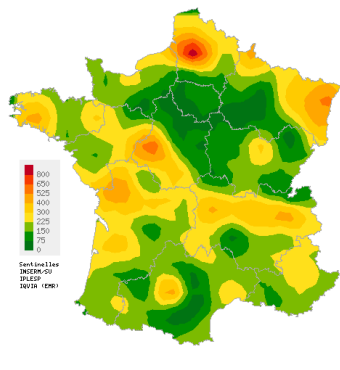
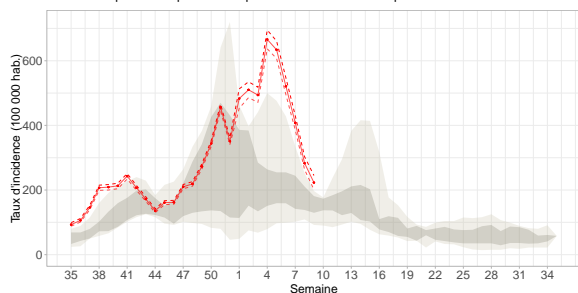


## Acute Respiratory Infection (ARI)

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 (2025w09), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **223 cases per 100,000 population (95% CI [201 ; 245])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2025w08: 283 [263 ; 303]).

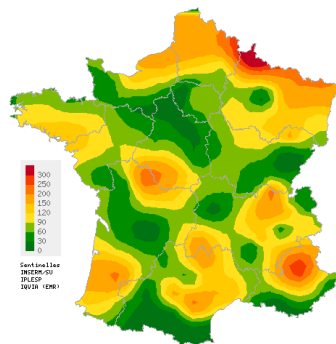
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these viruses.

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

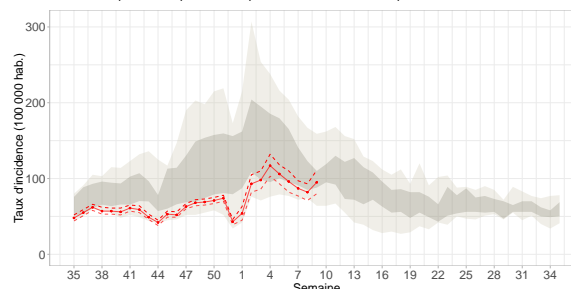
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Acute diarrhea

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 (2025w09), the incidence rate of acute diarrhea cases seen in general practice was estimated at **95 cases per 100,000 population (95% CI [80 ; 111])**.

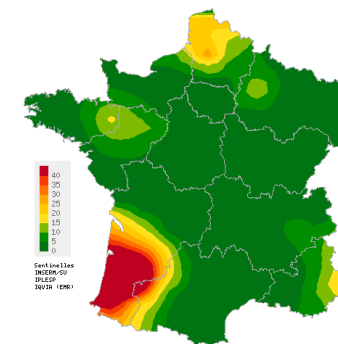
Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **similar activity level** than those usually observed at this time of the year (consolidated data for 2025w08: 82 [71 ; 93]).

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

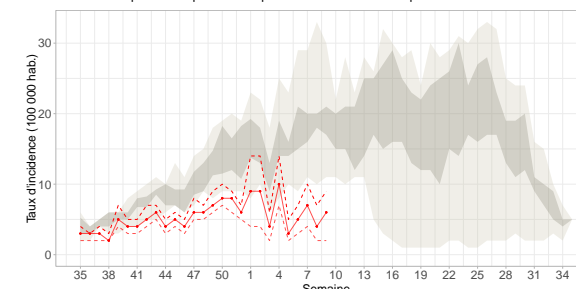
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

