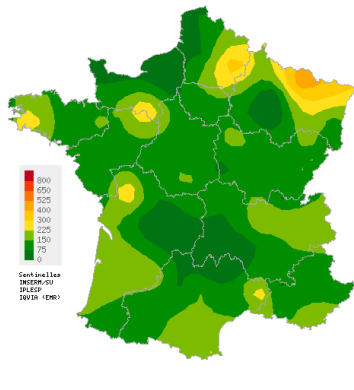
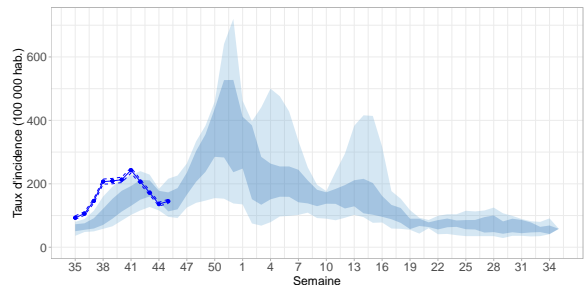


## Acute Respiratory Infection (ARI)

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% + 2024 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 (2024w45), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **145 cases per 100,000 population (95% CI [138; 151])**.

Subject to future data consolidation, this rate **stops decreasing** compared to those of previous weeks (consolidated data for 2024w44: 136 [130; 142]).

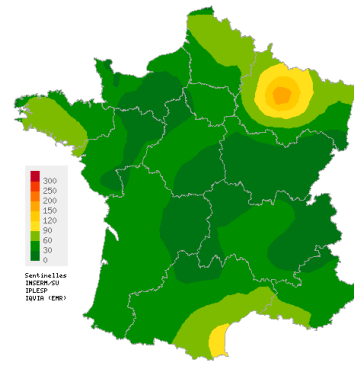
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

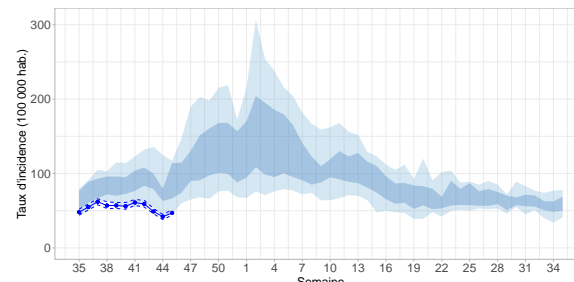
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



— Taux d'incidence -- IC 95% + 2024 1er/3e quartiles historiques (2015/16 ; 2023/24) Min/max historique: (2015/16 ; 2023/24)

Incidence rates and comparison with historical data

In mainland France, last week (2024w45), the incidence rate of acute diarrhea cases seen in general practice was estimated at **47 cases per 100,000 population (95% CI [44; 51])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w44: 42 [38; 45]) and corresponds to a **lower activity level** than those usually observed at this time of the year.

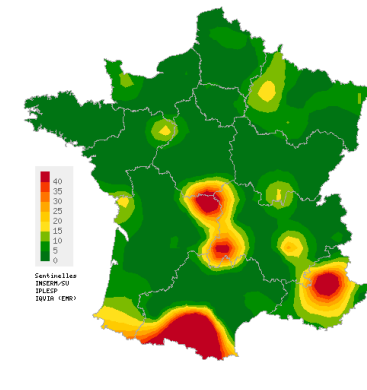
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(\*) 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.

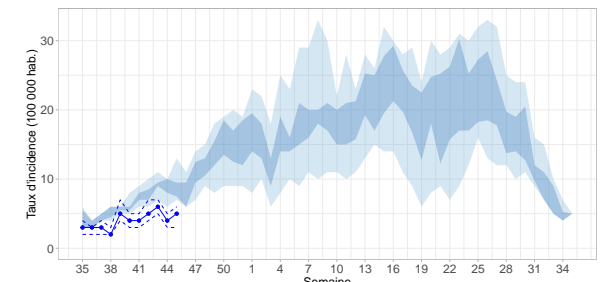
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

## Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



— Taux d'incidence -- IC 95% + 2024 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 (2024w45), the incidence rate of Chickenpox cases seen in general practice was estimated at **5 cases per 100,000 population (95% CI [3; 6])**.

