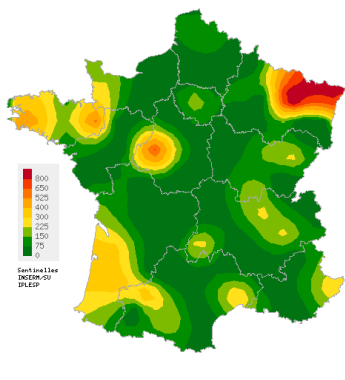


Observed situation in general practice for the week 25 of the year 2024, from 06/17/2024 to 06/23/2024

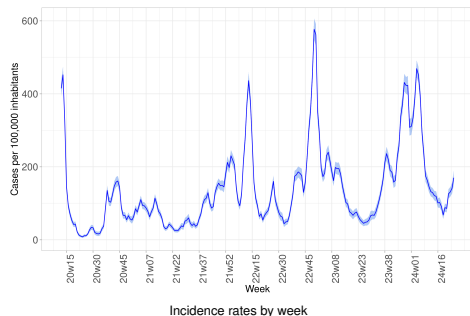
Acute Respiratory Infection (ARI)

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 (2024w25), the incidence rate of ARI cases consulting in general practice was estimated at **170 cases per 100,000 population (95% CI [151; 189])**.

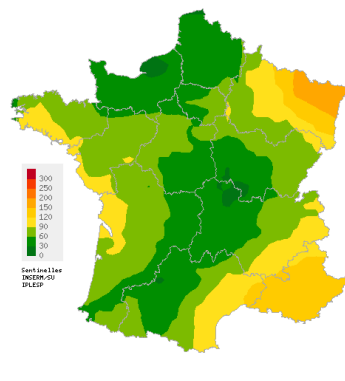
Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week (consolidated data for 2024w24: 141 95% CI [126; 156]).

You will find more detailed information on ARI on page 2 and complete national and regional data on page 3 of this bulletin.

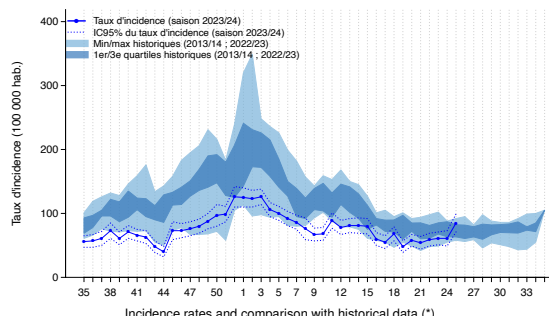
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these viruses.

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 (2024w25), the incidence rate of acute diarrhea cases seen in general practice was estimated at **85 cases per 100,000 population (95% CI [71; 99])**.

Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week (consolidated data for 2024w24: 61 [49; 73]) and corresponds to a **similar activity** level as those usually observed at this time of the year.

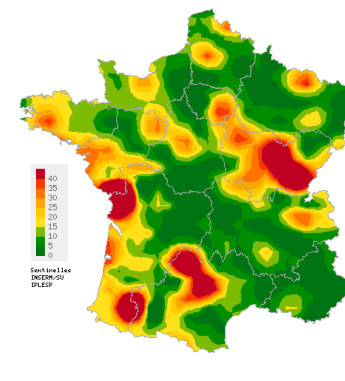
Complete national and regional data are available on the last page of this bulletin.

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

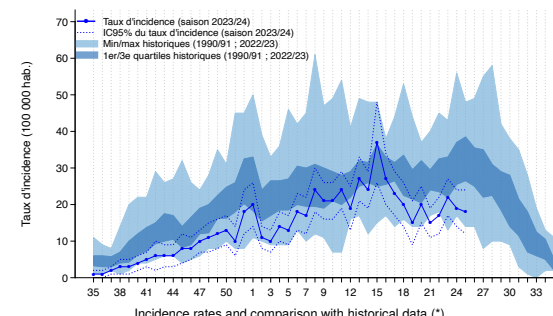
(*) Incidences of acute diarrhea were greatly reduced March 2020 and August 2021 by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

Chickenpox

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 (2024w25), the incidence rate of Chickenpox cases seen in general practice was estimated at **18 cases per 100,000 population (95% CI [12; 24])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w24: 19 [14; 24]) and corresponds to a **lower activity level** than 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 25 of the year 2024, from 06/17/2024 to 06/23/2024

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**.