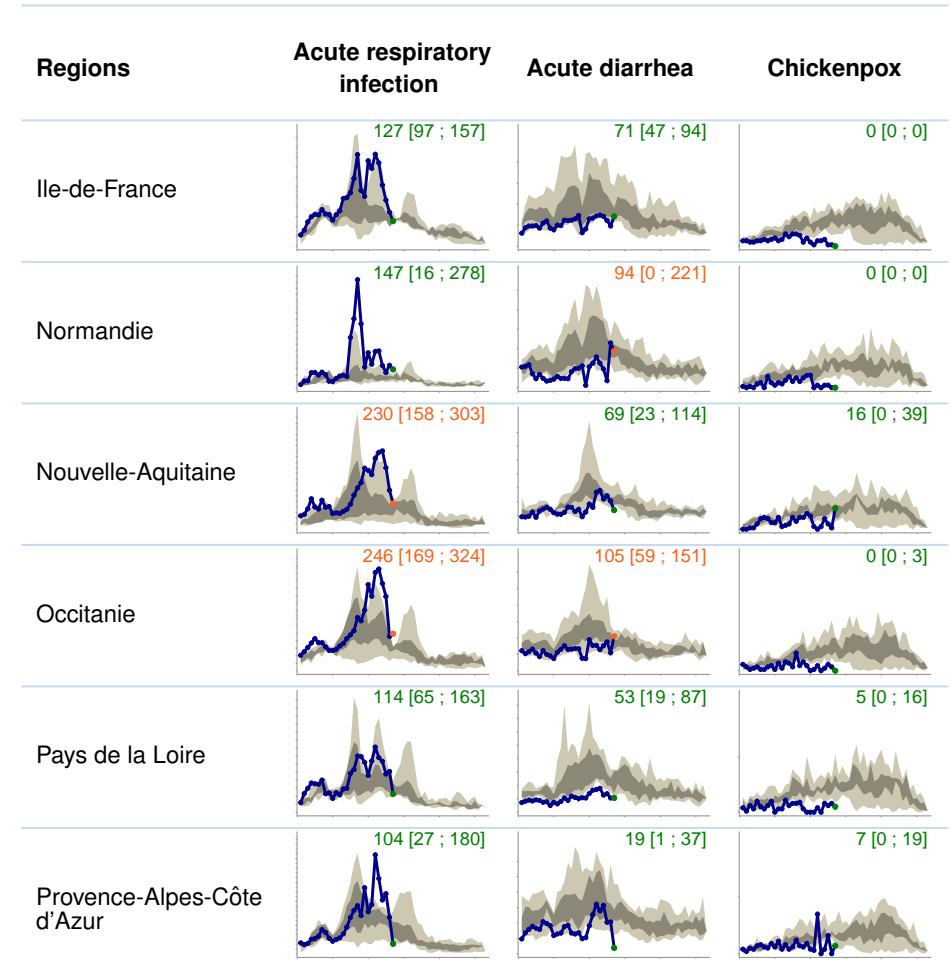
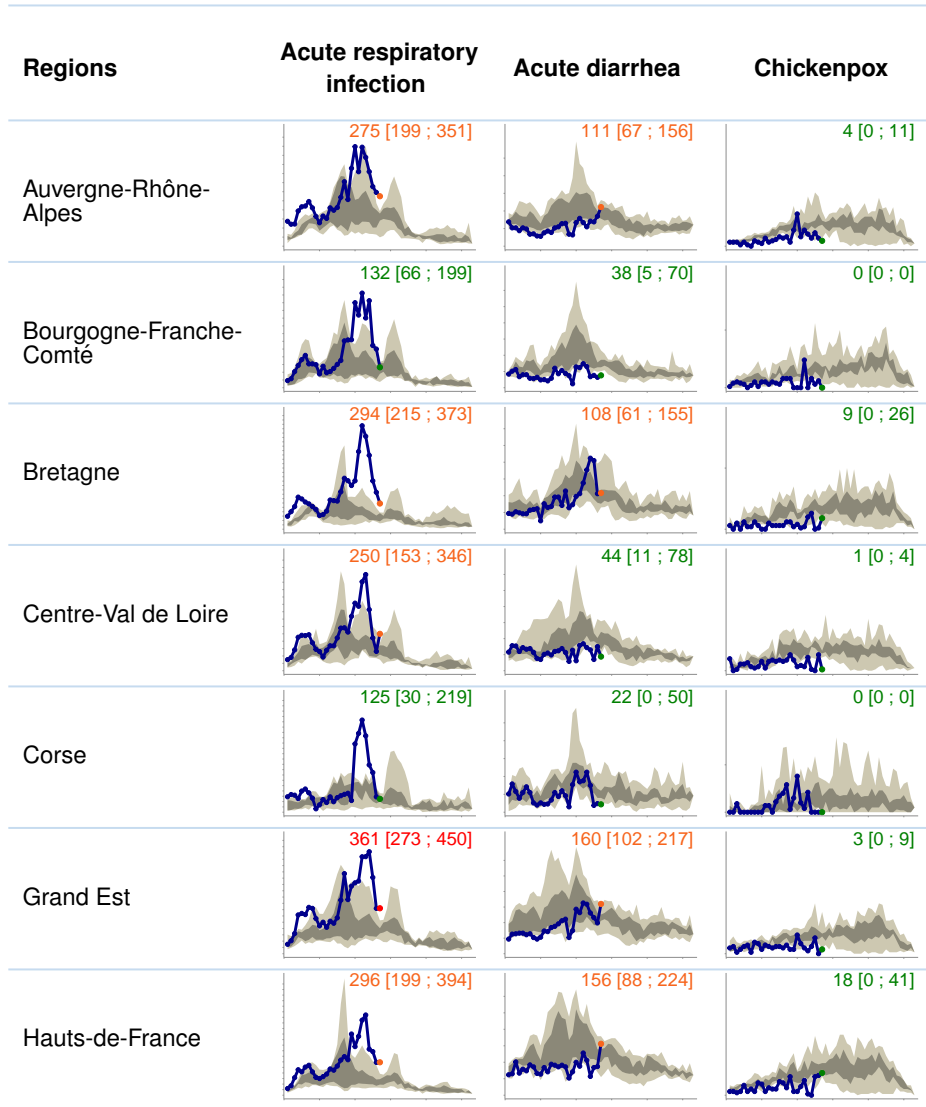
**In mainland France**, last week (2025w09), the incidence rate of Chickenpox cases seen in general practice was estimated at **6 cases per 100,000 population (95% CI [2 ; 9])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2025w08: 4 [2 ; 7]).

