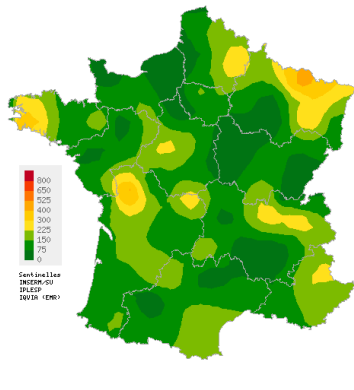
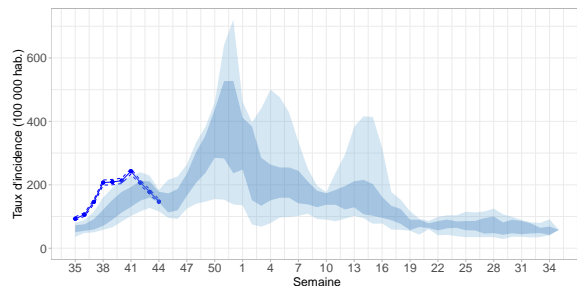


## Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses  
Low to moderate activity in general practice



Spatial interpolation map of incidence rates at department level



— Taux d'incidence — IC 95% ■ 1er/3e quartiles historiques (2020/21 ; 2023/24) ■ Min/max historiques (2020/21 ; 2023/24)

Incidence rates and comparison with historical data

In mainland France, last week (2024w44), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **147 cases per 100,000 population (95% CI [140; 154])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2024w43: 178 [171; 186]).

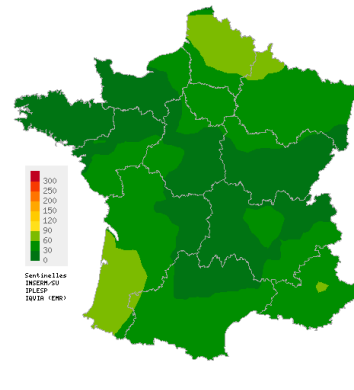
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

You can find the french "Santé Publique France epidemiological bulletin" with all surveillance data (ambulatory and hospital) on ARI [by clicking here](#).

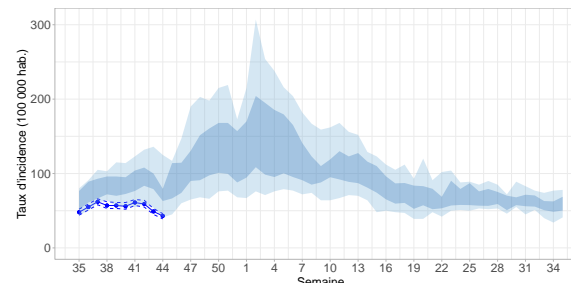
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



— Taux d'incidence — IC 95% ■ 1er/3e quartiles historiques (2015/16 ; 2023/24) ■ Min/max historiques (2015/16 ; 2023/24)

Incidence rates and comparison with historical data

In mainland France, last week (2024w44), the incidence rate of acute diarrhea cases seen in general practice was estimated at **43 cases per 100,000 population (95% CI [39; 46])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w43: 49 [45; 53]) and corresponds to a **lower activity level** than those usually observed at this time of the year.

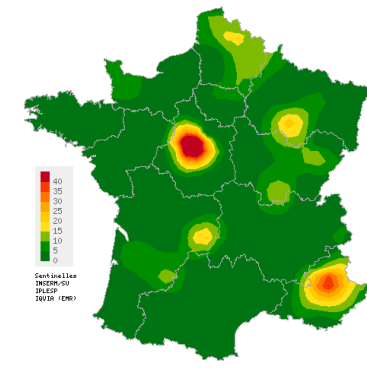
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(\*) 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.

