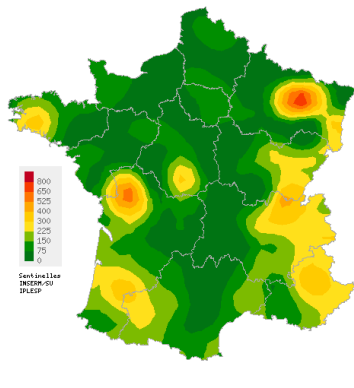


Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

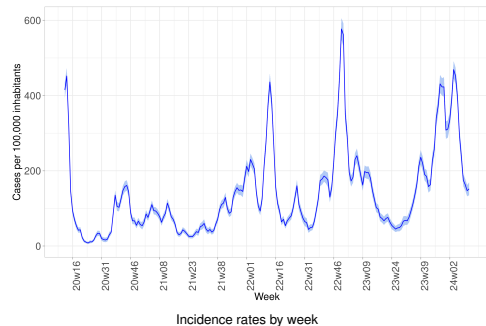
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In mainland France, last week (2024w12), the incidence rate of ARI cases consulting in general practice was estimated at **152 cases per 100,000 population (95% CI [135; 169])**.

Subject to future consolidation of data, this rate is **stable** compared to the previous week (consolidated data for 2024w11: 147 [132; 162]).

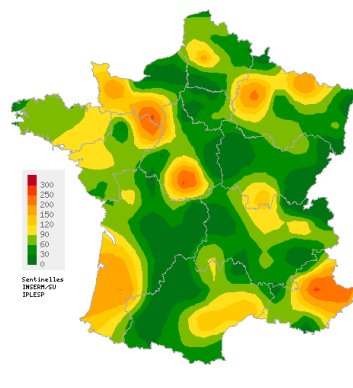
You will find more detailed information on ARI on page 2, influenza on page 3, Covid-19 on page 4 and RSV on page 5.

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

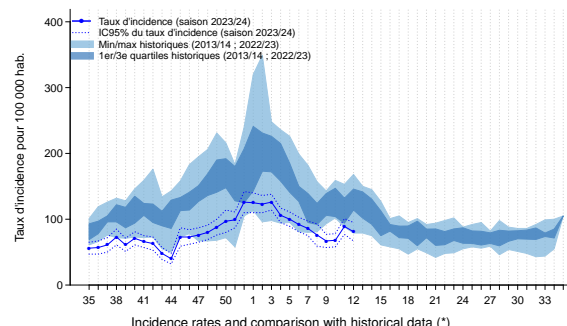
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

Acute diarrhea

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 (2024w12), the incidence rate of acute diarrhea cases seen in general practice was estimated at **81 cases per 100,000 population (95% CI [67; 95])**.

Subject to future consolidation of data, this rate is **stable** compared to the previous week (consolidated data for 2024w11: 89 [77; 101]) and is at a **low activity level** compared to those usually observed at this time of the year.

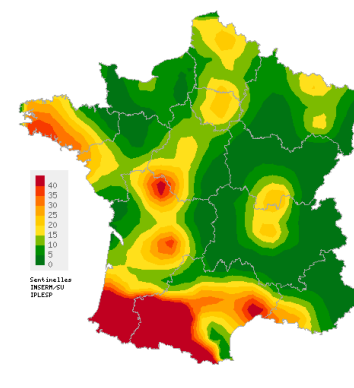
Complete national and regional data are available on the last page of this bulletin.

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

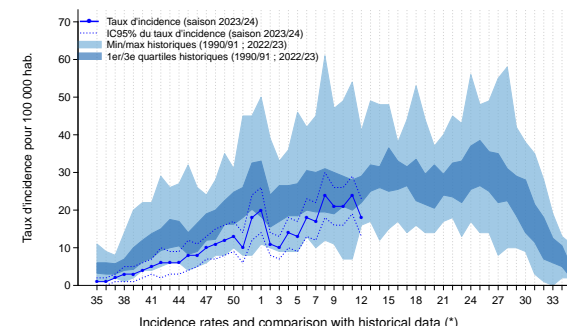
(*) Incidences of acute diarrhea were greatly reduced march 2020 and august 2021 by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

Chickenpox

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 (2024w12), the incidence rate of Chickenpox cases seen in general practice was estimated at **18 cases per 100,000 population (95% CI [13; 23])**.

