

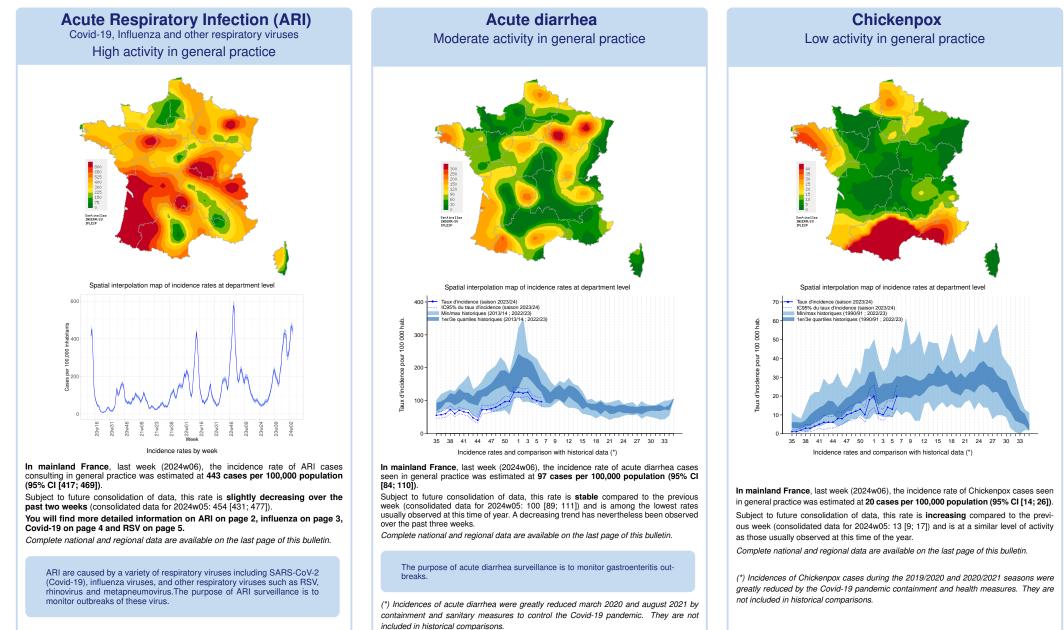


Sent^{*}nelles





Observed situation in general practice for the week 6 of the year 2024, from 02/05/2024 to 02/11/2024













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.

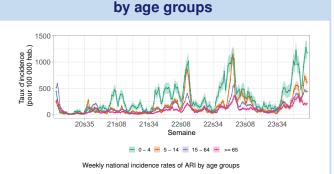
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory signs.**

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.

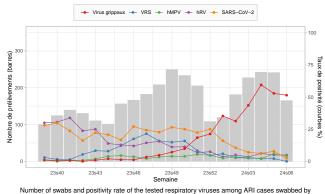
From this clinical and virological information, it is possible to estimate the number of cases of Covid-19, influenza virus and VRS among ARI cases seen in general medical consultations.

ARI incidence rates



Last week (2024w06), subject to future data consolidation, incidence rates were slightly decreasing in the 0-4 and 5-14 age groups and stable in the other age groups 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, 286 general practitioners and pediatricians are taking part in virological surveillance.

Last week (2024w06), **165 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:

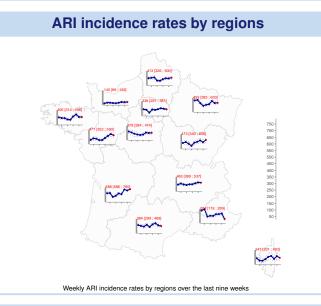
- Influenza viruses: 52% (85/165) (consolidated data for 2024w05: 53% (127/240));

- **SARS-CoV-2 (Covid-19): 2%** (4/165) (consolidated data for 2024w05: 8% (19/240));

- **Rhinovirus: 5%** (8/164) (consolidated data for 2024w05: 5% (12/240));

- **Respiratory syncytial virus (RSV): 0%** (0/165) (consolidated data for 2024w05: 2% (5/240));

- **Metapneumovirus: 4%** (7/164) (consolidated data for 2024w05: 6% (14/240)).