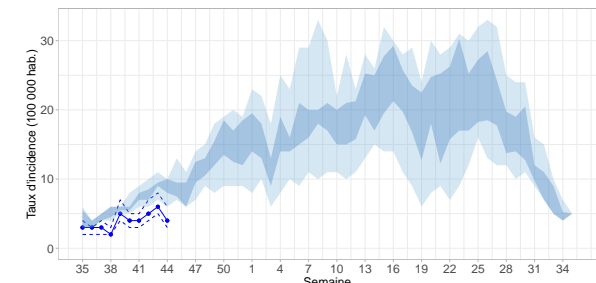
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



— Taux d'incidence — IC 95% ■ 1er/3e quartiles historiques (2015/16 ; 2023/24) ■ Min/max historiques (2015/16 ; 2023/24)

Incidence rates and comparison with historical data

In mainland France, last week (2024w44), the incidence rate of Chickenpox cases seen in general practice was estimated at **4 cases per 100,000 population (95% CI [3; 6])**.

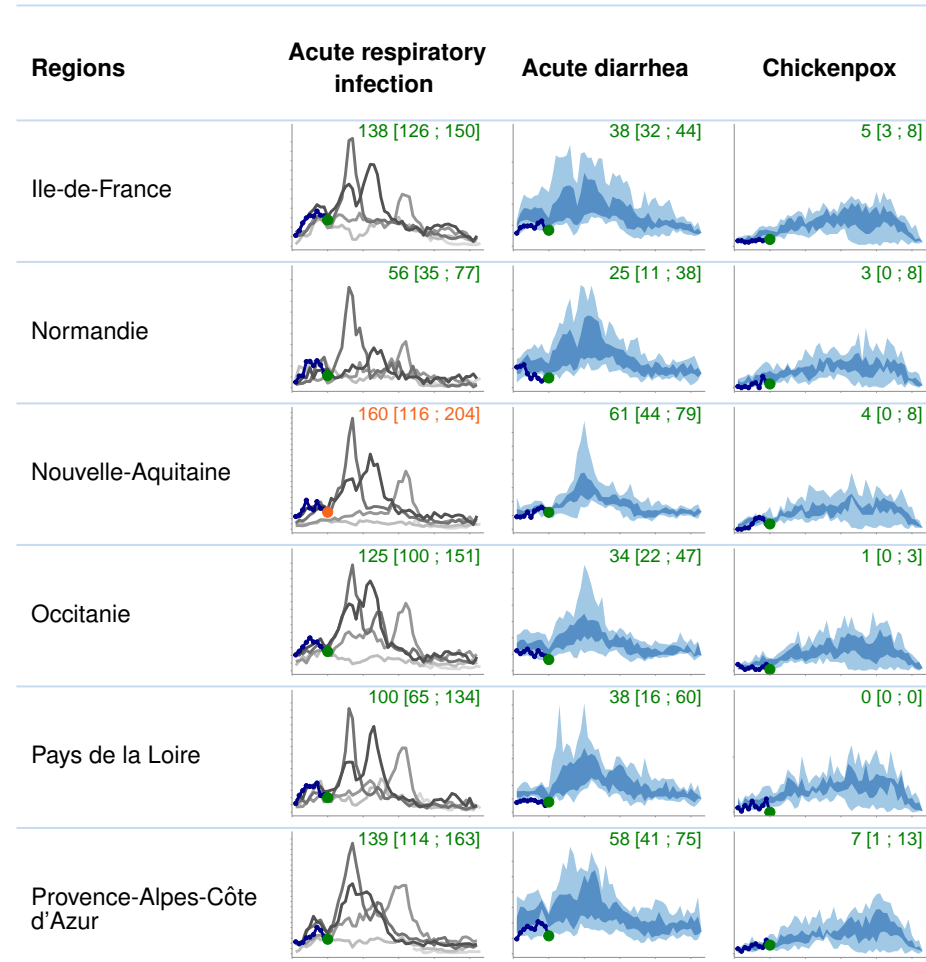
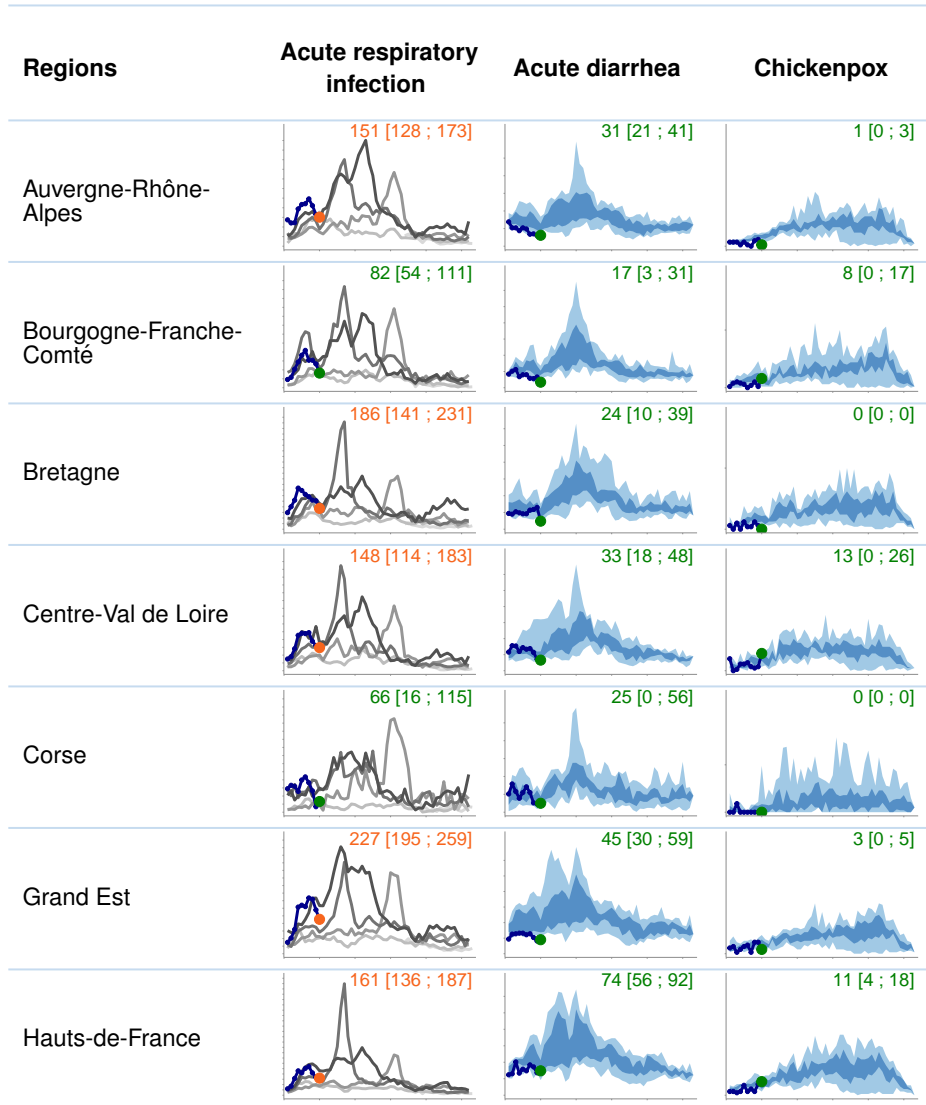
Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w43: 6 [5; 8]) and corresponds to a **lower level of activity** than those usually observed at this time of the year.

(\*) 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.