Subject to future consolidation of data, this rate is **slightly decreasing** compared to the previous week (consolidated data for 2024w11: 24 95% CI [19; 29]) and is at a **low activity level** 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.

Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

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**.

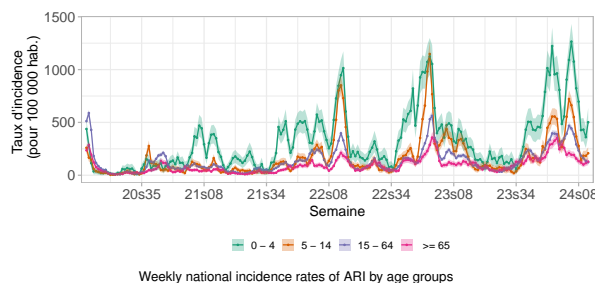
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory signs**.

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 and general practitioners from the [University department of general practice of Rouen](#), who take weekly samples from patients consulting for an ARI, in order to identify different respiratory viruses and monitor their circulation.

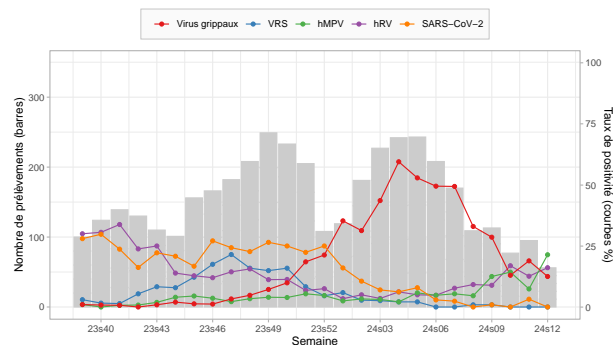
From this clinical and virological information, it is possible to estimate the number of cases of **Covid-19**, **influenza virus** and **VRS** among ARI cases seen in general medical consultations.

ARI incidence rates by age groups



Last week (2024w12), subject to future data consolidation, incidence rate was **stable in all age groups** compared to the previous week.

Circulation of respiratory viruses in general practice and pediatric



Number of weekly swabs and rate of positivity of these samples for the five families of respiratory viruses tested.

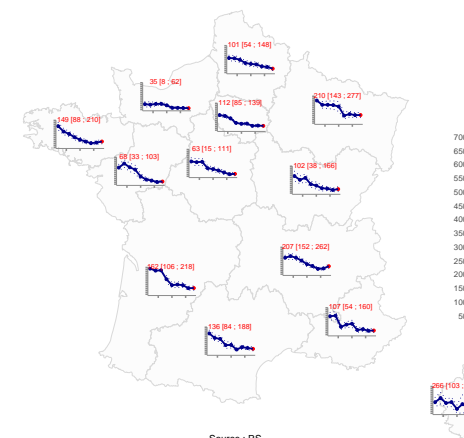
This season, **303** general practitioners and pediatricians are taking part in the ARI virological surveillance.

Last week (2024w12), **56 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: 14%** (8/56) (consolidated data for 2024w11: 19% (18/95));
- **SARS-CoV-2 (Covid-19): 0%** (0/56) (consolidated data for 2024w11: 3% (3/95));
- **Rhinovirus: 16%** (9/56) (consolidated data for 2024w11: 13% (12/95));
- **Respiratory syncytial virus (RSV): 0%** (0/56) (consolidated data for 2024w11: 0% (0/95));
- **Metapneumovirus: 21%** (12/56) (consolidated data for 2024w11: 7% (7/95)).