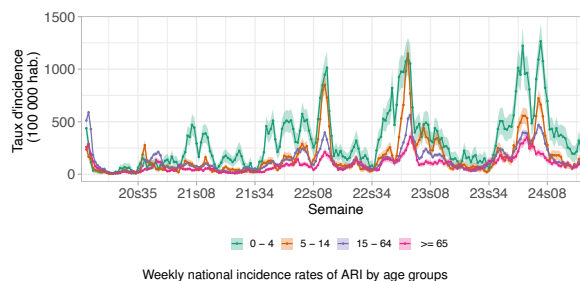
In order to carry out this surveillance, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory signs**.

Descriptive data are also collected for each patient, including the results of 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.

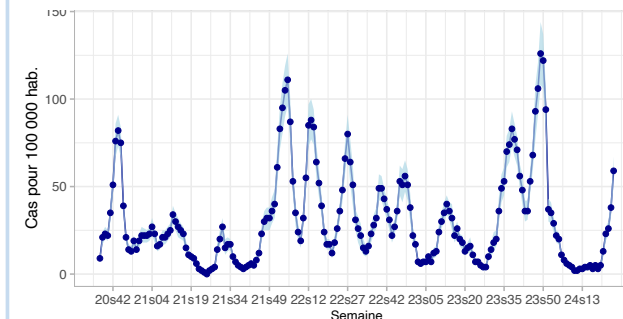
From this clinical and virological information, it is possible to estimate the number of **Covid-19 cases among ARI cases seen in general medical consultations**.

ARI incidence rates by age groups



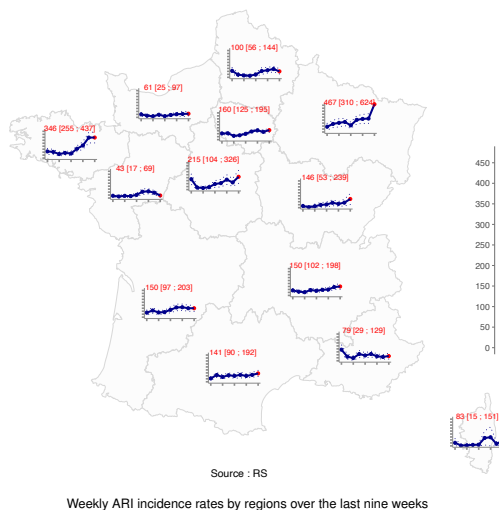
Last week (2024w25), subject to future data consolidation, incidence rates were **slightly increasing in the 65 and above age group** and **stable in the other age groups** compared to the previous week.

Estimated incidence of Covid-19 cases seen in general practice



Last week (2024w25), the incidence rate of Covid-19 cases seen in general consultations for ARI has been estimated at **59 cases per 100,000 population** (95% CI [51; 67]) corresponding to 39,494 [34,039; 44,949] new cases. This rate is **increasing** compared to the previous week.

ARI incidence rates by regions



Description of IRA cases seen in general practice

Last week (2024w25), 433 cases of ARI were reported by Sentinelles general practitioners. Of these, 327 (75% of reported cases) were described and had the following characteristics:

- **Median age:** 39 years (range from 5 months to 95 years);
- **Male/female sex-ratio:** 0.87 (141/162);
- **Risk factors:** 13% (37/288) had risk factors for complications;
- **Hospitalization:** 1% (IC 95% [0; 2,1]) of patients were hospitalized after the consultation (3/287).

