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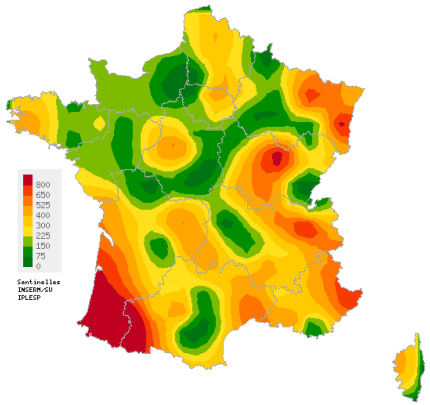
Observed situation in general practice for the week 2 of the year 2024, from 01/08/2024 to 01/14/2024

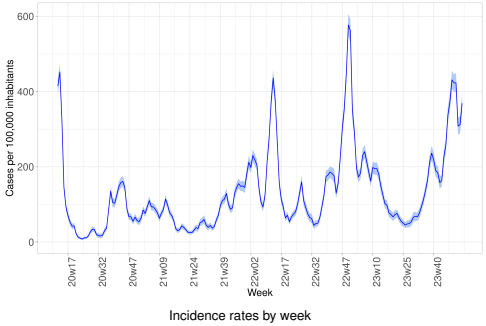
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

High activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In mainland France, last week (2024w02), the incidence rate of ARI cases consulting in general practice was estimated at **369 cases per 100,000 population (95% CI [344; 394])**.

Subject to future consolidation of data, this rate is **increasing** compared to the previous week (consolidated data for 2024w01: 312 [289; 335]).

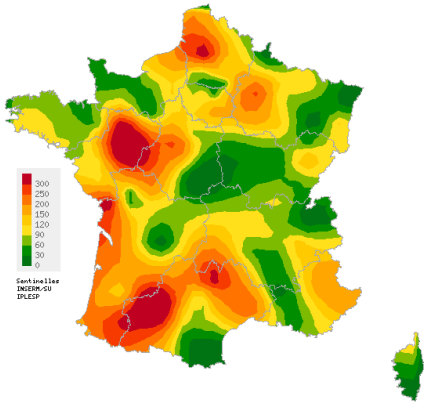
You will find more detailed information on ARI on page 2, influenza on page 3, Covid-19 on page 4 and RSV on page 5.

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

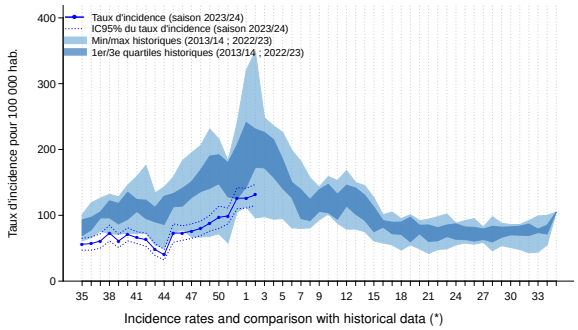
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus.The purpose of ARI surveillance is to monitor outbreaks of these virus.

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 (2024w02), the incidence rate of acute diarrhea cases seen in general practice was estimated at **131 cases per 100,000 population (95% CI [115; 147])**.

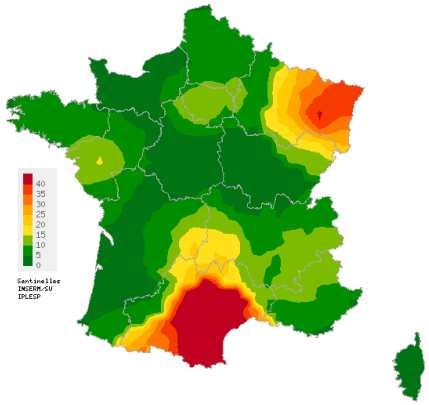
Subject to future consolidation of data, this rate is **stable** compared to the previous week (consolidated data for 2024w01: 126 [111; 141]) and corresponds to a **low level of activity** compared to those usually observed in this period.