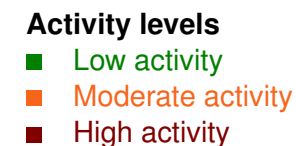
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

# Incidence rates by french region

Observed situation in general practice for the week 44 of the year 2024, from 10/28/2024 to 11/03/2024

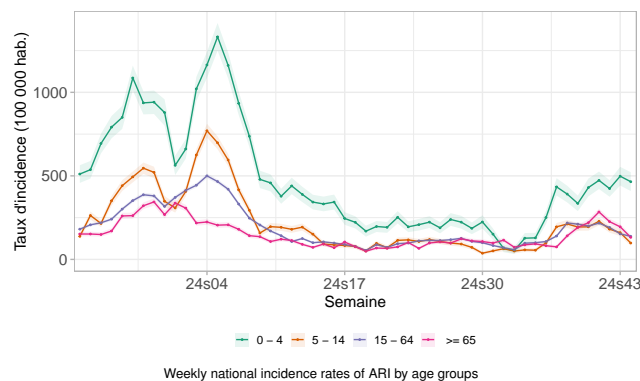


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA



For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the 10 previous years is shown in blue, with quartiles in dark and minimum/maximum values in light. This representation enables current trends to be compared with historical data. The value of the last point and its confidence interval are shown at the top of each graph. Different scales are used for different indicators.

## ARI incidence rates by age groups



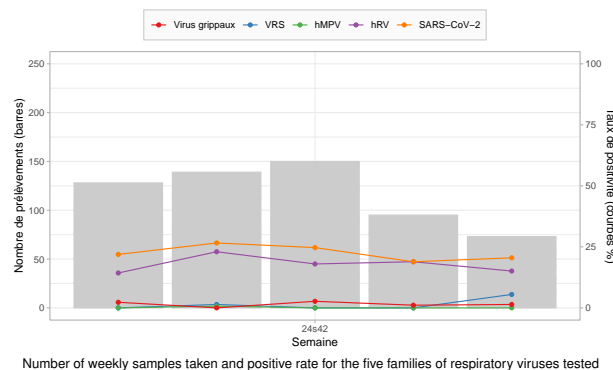
Last week (2024w44), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group**: 465 cases per 100 000 population (95% CI [409; 522]) (consolidated data for 2024w43: 425 [442; 554]);
- **5-14 age group**: 98 cases per 100 000 population (95% CI [81; 114]) (consolidated data for 2024w43: 137 [140; 181]);
- **15-64 age group** : 138 cases per 100 000 population (95% CI [130; 147]) (consolidated data for 2024w43: 130 [144; 162]);
- **65 and above age group** : 132 cases per 100 000 population (95% CI [117; 147]) (consolidated data for 2024w43: 167 [178; 212]).

Incidence rates were **decreasing in all age groups** compared to those of with the previous week, **except in the 0-4 age group, where the incidence rate was stable.**

Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Circulation of respiratory viruses in general practice and pediatric



Since 2024w40 (*date of start of enhanced surveillance for this season*), **585** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2024w44), **73 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)**: **21%** (15/73) (consolidated data for 2024w43: 19% (18/95));
- **Rhinovirus**: **15%** (11/73) (consolidated data for 2024w43: 19% (18/95));
- **SARS-CoV-2 (Covid-19)**: **21%** (15/73) (consolidated data for 2024w43: 19% (18/95));
- **Respiratory syncytial virus (RSV)**: **6%** (4/73) (consolidated data for 2024w43: 0% (0/95));
- **Influenza viruses**: **1%** (1/73) (consolidated data for 2024w43: 1% (1/95));
- **Metapneumovirus**: **0%** (0/73) (consolidated data for 2024w43: 0% (0/95)).

Data sources: Sentinelles, DUMG Rouen and Côte d'Azur, SOS Médecins

## Description of IRA cases seen in general practice

Last week (2024w44), **276** cases of ARI were reported by Sentinelles general practitioners. Of these, 187 (68% of reported cases) were described and had the following characteristics:

- **Median age**: 40 years (range from 5 months to 93 years);
- **Male/female sex-ratio**: 0.73 (73/100);
- **Risk factors**: 25% (41/166) had risk factors for complications;
- **Hospitalization**: 0.1% (95% CI [0; 0.7]) of patients were hospitalized after the consultation (1/169).