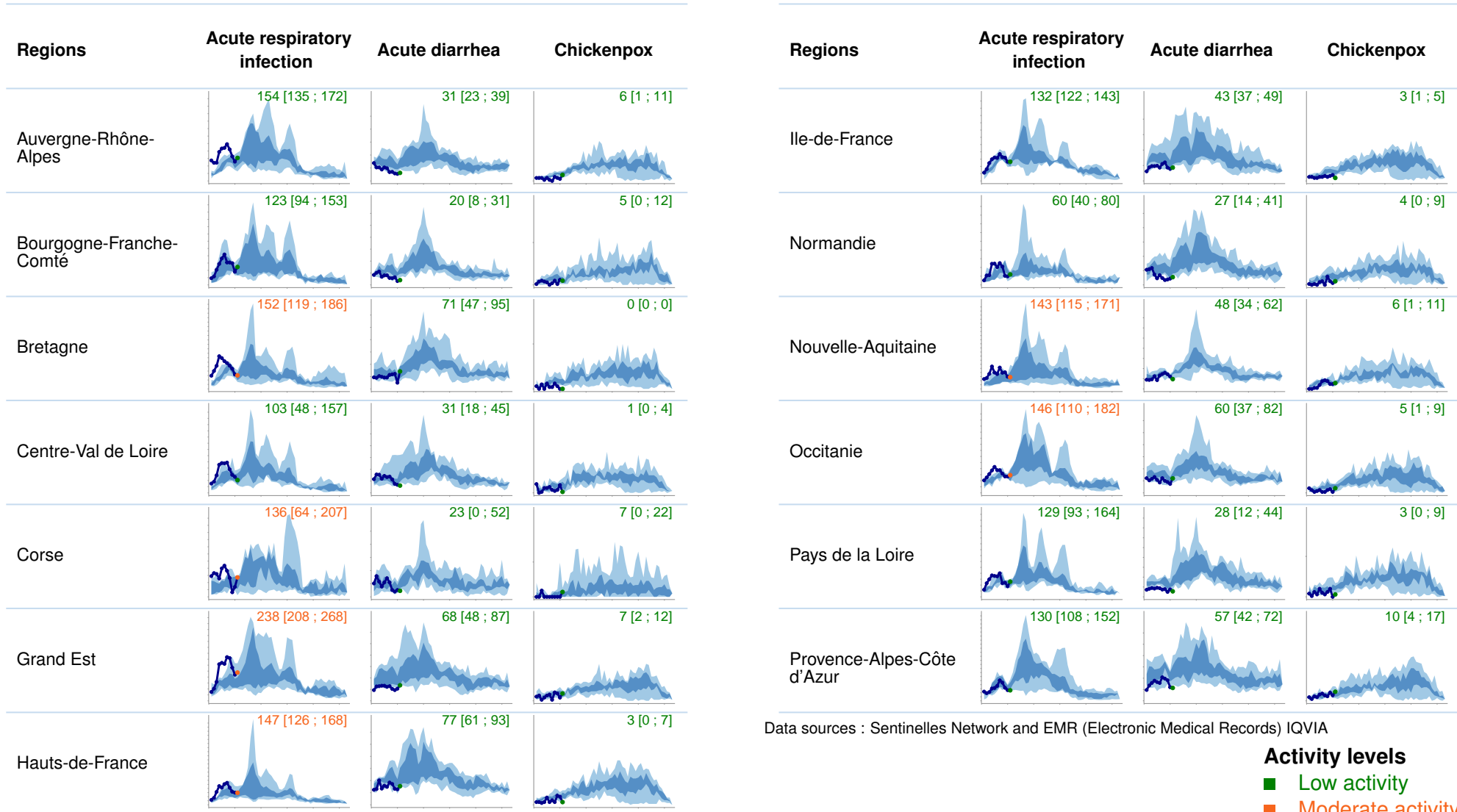
Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w44: 4 [3; 5]) and corresponds to a **lower level of activity** than those usually observed at this time of the year.