In conclusion

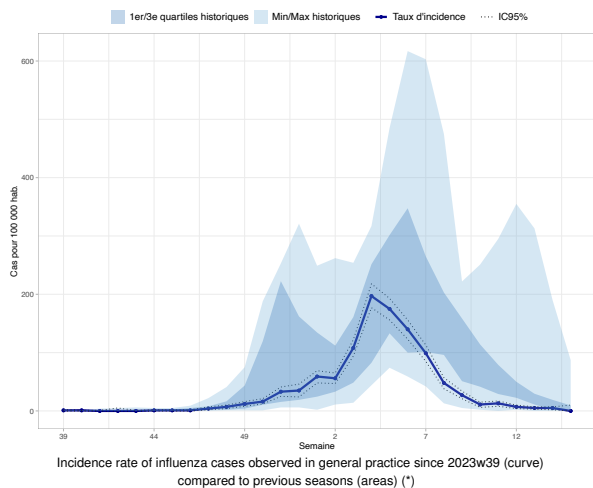
Last week (2024w25), subject to future data consolidation:

- the incidence of **ARI** cases seen in general practice **continued the increase observed these past weeks**, but remains a **low level of activity** (see opposite graphs).
- the incidence of **Covid-19** cases seen in general practice for an ARI **continued the increase observed over the last month**. This increase was particularly marked in the **65 and above** age group.

Observed situation in general practice for the week 25 of the year 2024, from 06/17/2024 to 06/23/2024

Influenza - surveillance report - 2023/2024

Moderate influenza epidemic



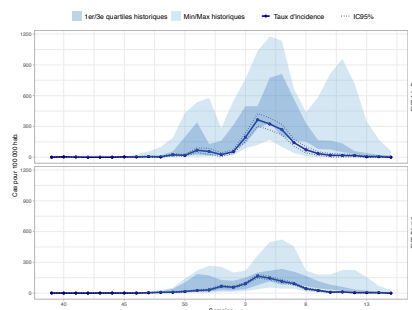
The **2023/2024 influenza epidemic** lasted **10 weeks**, between the end of December (week 2023w51) and the end of February (2024w08) (according to the [MASS epidemic detection tool](#)). The duration of this epidemic was **comparable to the average duration of previous epidemics since 2014-2015**.

The **epidemic peak** was reached at the beginning of February (in week 2024w04) after five weeks of epidemic, with an estimated incidence rate of **267 cases seen in general consultations per 100,000 inhabitants** (95% CI [242; 293]).

During this epidemic, an estimated 924,666 people consulted a general practitioner for influenza in mainland France, corresponding to an **epidemic of moderate intensity**.

(*) *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 rates of influenza cases by age groups



At the epidemic peak, incidence rates were estimated at **495 cases** seen in general medical consultations per 100,000 inhabitants (95% CI [414; 575]) for the under 15 age group and **225 [202; 248]** cases per 100,000 inhabitants for the 15 and above age group.

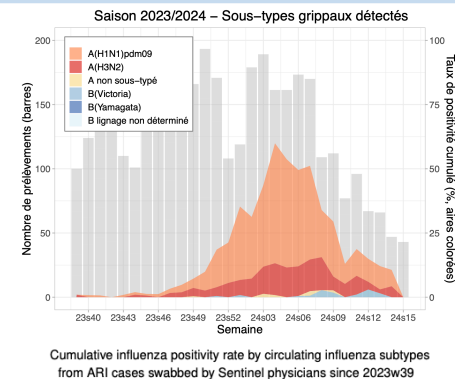
Description of confirmed influenza cases

During the 2023/2024 surveillance period from late September (2023w39) to mid-April (2024w15), **911 confirmed cases of influenza**, seen in consultation, were described by Sentinelles general practitioners and paediatricians.

The median age of influenza cases was 36 years (from 1 month to 89 years), the sex ratio (M/F) was 0.93 and 17% (151/873) had risk factors for complications. Among those at risk of severe illness, 70% (127/181) had not been vaccinated against seasonal influenza.