Data source: Sentinelles

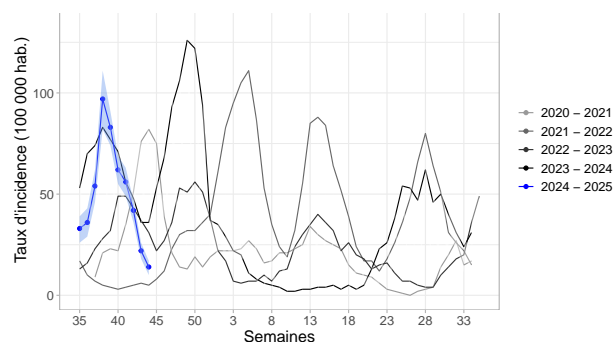
## Conclusion

Last week (2024w44), subject to the future data consolidation, the incidence of cases of **ARI** seen in general practice **continued the downward trend observed for three consecutive weeks.**

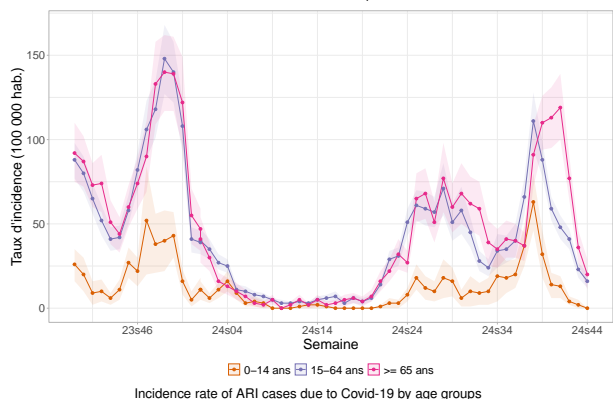
This decline mainly concerns adults, while the **incidence in children under 5 has remained stable for several weeks.**

The main viruses detected, among patients consulting for an ARI, were **SARS-CoV-2 (Covid-19)** and **rhinovirus**. Nevertheless, an **increase in RSV circulation** has been observed compared to the previous week.

## Covid-19 Decreasing activity



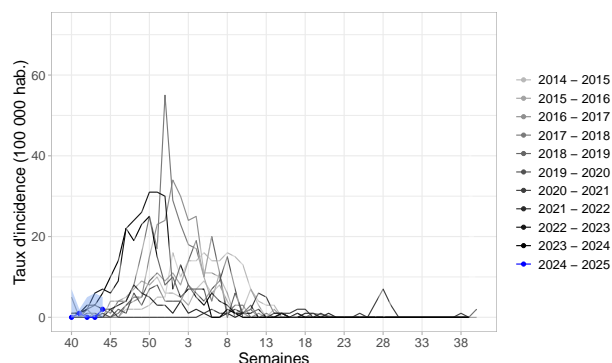
ARI incidence rate due to Covid-19 and comparison to historical data



Last week (2024w44), the incidence rate of **Covid-19** cases seen in general practice for an ARI was estimated at **14 cases per 100,000 population** (95% CI [10; 17]), corresponding to 9,099 [6,918; 11,280] new cases.

Subject to future data consolidation, this rate was **decreasing** compared to the previous week (data consolidated for 2024w43: 22 [18; 26]), in all age groups.

## RSV Increasing activity



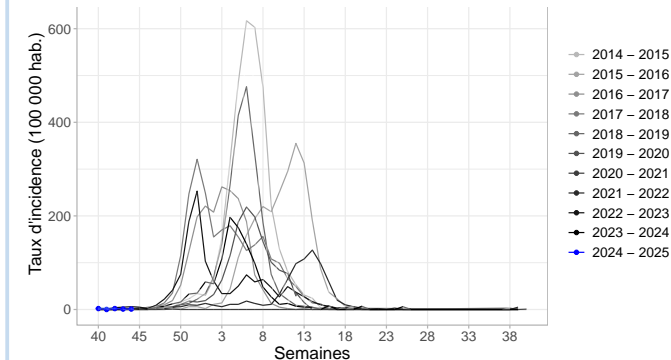
Incidence rate of RSV cases seen in general practice since 2024w40 and comparison to historical data