Data sources: *Sentinelles and DUMG Rouen*

ARI incidence rates by regions



Source : RS

Weekly ARI incidence rates by regions over the last nine weeks

In conclusion

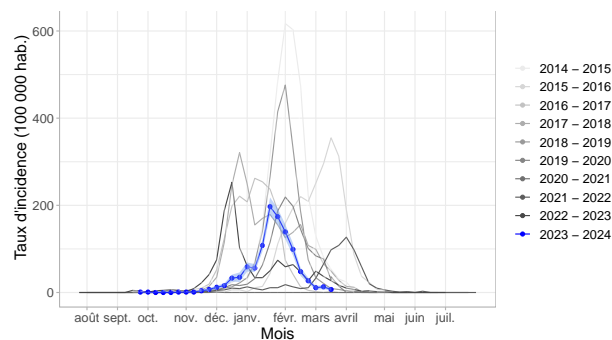
Last week (2024w12), subject to future data consolidation, the incidence of ARI cases seen in general practice was **stable** in all age groups and regions compared to the previous week (see graph opposite).

The ARI cases observed the past week (2024w12) in general practice were mainly linked to the circulation of **metapneumoviruses (hMPV)**, **rhinoviruses (hRV)** and **influenza viruses**.

Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

INFLUENZA

Estimating the incidence of influenza in general practice



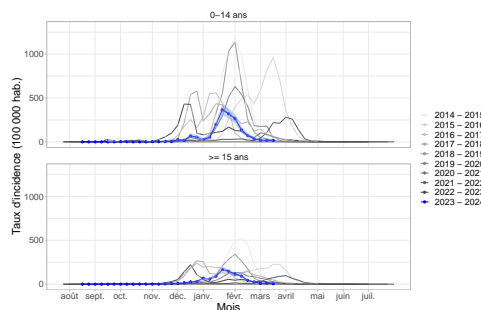
Incidence rate of influenza cases observed in general practice since 2023w39 (blue) compared to previous seasons (grey) (*)

Last week (2024w12), the incidence rate of **influenza** cases seen in general practice for acute respiratory infection was estimated at **19 cases per 100,000 population** (95% CI [9; 29]), corresponding to 12,753 [6,143; 19,363] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w11: 27 [18; 36], corresponding to 17,937 [11,890; 23,984] 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)*

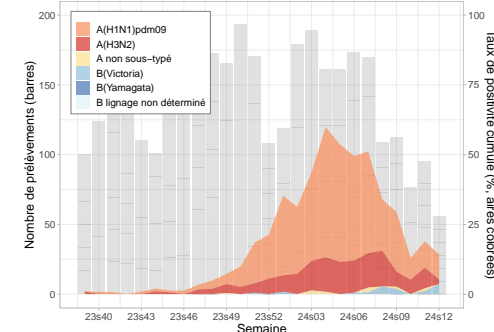
Last week (2024w12), subject to future data consolidation, the incidence rates of influenza cases seen in general practice for ARI were **stable in both age groups** compared to the previous week.

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2023w39 (25th September), the **887** confirmed influenza cases have been swabbed by Sentinel general practitioners and pediatricians. They presented the characteristics below:

- **Median age:** 36 years (range from 1 mois months to 89 years old);
- **Male/female sex-ratio:** 0.92 (421/459) ;
- **Vaccination:** 91% (750/826) were not vaccinated against influenza;
- **Risk factors:** 17% (147/857) had risk factors for complications;
- **Hospitalization:** no patient were hospitalized at the end of the consultation (0/795).

Identification of influenza viruses



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

Since the beginning of the surveillance (2023w39), influenza viruses identified have been **predominantly of type A**, with **74% A(H1N1)pdm09**, **24% A(H3N2)**, **1% untyped A** and **1% B Victoria**.

In conclusion

Last week (2024w12), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for ARI was **stable** compared to the previous week and was at a **low level of activity**.