In conclusion

Last week (2024w06), subject to future data consolidation, the incidence of **ARI** cases seen in general practice continued the **decline observed since the end of January (2024w04)**, **mainly among children** aged 0-4 and 5-14, and to a lesser extent among 15-64 years old (see graph opposite).

The ARI cases observed the past week (2024w06) in general practice were mainly linked to the **circulation of the influenza viruses** (see graph opposite).

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



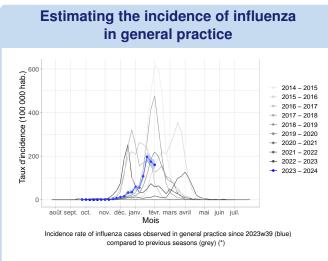








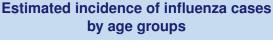
INFLUENZA

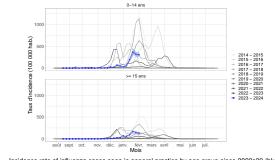


Last week (2024w06), the incidence rate of influenza cases seen in general practice for acute respiratory infection was estimated at **223 cases per 100,000 population** (95% CI [193; 253]), corresponding to 148,642 [128,843; 168,441] new cases.

Subject to future data consolidation, this rate is **slightly decreasing** compared to the previous week (consolidated data for 2024w05: 233 [210; 255], corresponding to 155,177 [140,151; 170,203] new cases).

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





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

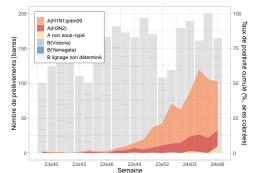
Last week (2024w06), subject to future data consolidation, the incidence rates of influenza cases seen in general practice for ARI were **stable among the 0-14 years** and **slightly decreasing among the 15 years and above** compared to the previous week.

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2023s39 (25th September), the **681** confirmed influenza cases have been swabbed by Sentinel general practitioners and pediatricians. They presented the characteristics below:

- Median age: 35 years (from 1 month to 89 years old);
- Male/female sex-ratio: 0,90 (321/356);
- Vaccination: 91% (577/632) were not vaccinated against influenza;
- Risk factors: 18% (97/542) had risk factors for complications;
- **Hospitalization**: one patient was hospitalized at the end of the consultation (1/502).

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 **75**% A(H1N1)pdm09, **23**% A(H3N2), **2**% unsubtyped A and **0.3**% B Victoria.

In conclusion

Last week (2024w06), subject to future data consolidation, the incidence of influenza cases seen in general practice among patients consulting for an ARI was **slightly decreasing** compared to the previous week, but remains at a **high activity level**. This **decreasing trend is observed since two weeks. The epidemic peak may have been reached in late January (2024w04).**

Most of the influenza viruses identified are 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 <u>here</u>.

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









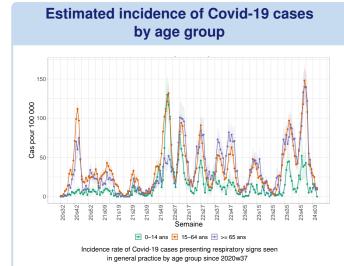


Covid-19

Estimated incidence of Covid-19 cases seen in general practice

Last week (2024w06), the incidence rate of **Covid-19** cases seen in general practice for acute respiratory infection was estimated at **9 cases per 100,000 population** (95% CI [6; 11]), corresponding to 5,855 [4,047; 7,663] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w05: 11 [8; 13], corresponding to 7,116 [5,520; 8,712] new cases).



Last week (2024w06), the incidence rates of ${\bf Covid-19}$ cases seen in general practice for acute respiratory infection were estimated at:

- **0-14 years**: 0 case per 100,000 population (95% CI [0; 1]), corresponding to 48 [6; 90] new cases;

- **15-64 years**: 11 cases per 100,000 population (95% CI [7; 15]), corresponding to 4,463 [2,901; 6,025] new cases;

- **65 years and above**: 9 cases per 100,000 population (95% CI [4; 14]), corresponding to 1,217 [502; 1,932] new cases.