Last week (2024w44), the incidence rate of **RSV** (*the virus responsible for most cases of bronchiolitis in infants*) cases seen in general practice for an ARI was estimated at **5 cases per 100,000 population** (95% CI [0; 10]), corresponding to 3,580 [280; 6,880] new cases.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2024w43: 0 [0; 6]). This increase was mainly observed in the **0-15 age group**, where the incidence rate was estimated at 32 cases per 100,000 population (95% CI [2; 61]) (consolidated data for 2024w43: 0 [0; 0]).

**The level of RSV activity is lower than that observed over the last two years at the same time, but similar to that of previous seasons.**

## Influenza No active circulation



Incidence rate of influenza cases observed in general practice since 2024w40 compared to previous seasons

Last week (2024w44), the incidence rate of **influenza** cases seen in general practice for an ARI was estimated at **2 cases per 100,000 population** (95% CI [0; 4]), corresponding to 1,158 [0; 2,589] new cases.

Subject to future data consolidation, this rate was **stable** compared to the previous week (consolidated data for 2024w43: 1 [0; 3], corresponding to 864 [0; 1,920] new cases).

**No active circulation of influenza viruses** was observed in primary care this week. This level of activity is similar to previous seasons at the same period.

## Surveillance organisation

Under the aegis of Santé publique France, surveillance in general practice in mainland France is moving towards the integration and joint analysis of data from different networks.

The epidemiological surveillance data published in this bulletin come from several complementary networks of general physicians:

- The Sentinelles network, coordinated by the Institut Pierre Louis of Epidemiology and Public Health (IPLESP) under the supervision of Sorbonne University and Inserm;
- and the EMR (Electronic Medical Records) database, managed by IQVIA.

During the enhanced respiratory infection surveillance season (September to April), data are also collected from physicians in the network coordinated by the general medicine departments of the University of Rouen and the Côte d'Azur University.

All these collected data are analysed jointly. They provide more reliable on a finer geographical scale, while limiting consolidation from one week to the next.

Current monitoring concerns [nine health indicators](#), with three of them being published each week in this bulletin;

You can find more information about the organization of this surveillance, the number of participating physicians, the methods used, scientific publications and partnerships on the Sentinelles network website: [www.sentiweb.fr](http://www.sentiweb.fr).

## Information and contacts

The Sentinelles team is composed of epidemiologists, statisticians, physicians, IT specialists and technicians.

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Olivier Steichen, Thierry Blanchon

**IT Biostatistics**  
Clément Turbelin

**Epidemiological Surveillance and Studies**  
Marion Debin

**Publication**  
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## Partners and supervisory bodies

### Partners & data sources

Sentinelles 

 UNIVERSITÉ DE ROUEN  UNIVERSITÉ CÔTE D'AZUR

 EoS MÉDECINS

 Santé publique France

 MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

 UNIVERSITÀ DI CORSICA PASQUALE PAOLI

 HCL HOSPIES CIVILS DE LYON

 INSTITUT PASTEUR

 virus des gastro-entérites  
Dijon, France

 CNGE COLLEGE ACADEMIQUE

### Supervisory bodies of Sentinelles network

 iPLesp

 Inserm  
La science pour la santé  
From science to health

 SANTÉ SORBONNE UNIVERSITÉ

## French General Practitioner or Paediatrician ?



Get involved in research and health monitoring in primary care by joining the Sentinelles network ([become a Sentinelles doctor](#)) !

## THERE IS ALSO GENERAL POPULATION MONITORING

 grippe net covid

Join the participatory cohort for monitoring Covid-19 and influenza by registering at <https://www.grippenet.fr>

You don't need to be a healthcare professional to take part!