

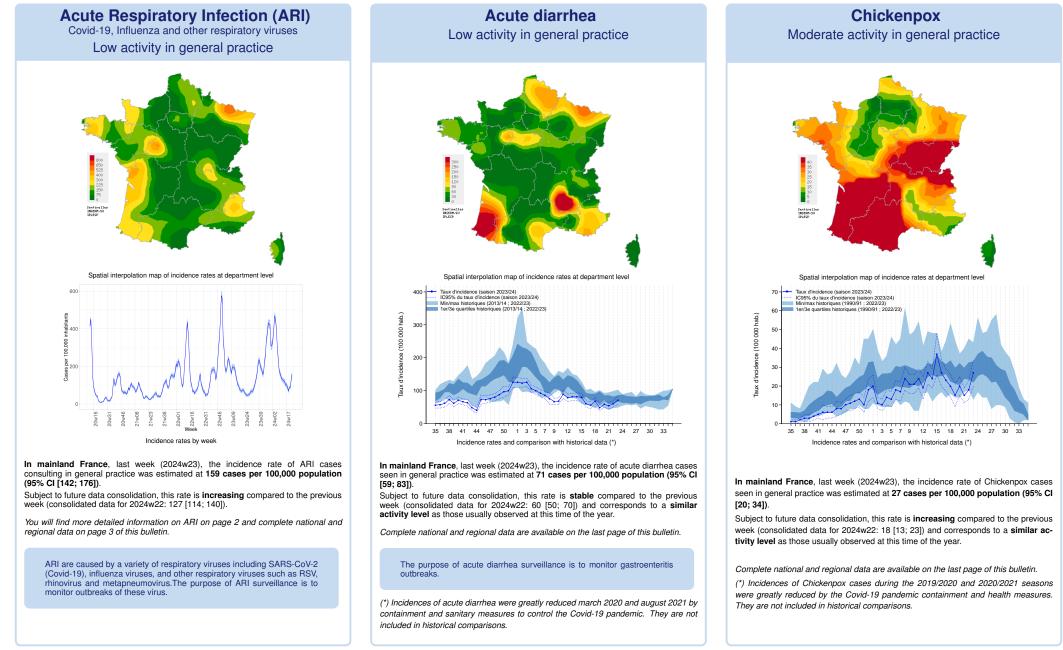


Sentinelles





Observed situation in general practice for the week 23 of the year 2024, from 06/03/2024 to 06/09/2024







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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.

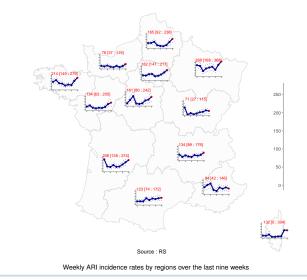
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory signs.**

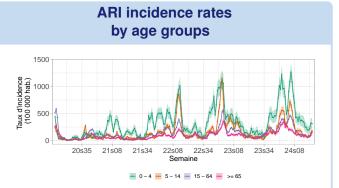
Descriptive data are also collected for each patient, including the results of laboratory diagnostic tests for Covid-19 (RT-PCR or antigenic test).

Virological surveillance is also carried out between October and April by Sentinel general practitioners and pediatricians, and general practitioners from the University department of general practice of Rouen. Each week, a sample of patients consulting for an ARI is taken, 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 **Covid-19 cases among ARI cases seen in general medical consultations**.

ARI incidence rates by regions





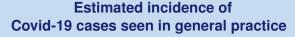
Weekly national incidence rates of ARI by age groups

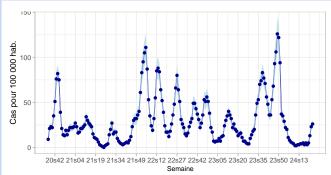
Last week (2024w23), subject to future data consolidation, incidence rate was **increasing in the 65 and above age group, and stable in the other age groups** compared to the previous week.

Description of IRA cases seen in general practice

Last week (2024w23), 415 cases of ARI were reported by Sentinelles general practitioners. Of these, 326 (79% of reported cases) were described and had the following characteristics:

- Median age: 37 years (range from 4 months to 98 years old);
- Male/female sex-ratio: 0.77 (136/176);
- Risk factors: 16% (48/292) had risk factors for complications;
- Hospitalization: 1.3% (95% CI [0; 2.6]) of patients were hospitalized after the consultation (4/296).





ARI incidence rate due to SARS-CoV-2 (Covid-19) observed in general practice since 2020w37 Last week (2024w23), the incidence rate of Covid-19 cases seen in general practice consultations for ARI has been estimated at **26 cases per 100,000 population** (95% CI [21; 31]), corresponding to 17,274 [13,770; 20,778] new cases.

In conclusion

Last week (2024w23), subject to future data consolidation:

- the incidence of **ARI** cases seen in general practice **continued the increase observed since two weeks**, especially among the 65 and above age group, but remainedat a low level of activity (see opposite graphs).

- the incidence of **Covid-19** cases seen in general practice for an ARI was **stable** compared to the previous week, and remained at a **low level of activity**.





Sent^{*}nelles





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National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w23 (unconsolidated) Incidence rate estimations [95% confidence interval]	2024w22 Incidence rate estimations [95% confidence interval]	2024w21 Incidence rate estimations [95% confidence interval]
Acute respiratory infection	159 [142 ; 176]	127 [114 ; 140]	86 [75 ; 97]
Acute diarrhea	71 [59 ; 83]	60 [50 ; 70]	54 [44 ; 64]
Chickenpox	27 [20 ; 34]	18 [13 ; 23]	15 [11 ; 19]

Regional incidence rates for the week 2024w23 (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	134 [89 ; 179]	82 [36 ; 128]	25 [8 ; 42]
Bourgogne-Franche-Comté	71 [27 ; 115]	41 [8 ; 74]	48 [0 ; 96]
Bretagne	214 [149 ; 279]	61 [27 ; 95]	31 [9 ; 53]
Centre-Val de Loire	161 [80 ; 242]	54 [18 ; 90]	15 [0 ; 34]
Corse	132 [0 ; 304]	0 [0 ; 0]	9 [0 ; 28]
Grand Est	268 [168 ; 368]	100 [43 ; 157]	24 [0 ; 48]
Hauts-de-France	165 [92 ; 238]	130 [65 ; 195]	37 [10 ; 64]
lle-de-France	182 [147 ; 217]	40 [24 ; 56]	7 [0 ; 15]
Normandie	78 [37 ; 119]	23 [0 ; 51]	9 [0 ; 22]
Nouvelle-Aquitaine	206 [138 ; 274]	91 [45 ; 137]	35 [7 ; 63]
Occitanie	123 [74 ; 172]	49 [12 ; 86]	57 [15 ; 99]
Pays de la Loire	134 [63 ; 205]	67 [32 ; 102]	13 [0 ; 27]
Provence-Alpes-Côte d'Azur	94 [42 ; 146]	103 [31 ; 175]	11 [0 ; 35]

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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, 582 physicians participate in the continuous surveillance activity (543 general practitioners and 39 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

Heads	
Marianne Sarazin	
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Mathilde François	
Marie Pouquet	
Maryse Lapeyre-Mestre	

See all the team - Ours partners

Envie de participer à la veille sanitaire ?

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