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

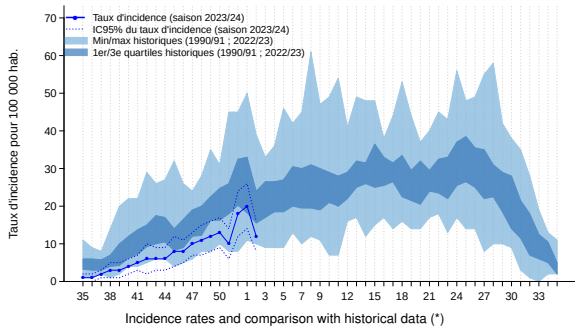
(*) Incidences of acute diarrhea were greatly reduced entre mars 2020 et août 2021 by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

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 (2024w02), the incidence rate of Chickenpox cases seen in general practice was estimated at **12 cases per 100,000 population (95% CI [8; 16])**.

Subject to future consolidation of data, this rate is **decreasing** compared to the previous week (consolidated data for 2024w01: 20 [14; 26]) and corresponds to a **low level of activity** compared to those usually observed at this time of the year.

Complete national and regional data are available on the last 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.

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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Observed situation in general practice for the week 2 of the year 2024, from 01/08/2024 to 01/14/2024

Acute respiratory infection (ARI) - Additional 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 **SARS-CoV-2 (COVID-19)**, **respiratory syncytial virus (RSV)**, **influenza viruses**, **rhinovirus** and **metapneumovirus**.

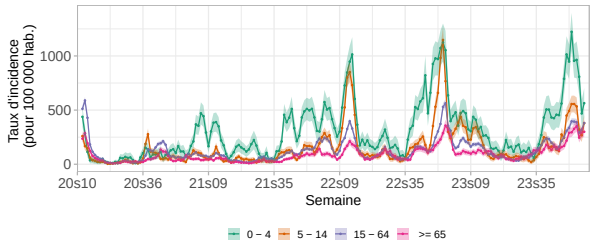
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory signs.**

Descriptive data are also collected for each patient, including the results of diagnostic tests for Covid-19 (RT-PCR or antigenic test).

Virological surveillance is also carried out by Sentinel general practitioners and pediatricians, who take weekly samples from patients consulting for an ARI, in order to identify different respiratory viruses and monitor their circulation.

From this clinical and virological information, it is possible to estimate the number of cases of **Covid-19, influenza virus and VRS among ARI cases seen in general medical consultations.**

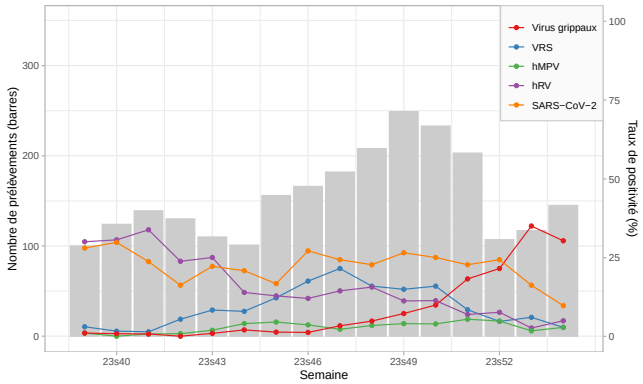
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week (2024w02), subject to future data consolidation, incidence rates were **increasing in the 0-4, 5-14** and **15-64 age groups** and **stable in the 65+ age group** compared to the previous week.

Circulation of respiratory viruses in general practice and pediatric



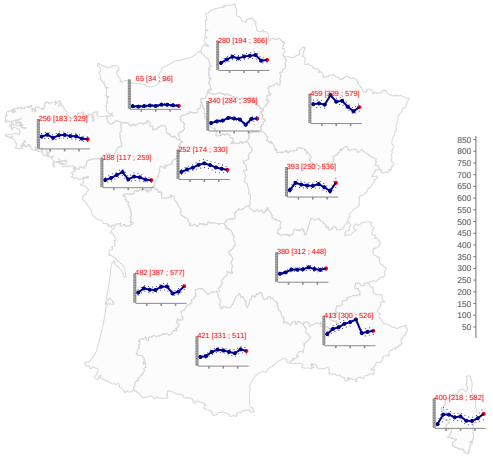
Number of swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2023w39

This season, **278** general practitionners and pediatricians are taking part in virological surveillance.

