



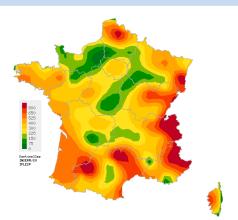


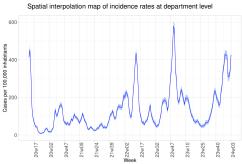




Acute Respiratory Infection (ARI)

Covid-19. Influenza and other respiratory viruses High activity in general practice





In mainland France, last week (2024w03), the incidence rate of ARI cases consulting in general practice was estimated at 427 cases per 100,000 population (95% CI [401; 453]).

Incidence rates by week

Subject to future consolidation of data, this rate is increasing compared to the previous week (consolidated data for 2024w02: 337 [317; 357]).

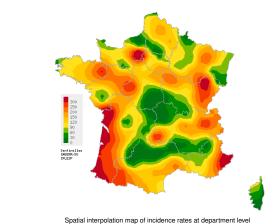
You will find more detailed information on ARI on page 2, influenza on page 3, Covid-19 on page 4 and RSV on page 5.

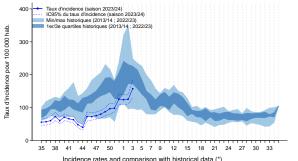
Complete national and regional data are available on the last page of this bulletin.

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





Incidence rates and comparison with historical data (*)

In mainland France, last week (2024w03), the incidence rate of acute diarrhea cases seen in general practice was estimated at 158 cases per 100,000 population (95% CI [130; 186]).

Subject to future consolidation of data, this rate is increasing compared to the previous week (consolidated data for 2024w02: 125 [111; 139]) and corresponds to a low level of activity compared to those usually observed in this period.

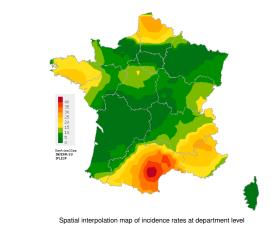
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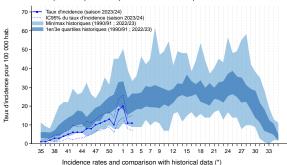
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(*) 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





In mainland France, last week (2024w03), the incidence rate of Chickenpox cases seen in general practice was estimated at 11 cases per 100,000 population (95% CI [7; 15]). Subject to future consolidation of data, this rate is stable compared to the previous week (consolidated data for 2024w02: 11 [8: 14]) 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.





Sentinelles





Observed situation in general practice for the week 3 of the year 2024, from 01/15/2024 to 01/21/2024

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.

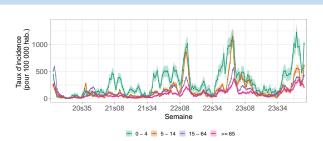
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: sudden onset of fever (or feeling of fever) and respiratory signs.

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.

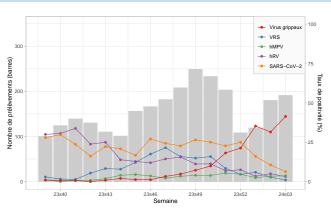
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week (2024w03), 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



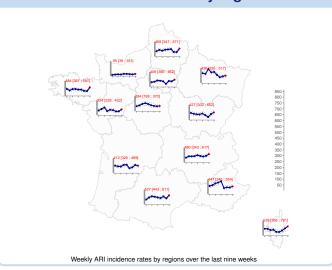
Number of swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2023w39

This season, **280** general practitioners and pediatricians are taking part in virological surveillance.

Last week (2024w03), **191 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:

- **SARS-CoV-2 (Covid-19): 41%** (79/191) (consolidated data for 2024w02: 32% (56/178));
- **Rhinovirus: 6%** (12/191) (consolidated data for 2024w02: 11% (19/179));
- **Respiratory syncytial virus (RSV): 1%** (2/191) (consolidated data for 2024w02: 3% (5/179));
- **Influenza viruses: 3%** (6/190) (consolidated data for 2024w02: 5% (9/179));
- **Metapneumovirus: 4%** (7/190) (consolidated data for 2024w02: 3% (6/179)).

ARI incidence rates by regions



In conclusion

Last week (2024w03), 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 (2024w03) in general practice were mainly linked to the concomitant circulation of the **influenza viruses** and **SARS-CoV-2 (Covid-19)**.