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

# Incidence rates by french region

Epidemiological surveillance bulletin for the week 9 of the year 2025, from 02/24/2025 to 03/02/2025

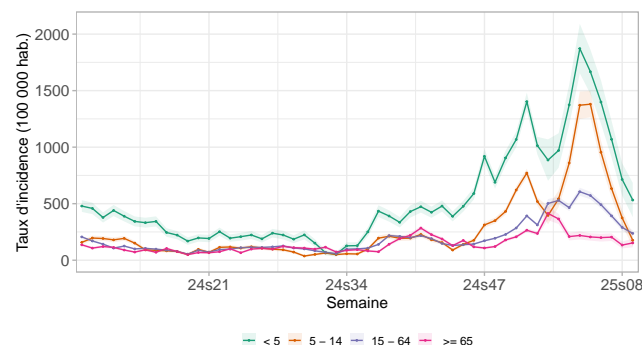


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA



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



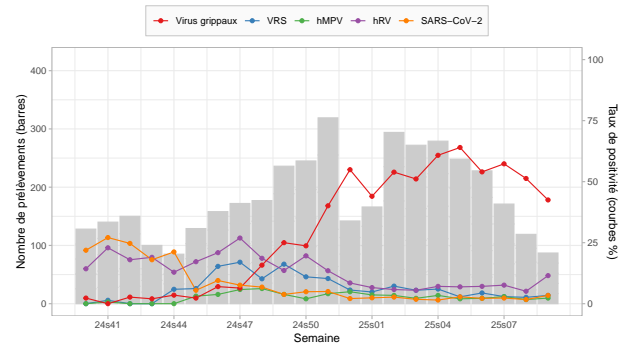
Weekly national incidence rates of ARI by age groups

Last week (2025w09), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 532 cases per 100 000 population (95% CI [381; 684]) (consolidated data for 2025w08: 714 [570; 858]);
- **5-14 age group:** 176 cases per 100 000 population (95% CI [120; 232]) (consolidated data for 2025w08: 374 [307; 441]);
- **15-64 age group :** 237 cases per 100 000 population (95% CI [208; 266]) (consolidated data for 2025w08: 290 [264; 316]);
- **65 and above age group :** 153 cases per 100 000 population (95% CI [114; 192]) (consolidated data for 2025w08: 134 [104; 164]).

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

## 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, **4,045** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w09), **87 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:** **43%** (37/87) (consolidated data for 2025w08: 51% (60/117));
- **Rhinovirus:** **12%** (10/87) (consolidated data for 2025w08: 5% (6/117));
- **Respiratory syncytial virus (RSV):** **3%** (3/87) (consolidated data for 2025w08: 3% (3/117));
- **SARS-CoV-2 (Covid-19):** **3%** (3/87) (consolidated data for 2025w08: 2% (2/117));
- **Metapneumovirus:** **2%** (2/87) (consolidated data for 2025w08: 2% (2/117)).