Last week (2024w01), **145 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: 30%** (43/142) (consolidated data for 2024w01: 35% (41/117));
- **SARS-CoV-2 (Covid-19): 10%** (14/144) (consolidated data for 2024w01: 16% (19/117));
- **Respiratory syncytial virus (RSV): 3%** (4/144) (consolidated data for 2024w01: 6% (7/117));
- **Rhinovirus: 5%** (7/143) (consolidated data for 2024w01: 3% (3/117));
- **Metapneumovirus: 3%** (4/143) (consolidated data for 2024w01: 2% (2/117)).

ARI incidence rates by regions



Weekly ARI incidence rates by regions over the last nine weeks

In conclusion

Last week (2024w02), subject to future data consolidation, the incidence of ARI cases seen in general practice was **increasing in all age groups, excluding those aged 65 and over** compared to the previous week (see graph opposite). ARI activity in general practice remains high.

The ARI cases observed the past week (2024w01) in general practice were mainly linked to the concomitant circulation of the **influenza viruses** and **SARS-CoV-2 (Covid-19)**.

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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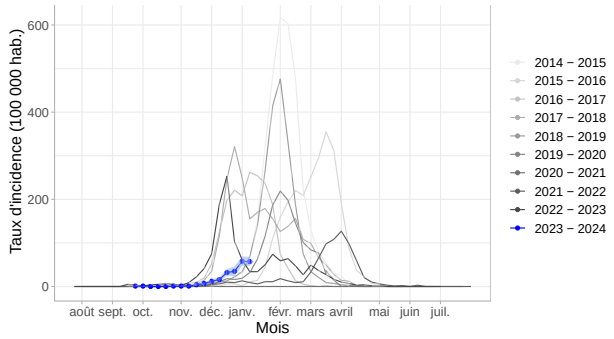
Observed situation in general practice for the week 2 of the year 2024, from 01/08/2024 to 01/14/2024

INFLUENZA

Estimating the incidence of influenza in general practice



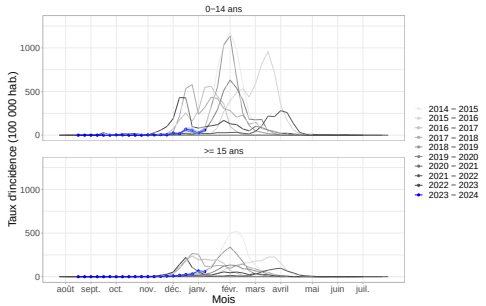
Incidence rate of influenza cases observed in general practice since 2023w39 (blue) compared to previous seasons (grey) (*)

Last week (2024w02), the incidence rate of influenza cases seen in general practice for acute respiratory infection was estimated at **102 cases per 100,000 population** (95% CI [84; 121]), corresponding to 68,003 [55,520; 80,486] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w01: 98 [80; 115], corresponding to 64,940 [53,392; 76,488] new cases).

(*) In order to compare current activity with past influenza epidemics, the incidences presented in this graph are taken from the influenza-like illness indicator. These data have been estimated secondarily from the ARI indicator since 2020.

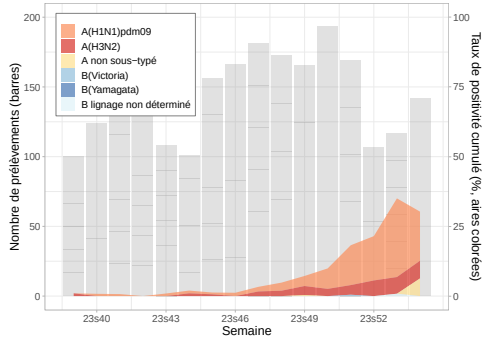
Estimated incidence of influenza cases by age groups



Incidence rate of influenza cases seen in general practice by age group since 2023s39 (blue) and comparison with historical data (grey)*

Last week (2024w02), subject to future data consolidation, the incidence rates of influenza cases seen in general medical consultations for ARI were **increasing in 0-14 age group** and **stable in the 15 and above age group**, compared to the previous week.

