (95% CI [8; 12]), corresponding to 6,625 [5,064; 8,186] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w03: 8 [7; 10], corresponding to 5,669 [4,407; 6,931] new cases).

Data source: Sentinelles

Incidence rates of Covid-19 cases by age groups

by age groups



Last week (2025w04), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 5 cases per 100,000 population (95% CI [2; 8]), corresponding to 598 [253; 943] new cases;
- **15-64 years:** 13 cases per 100,000 population (95% CI [10; 16]), corresponding to 5,306 [3,926; 6,685] new cases;
- **65 years and above:** 5 cases per 100,000 population (95% CI [2; 8]), corresponding to 721 [311; 1,132] new cases.

Subject to future data consolidation, these rates are **stable in all age groups** compared to those of the previous weeks.

Data source: Sentinelles

Description of Covid-19 cases presenting ARI

seen in general practice

Since week 2025w03, the **54** Covid-19 described cases with an ARI had the following characteristics:

- **Median age:** 45 years (range from 8 months to 92 years);
- **Male/female sex-ratio:** 0.47 (16/34);
- **Risk factors:** 12% (6/50) had risk factors for complications;
- **Hospitalization:** no patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2025w04), 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 was **still at a low level of activity**.

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.

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Partners & data sources

Sentinelles 

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 EoS MÉDECINS

 Santé publique France

 MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

 UNIVERSITÀ DI CORSICA PASQUALE PAOLI

 HCL HOSPICES 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
From science to health

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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 covid net

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!