## Description of IRA cases seen in general practice

Last week (2025w09), 580 cases of ARI were reported by Sentinelles general practitioners. Among these, 433 (75% of reported cases) were described and had the following characteristics:

- **Median age:** 38 years (range from 2 months to 98 years);
- **Male/female sex-ratio:** 0.98 (204/207);
- **Risk factors:** 15% (57/387) of the patients had risk factors for complications;
- **Hospitalization:** no patient (0/389) was hospitalized after the consultation.

Data source: Sentinelles

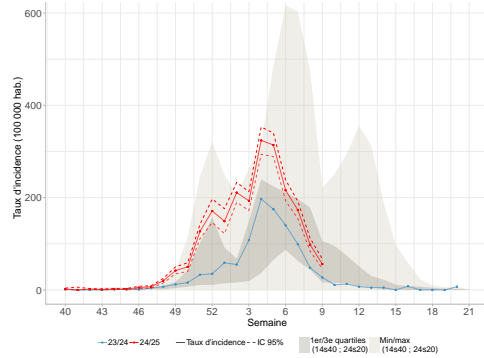
## In conclusion

Last week (2025w09), subject to future data consolidation, the incidence of ARI seen in general practice **continues the decreasing trend observed since week 2025w04 (end of January)**. Overall, **ARI activity remains at a moderate level**.

The majority of cases of ARI observed last week in general practice were still due to **the circulation of influenza viruses**. However, there has been an increase in the proportion of **rhinoviruses**.

## Incidence rates of influenza cases

Activity still decreasing and at a low level



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

Last week (2025w09), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **92 cases per 100,000 population** (95% CI [75; 108]), corresponding to 61,468 [50,591; 72,345] new cases. Subject to future data consolidation, this rate is still **decreasing** compared to the previous weeks (consolidated data for 2025w08: 145 [126; 164]).

### Description of confirmed influenza cases seen in primary care

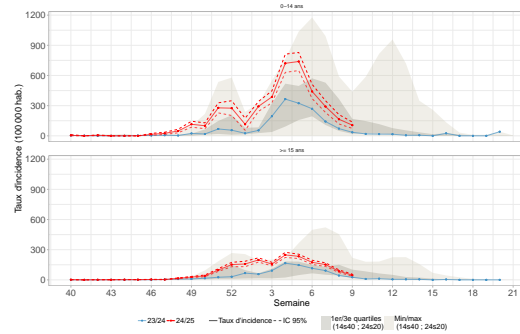
Since the beginning of virological surveillance (2024w40), the 1,392 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 32 years (range from less than 1 month to 95 years old);
- **Male/female sex-ratio:** 0.88 (653/742);
- **Vaccination:** 89% (1,152/1,297) were not vaccinated against influenza;
- **Risk factors:** 20% (254/1,305) of the patients had risk factors for complications;
- **Hospitalization:** 0.4% (4/1,103) of the patients were hospitalized at the end of the consultation.

(\*) The indicator currently monitored by Sentinel physicians estimates the number of patients with influenza among those consulting for ARI and was implemented during the Covid-19 pandemic in March 2020. To allow better interpretation and visualization of trends in the current epidemic compared to past seasons, the graph presents influenza cases among patients consulting for influenza-like illness. This indicator has been available since 2014. The figures mentioned in the text and those represented graphically are therefore different. This must be taken into account when interpreting the data.

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

## Incidence rates of influenza cases by age groups

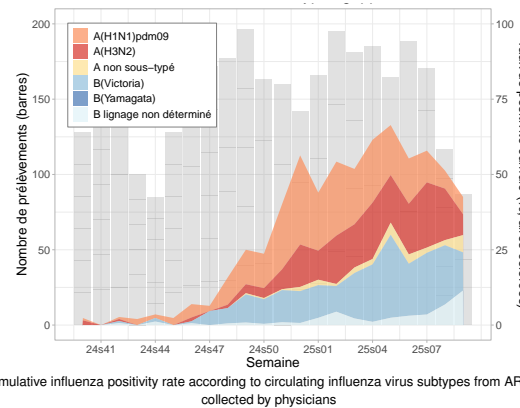


Incidence rates of influenza cases seen in general practice by age groups since 2024w40 and comparison with historical data (\*)

Last week (2025w09), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **still decreasing in both age groups** (0-14 and 15 and above years) compared to those of the previous weeks.