Identification of influenza viruses



Cumulative influenza positivity rate by circulating influenza subtypes from ARI cases swabed by Sentinel physicians since 2023w39

Since surveillance began(2023w39), influenza viruses identified have been **predominantly type A**, with **69%** A(H1N1)pdm09, **25%** A(H3N2), **5%** unsubtyped A, **0.5%** B Victoria and **0.5%** with undertermined B lineage.

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2023s39 (25th September), the **211** confirmed influenza cases have been swabbed by Sentinel general practitioners and pediatricians. They presented the characteristics below:

- **Median age**: 36 years (from 4 months to 89 years old);
- **Male/female sex-ratio**: 0.94 (96/114);
- **Vaccination**: 93% (178/192) were not vaccinated against influenza;
- **Risk factors**: 20% (36/177) had risk factors for complications;
- **Hospitalization**: no patients were hospitalized at the end of the consultation (0/162).

In conclusion

Last week (2024w02), the circulation of influenza viruses was **stable** compared to the previous week, remaining at a moderate level of intensity. However, we note a resumption of the increase in the incidence of influenza cases seen in general practice consultations among the 0-14 age group.

Most of the influenza viruses identified were of **type A(H1N1)pdm09**.

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

Samples analysis by the respiratory viruses National Reference Laboratory (Institut Pasteur, Paris ; associated center : Hospices Civils de Lyon) and the virological laboratory of Corsica University.

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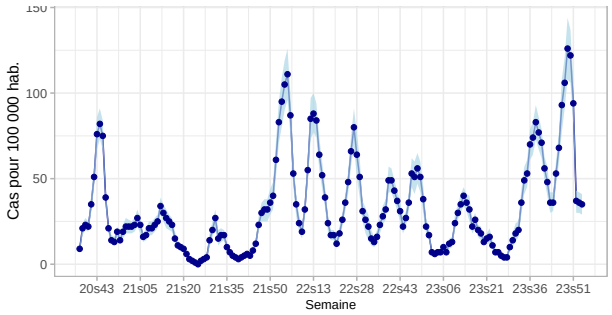
Observed situation in general practice for the week 2 of the year 2024, from 01/08/2024 to 01/14/2024

Covid-19

Estimated incidence of Covid-19 cases seen in general practice

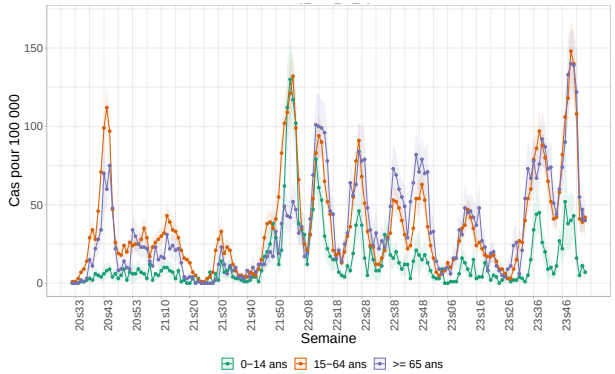


Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

Last week (2024w02), the incidence rate of Covid-19 cases seen in general practice for acute respiratory infection was estimated at **35 cases per 100,000 population** (95% CI [29; 41]), corresponding to 23,358 [19,423; 27,293] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w01: 36 [30; 42], corresponding to 23,775 [19,685; 27,865] new cases).

Estimated incidence of Covid-19 cases by age group



Incidence rate of Covid-19 cases presenting respiratory signs seen in general practice by age group since 2020w37

Last week (2024w02), the incidence rates of Covid-19 cases seen in general practice for acute respiratory infection were estimated at:

- **0-14 years**: 7 cases per 100,000 inhabitants (95% CI [2; 11]), corresponding to 768 [259; 1,276] new cases;
- **15-64 years**: 42 cases per 100,000 inhabitants (95% CI [35; 49]), corresponding to 16,956 [14,103; 19,809] new cases;
- **65 years and above**: 40 cas pour 100 000 habitants (IC 95% [28 ; 52]), corresponding to 5,652 [3,930; 7,374] new cases.