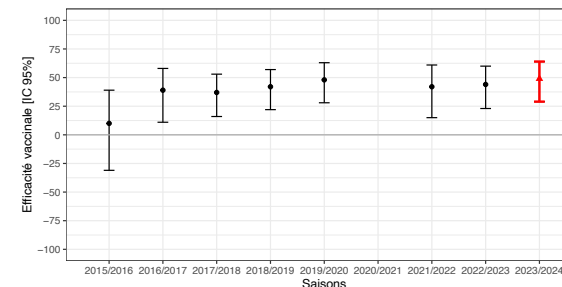
In comparison, the characteristics of influenza cases observed in past seasons since 2014-2015 in general medical consultations were: median age 24 years, sex ratio (M/F) 1.00, 14% of patients with risk factors for complications, 92% of positive individuals were not vaccinated.

Circulation of influenza viruses



The predominantly influenza virus circulating during the 2023/2024 season was **A(H1N1)pdm09** (73% of confirmed cases). Cases of influenza A(H3N2) (24%) and a few cases of influenza B/Victoria (1.4%) were observed.

Vaccine effectiveness

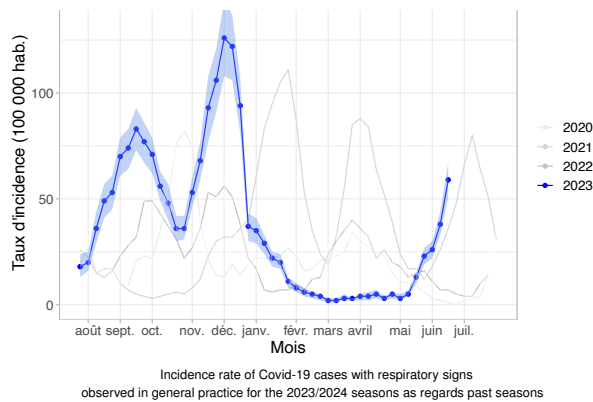


The effectiveness of influenza vaccine against all influenza viruses is estimated at **47% (95%CI [18; 66])** among **all people at risk**, or 38% [-9; 65] for people aged 65 and above, and 53% [8; 76] among people under 65 with risk factors for complications. These EV are **moderate and similar to past seasons**. VE among all people at risk of complications is 57% [30; 74] against the virus A(H1N1) pdm09.

Observed situation in general practice for the week 25 of the year 2024, from 06/17/2024 to 06/23/2024

Covid-19 - surveillance report - 2023/2024

Estimated incidence of Covid-19 cases seen in general practice

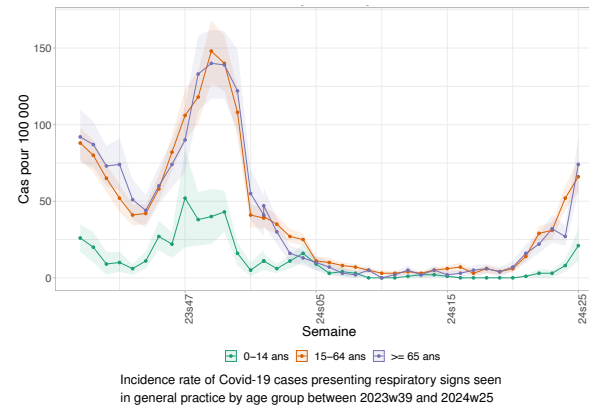


During the 2023/2024 season, two waves of active SARS-CoV-2 circulation were observed. The first between August 2023 and October 2023, and a second (more significant) between November 2023 and the end of January 2024. Low-noise circulation followed between February and mid-April. Since May 2024, a third wave has been underway (see graph above and on page 2).

During the 2023/2024 enhanced surveillance period for acute respiratory infections, from late September (2023w39) to mid-April (2024w15), **784,332 people consulted a general practitioner for a Covid-19 presenting respiratory signs** in mainland France.

Circulation peaked in early December (week 2023w49), with an estimated incidence rate of **126 cases per 100,000 inhabitants** (95% CI [108; 144]).