Subject to future data consolidation, these rates were **decreasing in children between 0-14 years** and **stable in the other 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 **615 Covid-19 confirmed cases** with an acute respiratory infection and sampled by the Sentinel general practitioners and paediatricians had the following characteristics:

- Median age: 49 years (range from 2 months to 99 years);
- Male/female sex-ratio: 0.66 (242/365);

- Vaccination: 21% (122/587) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);

- Risk factors: 35% (199/567) had risk factors for complications;

- $\mbox{Hospitalization: } 0.4\%$ (2/534) of patients were hospitalized after the consultation.

In conclusion

Last week (2024w06), 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).

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 <u>here</u>.





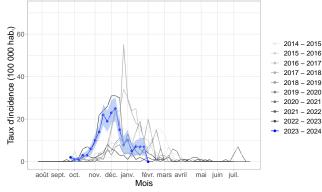






RSV

Estimated incidence of RSV cases in general practice



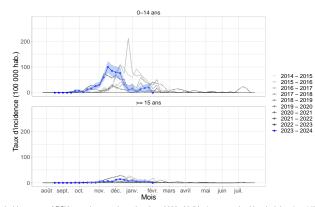
Incidence rate of RSV cases in general practice since 2023w39 (blue) compared to historical data (grey) (*)

Last week (2024w06), the incidence rate of **VRS** cases seen in general practice for acute respiratory infection was estimated at **0 cases per 100,000 population**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2024w05: 10 [5; 15], corresponding to 6,435 [3,040; 9,830] 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 (2024w06), incidence rates of **RSV** cases seen in general practice for acute respiratory were estimated at:

- 0-14 years: 0 cases per 100,000 population;
- 15 years and above: 0 cases per 100,000 population.

Subject to future data consolidation, these rates are **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 **275** 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: 0.94 (131/140);
- Risk factors: 20% (50/246) had risk factors for complications;
- $\mbox{Hospitalization: } 0.8\%$ (2/241) 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 (2024w06), subject to future data consolidation, **no** cases of **RSV** were identified among patients consulting for ARI and sampled by Sentinel physicians. The incidence of RSV cases among patients consulting for ARI in general practice was **decreasing** compared to the previous week and was at a **low level** of activity.

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

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





Sent^{*}nelles





Observed situation in general practice for the week 6 of the year 2024, from 02/05/2024 to 02/11/2024

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w06 (unconsolidated) Incidence rate estimations [95% confidence interval]	2024w05 Incidence rate estimations [95% confidence interval]	2024w04 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	443 [417 ; 469]	454 [431 ; 477]	469 [446 ; 492]
Acute diarrhea	97 [84 ; 110]	100 [89 ; 111]	106 [95 ; 117]
Chickenpox	20 [14 ; 26]	13 [9 ; 17]	14 [10 ; 18]

Regional incidence rates for the week 2024w06 (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	463 [389 ; 537]	69 [44 ; 94]	10 [0 ; 21]
Bourgogne-Franche-Comté	473 [340 ; 606]	101 [40 ; 162]	6 [0 ; 21]
Bretagne	405 [314 ; 496]	117 [70 ; 164]	28 [9 ; 47]
Centre-Val de Loire	379 [284 ; 474]	100 [52 ; 148]	7 [0 ; 21]
Corse	347 [201 ; 493]	64 [13 ; 115]	0 [0 ; 0]
Grand Est	493 [383 ; 603]	128 [80 ; 176]	11 [0 ; 23]
Hauts-de-France	413 [326 ; 500]	136 [88 ; 184]	20 [0 ; 40]
lle-de-France	336 [291 ; 381]	72 [52 ; 92]	14 [5 ; 23]
Normandie	140 [88 ; 192]	32 [2 ; 62]	0 [0 ; 0]
Nouvelle-Aquitaine	688 [586 ; 790]	126 [82 ; 170]	8 [0 ; 19]
Occitanie	384 [299 ; 469]	68 [35 ; 101]	56 [21 ; 91]
Pays de la Loire	471 [352 ; 590]	72 [30 ; 114]	20 [1 ; 39]
Provence-Alpes-Côte d'Azur	204 [119 ; 289]	44 [4 ; 84]	58 [4 ; 112]

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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, 590 physicians participate in the continuous surveillance activity (543 general practitioners and 47 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		
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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