Subject to future data consolidation, these rates were **stable in all age groups** compared to the previous week.

Description of Covid-19 cases with respiratory signs

Since week 2023w39 (25th September, date of the beginning of the virological surveillance), the **554 Covid-19 confirmed cases** with an acute respiratory infection and sampled by the Sentinel general practitioners and paediatricians had the following characteristics:

- **Median age**: 50 years (range from 3 months to 91 years);
- **Male/female sex-ratio:** 0,67 (220/329);
- **Vaccination**: 21% (110/532) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- **Risk factors**: 35% (182/517) had risk factors for complications;
- **Hospitalization**: 1% (2/490) of patients was hospitalized after the consultation.

In conclusion

Last week (2024w02), the incidence of Covid-19 cases seen in general practice for an acute respiratory infection with respiratory signs was **stable in all age groups** compared to the previous week, and remains at a **moderate level of activity** (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.

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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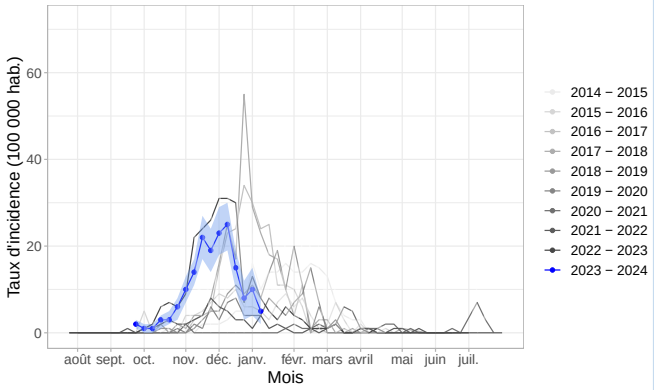
Observed situation in general practice for the week 2 of the year 2024, from 01/08/2024 to 01/14/2024

RSV

Estimated incidence of RSV cases in general practice



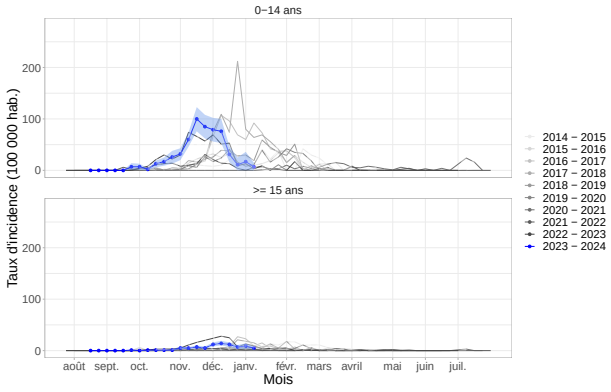
Incidence rate of RSV cases in general practice since 2023w39 (blue) compared to historical data (grey) (*)

Last week (2024w02), the incidence rate of VRS cases seen in general practice for acute respiratory infection was estimated at **9 cases per 100,000 population** (95% CI [4; 15]), corresponding to 6,179 [2,460; 9,898] new cases.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2024w01: 17 [8; 26], corresponding to 11,034 [5,001; 17,067] new cases).

(*) In order to compare current activity with past RSV epidemics, the incidences presented in this graph are taken from the influenza-like illness indicator. These data are estimated secondarily from the ARI indicator since 2020.

Estimated incidence of RSV cases by age group



Incidence rate of RSV cases in general practice since 2023w39 (blue) compared to historical data (grey)(*)

Last week (2024w02), incidence rates of RSV cases seen in general practice for acute respiratory were estimated at:

- 0-14 years: **12** cases per 100,000 population (95% CI [0; 26]), corresponding to 1,308 [0; 2,923] new cases.;

- 15 years and above: 9 cases per 100,000 population (95% CI [3; 15]), corresponding to 4,871 [1,537; 8,206] new cases.

Subject to future data consolidation, this rate is **decreasing in the 0-14 age group and stable in the 15 and above age group**, compared to the previous week.