Estimated incidence of Covid-19 cases by age group



At the **peak of circulation** in early December (week 2023w49), the incidence rates of Covid-19 cases seen in general medical consultations for acute respiratory infection were estimated:

- **0-14 years:** 40 cases per 100,000 population (95% CI [22; 58]), corresponding to 4,524 [2,511; 6,536] new cases;
- **15-64 years:** 148 cases per 100,000 population (95% CI [127; 168]), corresponding to 59,677 [51,374; 67,980] new cases;
- **65 years and above:** 140 cases per 100,000 population (95% CI [117; 162]), corresponding to 19,445 [16,373; 22,518] new cases.

Description of Covid-19 cases with respiratory signs

During the 2023/2024 surveillance period from late September (2023s39) to mid-April (2024s15), **632 confirmed cases of Covid-19** seen in general consultation were described by Sentinelles physicians.

The median age was 48 years (2 months to 99 years), the sex ratio (M/F) was 0.66 and 35% (127/602) had risk factors for complications. Among those at risk of severe disease, 21% (127/602) were not vaccinated against Covid-19.

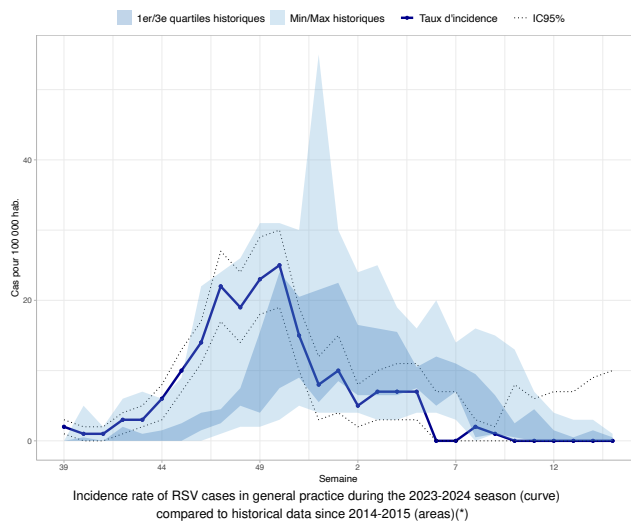
Vaccinal efficacy

The European VEBIS study (10 participating countries), in which France is participating, aims to estimate the efficacy of influenza and Covid-19 vaccines. **The effectiveness of vaccines against laboratory-confirmed Covid-19 infections administered during the 2023-2024 season** was estimated at **40% [95% CI: 26-53]** among patients consulting general practitioners of all ages, and at 48% [31-61] among those vaccinated less than 6 weeks before infection. In patients aged 50 or over, the vaccine effectiveness was estimated at 37% [19-51] irrespective of vaccination delay, and at 45% [26-60] if vaccination took place less than 6 weeks before infection. These estimates are preliminary and based on data collected between September 2023 and January 2024 only ([see article](#)).

Observed situation in general practice for the week 25 of the year 2024, from 06/17/2024 to 06/23/2024

RSV and other virus - surveillance report - 2023/2024

Early RSV epidemic



RSV circulated actively for **13 weeks** between October (week 2023w44) and January (2024w05).

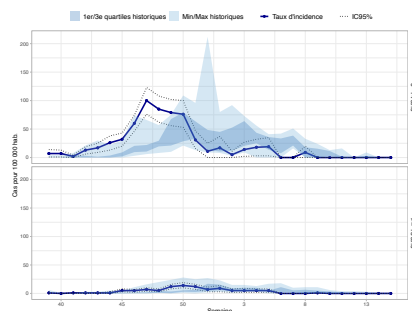
The length of the circulation period is comparable to previous years since 2014/2015. Nevertheless, RSV circulated **early** this season, with an increase in activity from the end of October 2023 (as observed in the 2022/2023 season).

Peak circulation was reached in week 2023w50, with an estimated incidence rate of **46 cases seen in general medical consultations per 100,000 inhabitants** (95% CI [36; 56]).

RSV activity observed in primary care for the 2023/2024 season was **relatively high compared with previous seasons, but remained lower than in the 2022/2023 season**.

(*) 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 have been estimated secondarily from the ARI indicator since 2020.