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

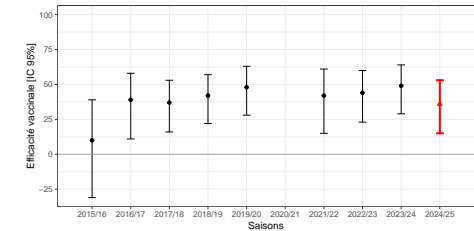
## Identification of influenza viruses



Since the week 2024s40, the 1,402 influenza viruses identified were distributed as follows: **37% of type A(H1N1)pdm09** (517/1,402), **30% of type B Victoria** (424/1,402), **25% of type A(H3N2)** (357/1,402), **5% of undetermined B lineage** (74/1,402) and **3% of non-subtyped A viruses** (47/1,402).

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

## Vaccine effectiveness against seasonal flu



In red: 2024-2025 season / In black: 2015-2016 to 2023-2024 seasons\*

The overall influenza vaccine effectiveness is estimated at **36% (95% CI [15%; 53%])**, 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: 55% [19%; 75%];
- People aged 65 or over: 28% [-14%; 55%].

These estimates are computed thanks to the [Test-Negative Design \(TDN\)](#) statistical method and will be refined in the upcoming weeks.

\*Absence of active circulation of influenza viruses during the 2020/2021 season

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

## In conclusion

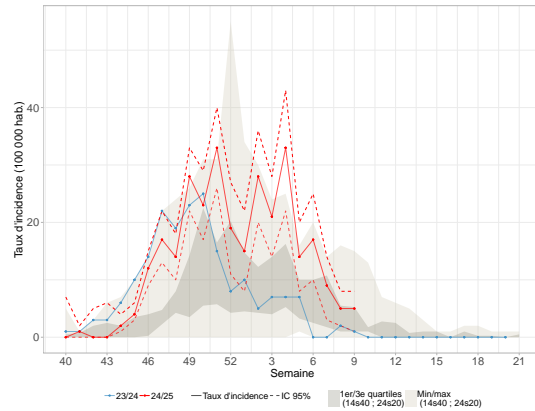
Last week (2025w09), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **still decreasing** compared to the previous weeks, both in children and adults. It is now at a **low level of activity**.

This season we are observing a co-circulation of A(H1N1)pdm09, A(H3N2) and B Victoria viruses, with however a majority circulation of **B Victoria and A(H3N2)** viruses for several weeks.

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on influenza.

## Incidence rates of RSV infection cases

Stable and low level of activity



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

Last week (2025w09), 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 **8 cases per 100,000 population** (95% CI [2; 13]), corresponding to 5,072 [1,555; 8,589] new cases.

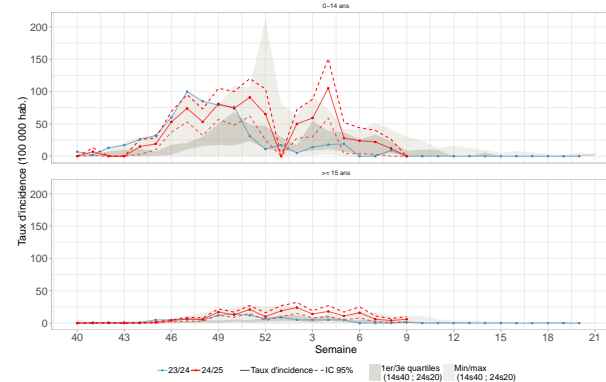
Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w08: 7 [2; 13]).

(\*) The indicator currently monitored by Sentinel physicians estimates the number of patients with RSV infection among those consulting for ARI and was implemented during the Covid-19 pandemic in March 2020. To allow better interpretation and visualization of trends in the current epidemic compared to past seasons, the graph presents cases of RSV infection among patients consulting for influenza-like illness. This indicator has been available since 2014. The figures mentioned in the text and those represented graphically are therefore different. This must be taken into account when interpreting the data.

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 (2025w09), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 0 cases per 100,000 population;
- **15 years and above:** 9 cases per 100,000 population (95% CI [3; 16]), corresponding to 5,072 [1,555; 8,588] new cases.