(*) In order to compare current activity with past RSV epidemics, the incidences presented in this graph are taken from the influenza-like illness indicator. These data are estimated secondarily from the ARI indicator since 2020.

Description of RSV cases

Since the beginning of virological surveillance in week 2023w39 (25th September), the **258** confirmed RSV cases swabbed by Sentinel general practitioners and pediatricians had the following characteristics:

- **Median age**: 4 years (from 1 month to 96 years);
- **Male/female sex ratio**: 0.96 (124/130);
- **Risk factors**: 21% (48/231) had risk factors for complications;
- **Hospitalization**: 1% (2/226) were hospitalized at the end of the consultation.

These characteristics are **similar** to those of positive RSV cases observed in past seasons in general practice (historical data : median age: 4 years; 53% women; 17% with risk factors; 0.6% hospitalized patients).

In conclusion

Last week (2024w02), the incidence of RSV cases among patients consulting for ARI in general practice **continued the decrease** observed since the end of December, mainly among the 0-14 age group.

You can find all the bronchiolitis epidemiological data (outpatient and inpatient) in the Public Health France weekly bulletin by clicking here.

Samples analysis by the respiratory viruses National Reference Laboratory (Institut Pasteur, Paris ; associated center : Hospices Civils de Lyon) and the virological laboratory of Corsica University.

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National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2024w02 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2024w01** Incidence rate estimations [95% confidence interval]	**2023w52** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	369 [344 ; 394]	312 [289 ; 335]	308 [285 ; 331]
Acute diarrhea	131 [115 ; 147]	126 [111 ; 141]	126 [110 ; 142]
Chickenpox	12 [8 ; 16]	20 [14 ; 26]	18 [12 ; 24]

Regional incidence rates for the week 2024w02 (per 100,000 inhabitants)	**Acute Respiratory Infection** Incidence rate estimations [95% confidence interval]	**Acute diarrhea** Incidence rate estimations [95% confidence interval]	**Chickenpox** Incidence rate estimations [95% confidence interval]
Auvergne-Rhône-Alpes	380 [312 ; 448]	79 [49 ; 109]	7 [0 ; 17]
Bourgogne-Franche-Comté	393 [250 ; 536]	72 [19 ; 125]	0 [0 ; 0]
Bretagne	256 [183 ; 329]	79 [40 ; 118]	3 [0 ; 10]
Centre-Val de Loire	252 [174 ; 330]	134 [76 ; 192]	3 [0 ; 9]
Corse	400 [218 ; 582]	91 [27 ; 155]	1 [0 ; 6]
Grand Est	459 [339 ; 579]	97 [56 ; 138]	33 [0 ; 75]
Hauts-de-France	280 [194 ; 366]	128 [72 ; 184]	11 [0 ; 28]
Ile-de-France	340 [284 ; 396]	108 [86 ; 130]	13 [5 ; 21]
Normandie	65 [34 ; 96]	36 [0 ; 72]	0 [0 ; 0]
Nouvelle-Aquitaine	482 [387 ; 577]	169 [109 ; 229]	4 [0 ; 13]
Occitanie	421 [331 ; 511]	167 [114 ; 220]	33 [6 ; 60]
Pays de la Loire	188 [117 ; 259]	230 [127 ; 333]	26 [4 ; 48]
Provence-Alpes-Côte d'Azur	413 [300 ; 526]	79 [15 ; 143]	1 [0 ; 6]

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, 576 physicians participate in the continuous surveillance activity (531 general practitioners and 45 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Olivier Steichen, Thierry Blanchon
Publication : Yves Dorléans
Information system & biostatistics : Clément Turbelin
Monitoring manager : Marion Debin, Caroline Guerrisi

Regional branches	Heads
Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté	Marianne Sarazin
Centre-Val de Loire, Pays de la Loire	Thierry Prazuck
Corse	Alessandra Falchi
PACA	David Darmon
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	Mathilde François
Bretagne, Normandie	Marie Pouquet
Nouvelle-Aquitaine, Occitanie	Maryse Lapeyre-Mestre

See all the team

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