Estimated incidence of RSV cases by age group



RSV is responsible for the majority of bronchiolitis cases, and particularly affects young people (see case descriptions below). At the peak of the epidemic, incidence rates were estimated at **143 cases** seen in general consultations per 100,000 inhabitants for the **under 15 age group** (95% CI [101; 185]), and **27 cases** per 100,000 inhabitants for the **15 and above** age group ([19; 35]).

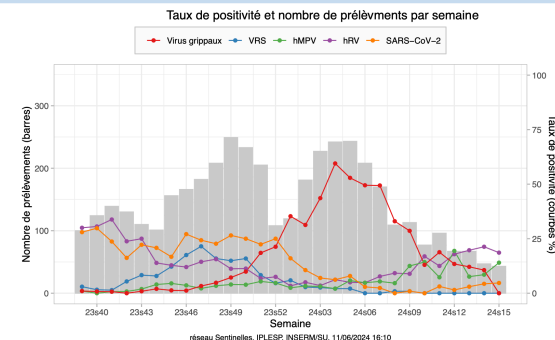
Description of RSV cases

During the 2023/2024 surveillance period from late September (2023w39) to mid-April (2024w15), **277 cases of confirmed RSV infection**, seen in consultation, were described by Sentinelle general practitioners and paediatricians.

The median age of RSV cases was 4 years (from 1 month to 96 years), the sexe ratio (H/F) was 0,94 (132/141) and 20% (51/252) had risk factors for complications.

In comparison, the characteristics of RSV cases seen in past seasons in general practices were: median age 4 years, sexe ratio 0,88, 17% with risk factors.

Other viruses detected



In addition to the circulation of influenza viruses, RSV and SARS-CoV-2, during the 2023/2024 season, we observed :

- greater **rhinovirus** circulation (purple curve in the graph above) at the start (October) and end of the season (March-April)
- greater circulation of **metapneumovirus** (green curve in the graph above) at the end of the season (March-April).

These two viruses circulated mainly outside the influenza epidemic period.

You can find Santé Publique France's acute respiratory infection surveillance report for the 2023/2024 season (ambulatory and hospital data) by clicking [here](#).

Observed situation in general practice for the week 25 of the year 2024, from 06/17/2024 to 06/23/2024

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w25 (unconsolidated)	2024w24	2024w23
	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]	Incidence rate estimations [95% confidence interval]
Acute respiratory infection	170 [151 ; 189]	141 [126 ; 156]	131 [118 ; 144]
Acute diarrhea	85 [71 ; 99]	61 [49 ; 73]	61 [51 ; 71]
Chickenpox	18 [12 ; 24]	19 [14 ; 24]	22 [17 ; 27]

Regional incidence rates for the week 2024w25 (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	150 [102 ; 198]	62 [32 ; 92]	7 [0 ; 17]
Bourgogne-Franche-Comté	146 [53 ; 239]	72 [7 ; 137]	30 [0 ; 67]
Bretagne	346 [255 ; 437]	98 [55 ; 141]	17 [2 ; 32]
Centre-Val de Loire	215 [104 ; 326]	52 [2 ; 102]	6 [0 ; 15]
Corse	83 [15 ; 151]	104 [28 ; 180]	0 [0 ; 0]
Grand Est	467 [310 ; 624]	175 [75 ; 275]	11 [0 ; 29]
Hauts-de-France	100 [56 ; 144]	54 [22 ; 86]	21 [0 ; 42]
Ile-de-France	160 [125 ; 195]	62 [41 ; 83]	14 [6 ; 22]
Normandie	61 [25 ; 97]	15 [0 ; 41]	10 [0 ; 23]
Nouvelle-Aquitaine	150 [97 ; 203]	83 [41 ; 125]	40 [2 ; 78]
Occitanie	141 [90 ; 192]	86 [46 ; 126]	18 [0 ; 36]
Pays de la Loire	43 [17 ; 69]	78 [36 ; 120]	19 [1 ; 37]
Provence-Alpes-Côte d'Azur	79 [29 ; 129]	60 [2 ; 118]	8 [0 ; 34]

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, 588 physicians participate in the continuous surveillance activity (549 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

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

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