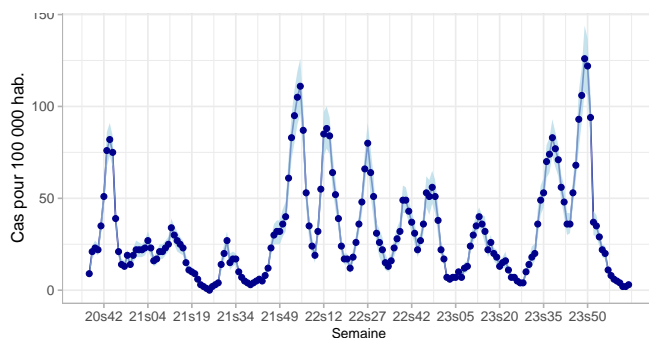
Most of the influenza viruses identified are of **type A(H1N1)pdm09**.

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

Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

Covid-19

Estimated incidence of Covid-19 cases seen in general practice

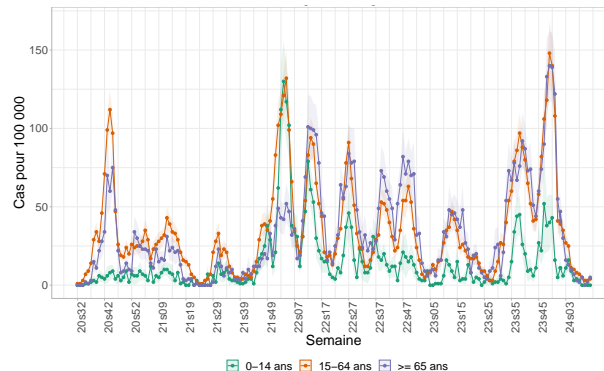


Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

Last week (2024w12), the incidence rate of **Covid-19** cases seen in general practice for acute respiratory infection was estimated at **3 cases per 100,000 population** (95% CI [2; 4]), corresponding to 1,990 [1,070; 2,910] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w11: 2 [1; 3], corresponding to 1,466 [832; 2,100] 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 (2024w12), the incidence rates of **Covid-19** cases seen in general practice for acute respiratory infection were estimated at:

- **0-14 years:** 0 cases per 100,000 population;
- **15-64 years:** 4 cases per 100,000 population (95% CI [1; 6]), corresponding to 1,419 [565 ; 2,272] new cases;
- **65 years and above:** 5 cases per 100,000 population (95% CI [1; 9]), corresponding to 702 [174 ; 1,231] 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 **625 Covid-19 confirmed cases** with an acute respiratory infection and sampled by the Sentinel general practitioners and paediatricians had the following characteristics:

- **Median age:** 48 years (range from 2 months to 99 years);
- **Male/female sex-ratio:** 0.66 (246/371);
- **Vaccination:** 21% (125/596) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- **Risk factors:** 35% (206/593) had risk factors for complications;
- **Hospitalization:** 0.4% (2/556) of patients were hospitalized after the consultation.

In conclusion

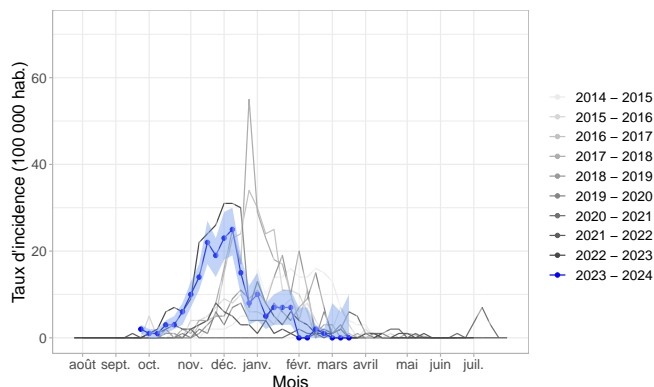
Last week (2024w12), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for acute respiratory infection was **stable** compared to the previous week and was at a **low level of activity** (see graph opposite).

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 [here](#).

Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

RSV

Estimated incidence of RSV cases in general practice



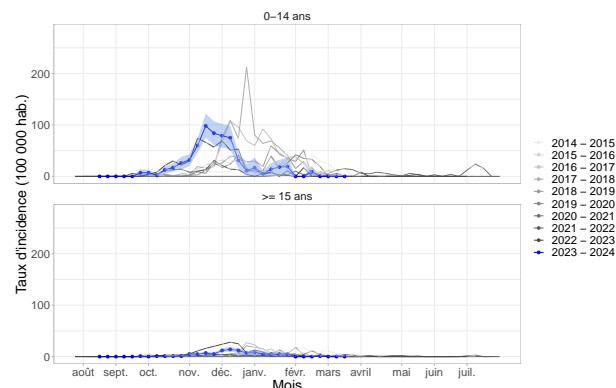
Incidence rate of RSV cases in general practice since 2023w39 (blue) compared to historical data (grey) (*)

Last week (2024w12), the incidence rate of **RSV** cases seen in general practice for acute respiratory infection was estimated at **0 cases per 100,000 population** (95% CI [0; 10]).

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w11: 0 [0; 6]).

(*) 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 (2024w12), 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 were **stable 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 **277 confirmed RSV cases** swabbed by Sentinel general practitioners and pediatricians had the following characteristics:

- **Median age**: 4 years (range from 1 month to 96 years);
- **Male/female sex ratio**: 0.96 (132/141);
- **Risk factors**: 20% (51/252) had risk factors for complications;
- **Hospitalization**: 0.8% (2/248) 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 (2024w12), subject to future data consolidation, the incidence of **RSV** cases seen among patients consulting for ARI in general practice was **stable** compared to the previous week and was at a **low level of activity** (see graphs opposite).

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

Observed situation in general practice for the week 12 of the year 2024, from 03/18/2024 to 03/24/2024

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w12 (unconsolidated)	2024w11	2024w10
	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	152 [135 ; 169]	147 [132 ; 162]	163 [148 ; 178]
Acute diarrhea	81 [67 ; 95]	89 [77 ; 101]	68 [58 ; 78]
Chickenpox	18 [13 ; 23]	24 [19 ; 29]	21 [16 ; 26]

Regional incidence rates for the week 2024w12 (per 100,000 inhabitants)	Acute Respiratory Infection	Acute diarrhea	Chickenpox
	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]
Auvergne-Rhône-Alpes	207 [152 ; 262]	60 [32 ; 88]	5 [0 ; 14]
Bourgogne-Franche-Comté	102 [38 ; 166]	55 [9 ; 101]	11 [0 ; 32]
Bretagne	149 [88 ; 210]	93 [22 ; 164]	20 [2 ; 38]
Centre-Val de Loire	63 [15 ; 111]	56 [11 ; 101]	8 [0 ; 21]
Corse	266 [103 ; 429]	81 [0 ; 174]	0 [0 ; 0]
Grand Est	210 [143 ; 277]	99 [61 ; 137]	9 [0 ; 23]
Hauts-de-France	101 [54 ; 148]	69 [31 ; 107]	20 [0 ; 41]
Ile-de-France	112 [85 ; 139]	36 [21 ; 51]	19 [7 ; 31]
Normandie	35 [8 ; 62]	67 [9 ; 125]	5 [0 ; 13]
Nouvelle-Aquitaine	162 [106 ; 218]	79 [41 ; 117]	21 [0 ; 45]
Occitanie	136 [84 ; 188]	73 [34 ; 112]	49 [17 ; 81]
Pays de la Loire	68 [33 ; 103]	103 [53 ; 153]	12 [0 ; 27]
Provence-Alpes-Côte d'Azur	107 [54 ; 160]	93 [42 ; 144]	16 [0 ; 42]

French Sentinel network

Pierre Louis Institute of Epidemiology and Public Health

UMR-S 1136 (Inserm - Sorbonne Université)

Phone : +33 144 738 435 | E-mail : sentinelles@upmc.fr

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, 588 physicians participate in the continuous surveillance activity (544 general practitioners and 44 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](#) - [Ours partners](#)

Need more information?

Visit our website :

<https://www.sentiweb.fr/>

You are a french GP ?

Contact us

<https://www.sentiweb.fr/france/fr/inscrire>

Envie de participer à la veille sanitaire ?

covidnet.fr

Devenez acteur de la surveillance du Covid-19 !

Pas besoin d'être malade pour participer !

Inscrivez-vous sur <https://www.covidnet.fr/>