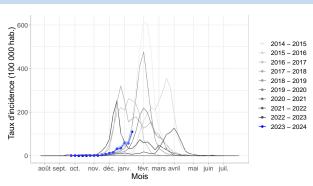






INFLUENZA

Estimating the incidence of influenza in general practice



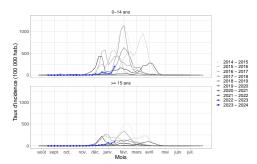
Incidence rate of influenza cases observed in general practice since 2023w39 (blue) compared to previous seasons (grey) (*)

Last week (2024w03), the incidence rate of influenza cases seen in general practice for acute respiratory infection was estimated at **167 cases per 100,000 population** (95% CI [145; 189]), corresponding to 111,184 [96,447; 125,921] new cases.

Subject to future data consolidation, this rate is **strongly increasing** compared to the previous week (consolidated data for 2024w02: 98 [83; 113], corresponding to 65,653 [55,634; 75,672] 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)*

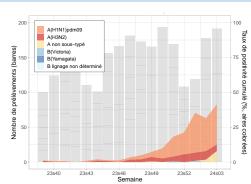
Last week (2024w03), subject to future data consolidation, the incidence rates of influenza cases seen in general practice for ARI were **increasing in both age** group and particulary in the 0-14 age group compared to the previous week.

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2023s39 (25th September), the **304** 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: 0.88 (142/161);
- Vaccination: 91% (251/277) were not vaccinated against influenza;
- Risk factors: 21% (50/238) had risk factors for complications;
- **Hospitalization**: no patients were hospitalized at the end of the consultation (0/218).

Identification of influenza viruses



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

Since the begining of the surveillance (2023w39), influenza viruses identified have been **predominantly type A**, with **72**% A(H1N1)pdm09, **21**% A(H3N2), **6**% unsubtyped A, **0.5**% B Victoria and **0.5**% with undertermined B lineage.

In conclusion

Last week (2024w03), the circulation of influenza viruses was **strongly increasing** compared to the previous week. Subject to future data consolidation, this increase was **particularly marked** in the 0-14 age group.

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

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





Sentinelles

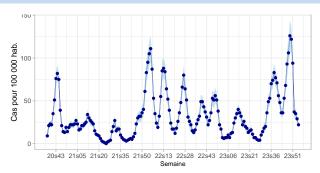




Observed situation in general practice for the week 3 of the year 2024, from 01/15/2024 to 01/21/2024

Covid-19

Estimated incidence of Covid-19 cases seen in general practice

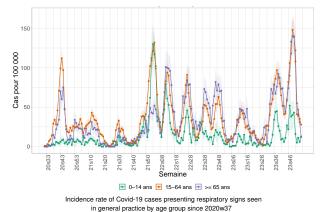


Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

Last week (2024w03), the incidence rate of Covid-19 cases seen in general practice for acute respiratory infection was estimated at 22 cases per 100,000 population (95% CI [18; 26]), corresponding to 14,780 [12,276; 17,284] new cases.

Subject to future data consolidation, this rate is decreasing compared to the previous week (consolidated data for 2024w02: 29 [24; 34], corresponding to 19,290 [16,195; 22,385] new cases).

Estimated incidence of Covid-19 cases by age group



Last week (2024w03), the incidence rates of Covid-19 cases seen in general practice for acute respiratory infection were estimated at:

- 0-14 years: 12 cases per 100,000 population (95% CI [6; 17]), corresponding to 1,310 [702; 1,918] new cases;
- 15-64 years: 28 cases per 100,000 population (95% CI [23; 33]), corresponding to 11,348 [9,250; 13,445] new cases;
- 65 years and above: 13 cases per 100,000 population (95% CI [8; 19]), corresponding to 1,878 [1,099; 2,657] new cases.

Subject to future data consolidation, this rate was stable in the 0-14 age group and decreasing in the 15-64 and 65 and over 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 573 (22%) Covid-19 confirmed cases with an acute respiratory infection and sampled by the Sentinel general practitioners and paediatricians had the following characteris-

- Median age: 49 years (range from 2 months to 91 years);
- Male/female sex-ratio: 0.66 (226/340);
- Vaccination: 21% (116/549) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- Risk factors: 35% (189/534) had risk factors for complications;
- Hospitalization: 0.5% (2/504) of patients were hospitalized after the consultation.