Subject to future data consolidation, these rates are **decreasing in the 0-14 age group and stable in the 15 and over age group** 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 280 confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 14 years (range from 1 month to 98 years old);
- **Male/female sex-ratio:** 0.81 (125/154);
- **Risk factors:** 32% (86/269) of the patients had risk factors for complications;
- **Hospitalization:** 0.4% (1/230) of the patients were hospitalized at the end of the consultation.

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

## In conclusion

Last week (2025w09), subject to future data consolidation, the incidence of **RSV infection** cases seen in general practice among patients consulting for an ARI was **stable** compared to the previous week and was at a **low level of activity**.

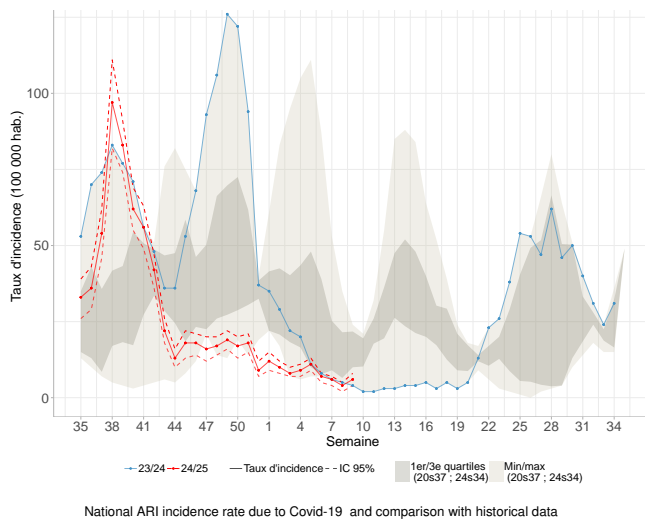
Data for the indicator "bronchiolitis in children under two years of age" are currently not available for weeks 2025w01 to 2025w09.

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).

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on bronchiolitis.

## Incidence rates of Covid-19 cases

Stable and low level of activity



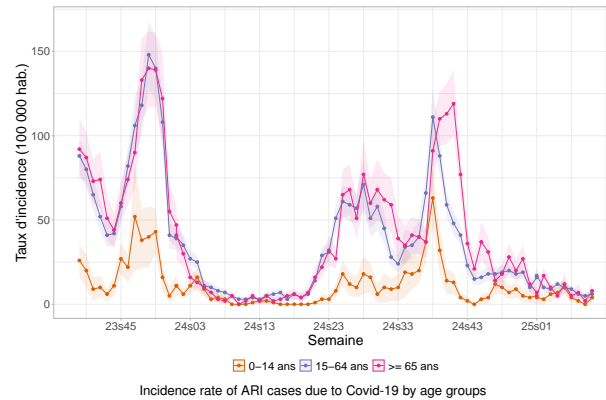
Last week (2025w09), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **6 cases per 100,000 population** (95% CI [4; 8]), corresponding to 3,898 [2,547; 5,249] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w08: 3 [2; 5]).

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

## Incidence rates of Covid-19 cases

by age groups



Last week (2025w09), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 4 cases per 100,000 population (95% CI [0; 8]), corresponding to 453 [31; 874] new cases;
- **15-64 years:** 6 cases per 100,000 population (95% CI [4; 8]), corresponding to 2,344 [1,432; 3,256] new cases;
- **65 years and above:** 8 cases per 100,000 population (95% CI [2; 13]), corresponding to 1,102 [347; 1,856] new cases.

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

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

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

Since week 2025w08, the 1,281 Covid-19 described cases with an ARI had the following characteristics:

- **Median age:** 48 years (range from 16 to 83 years old);
- **Male/female sex-ratio:** 0.58 (7/12);
- **Risk factors:** 10% (2/19) of the patients had risk factors for complications;
- **Hospitalization:** no patient (0/19) of the patients were hospitalized after the consultation.

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

## In conclusion

Last week (2025w09), 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 at a **low level of activity** (see graph opposite).

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on the Covid-19 pandemic.



## 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](http://www.sentiweb.fr).

## Information and contacts

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

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## Partners and supervisory bodies

### Partners

Sentinelles IQVIA

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HCL  
HOSPICES CIVILS DE LYON

INSTITUT PASTEUR

NR 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

SANTÉ SORBONNE UNIVERSITÉ

## 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!