In conclusion

Last week (2024w03), the incidence of Covid-19 cases seen in general practice for an acute respiratory infection with respiratory signs continues the decrease observed since mid-December (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.



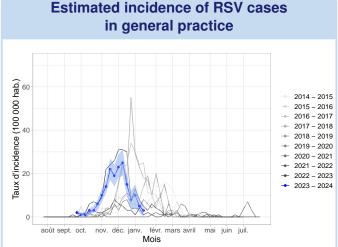








RSV



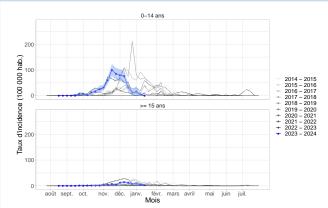
Incidence rate of RSV cases in general practice since 2023w39 (blue) compared to historical data (grey) (*)

Last week (2024w03), the incidence rate of VRS cases seen in general practice for acute respiratory infection was estimated at **5 cases per 100,000 population** (95% CI [1; 9]), corresponding to 2,726 [436; 5,016] new cases.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2024w02: 9 [4; 13], corresponding to 5,821 [2,740; 8,902] 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 (2024w03), incidence rates of RSV cases seen in general practice for acute respiratory were estimated at:

- 0-14 years: 0 cases per 100,000 population (95% CI [0; 0]);
- 15 years and above: 5 cases per 100,000 population (95% CI [1; 9]), corresponding to 2,726 [436; 5,015] new cases.

Subject to future data consolidation, this rate is **decreasing in both age groups,** 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 **261 (10%)** 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: 0.95 (125/132);
- Risk factors: 21% (48/233) had risk factors for complications:
- **Hospitalization**: 1% (2/228) 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 (2024w03), the incidence of RSV cases among patients consulting for ARI in general practice was **decreasing** compared to the previous week.

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











National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w03 (unconsolidated) Incidence rate estimations [95% confidence interval]	2024w02 Incidence rate estimations [95% confidence interval]	2024w01 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	427 [401 ; 453]	337 [317 ; 357]	311 [288 ; 334]
Acute diarrhea	158 [130 ; 186]	125 [111 ; 139]	124 [109 ; 139]
Chickenpox	11 [7 ; 15]	11 [8 ; 14]	20 [14 ; 26]

Regional incidence rates for the week 2024w03 (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	480 [343 ; 617]	131 [76 ; 186]	9 [0 ; 19]
Bourgogne-Franche-Comté	427 [302 ; 552]	185 [110 ; 260]	12 [0 ; 33]
Bretagne	484 [387 ; 581]	187 [125 ; 249]	29 [5 ; 53]
Centre-Val de Loire	284 [198 ; 370]	145 [81 ; 209]	15 [0 ; 36]
Corse	528 [265 ; 791]	82 [9 ; 155]	0 [0 ; 0]
Grand Est	426 [335 ; 517]	125 [78 ; 172]	4 [0 ; 12]
Hauts-de-France	459 [347 ; 571]	127 [71 ; 183]	35 [3 ; 67]
Ile-de-France	409 [356 ; 462]	105 [80 ; 130]	4 [0 ; 9]
Normandie	95 [39 ; 151]	134 [12 ; 256]	0 [0 ; 0]
Nouvelle-Aquitaine	412 [325 ; 499]	216 [150 ; 282]	3 [0 ; 10]
Occitanie	527 [443 ; 611]	115 [74 ; 156]	22 [2 ; 42]
Pays de la Loire	324 [226 ; 422]	126 [56 ; 196]	7 [0 ; 18]
Provence-Alpes-Côte d'Azur	447 [340 ; 554]	170 [61 ; 279]	10 [0 ; 26]

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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, 578 physicians participate in the continuous surveillance activity (532 general practitioners and 46 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,	Marianne Sarazin	
Bourgogne-Franche-Comté		
Centre-Val de Loire,	Thierry Prazuck	
Pays de la Loire	THICH Y FIAZUCK	
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

Envie de participer à la veille sanitaire ?



Devenez acteur de la surveillance du Covid-19! Pas besoin d'être malade pour participer! Inscrivez-vous sur https://www.covidnet.fr/