(\*) 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 45 of the year 2024, from 11/04/2024 to 11/10/2024



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

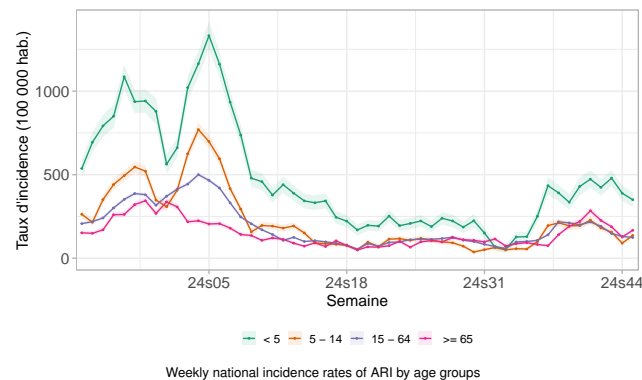
**Activity levels**  
■ Low activity  
■ Moderate activity  
■ High activity

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.

# Acute respiratory infection (ARI) - Additional data

Observed situation in general practice for the week 45 of the year 2024, from 11/04/2024 to 11/10/2024

## ARI incidence rates by age groups



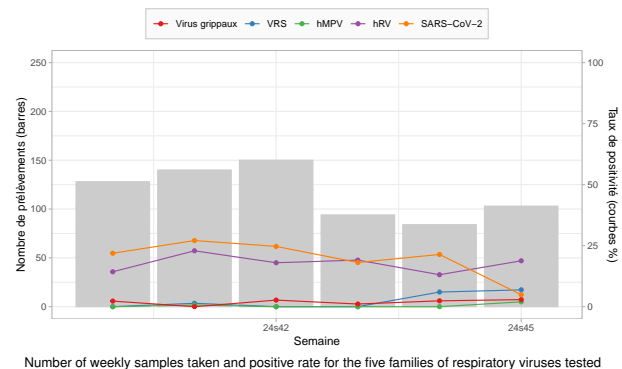
Last week (2024w45), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 350 cases per 100 000 population (95% CI [307; 394]) (consolidated data for 2024w44: 389 [343; 434]);
- **5-14 age group:** 136 cases per 100 000 population (95% CI [119; 154]) (consolidated data for 2024w44: 90 [76; 105]);
- **15-64 age group :** 124 cases per 100 000 population (95% CI [117; 132]) (consolidated data for 2024w44: 130 [123; 138]);
- **65 and above age group :** 167 cases per 100 000 population (95% CI [153; 182]) (consolidated data for 2024w44: 127 [115; 140]).

Incidence rates were **increasing among the 5-14 and 65 and above age groups, and stable among the 0-4 and 15-64 age groups** compared to those of the previous week.

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

## Circulation of respiratory viruses in general practice and pediatric



Since 2024w40, **699** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2024w45), **103 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:

- **Rhinovirus:** **19%** (19/101) (consolidated data for 2024w44: 13% (11/84));
- **Respiratory syncytial virus (RSV):** **7%** (7/102) (consolidated data for 2024w44: 6% (5/84));
- **SARS-CoV-2 (Covid-19):** **5%** (5/102) (consolidated data for 2024w44: 21% (18/84));
- **Influenza viruses:** **3%** (3/102) (consolidated data for 2024w44: 2% (2/84));
- **Metapneumovirus:** **2%** (2/101) (consolidated data for 2024w44: 0% (0/84)).

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

## Description of IRA cases seen in general practice

Last week (2024w45), 338 cases of ARI were reported by Sentinelles general practitioners. Of these, 305 (90% of reported cases) were described and had the following characteristics:

- **Median age:** 44 years (range from 3 months to 93 years);
- **Male/female sex-ratio:** 1,46 (118/172);
- **Risk factors:** 25% (66/267) had risk factors for complications;
- **Hospitalization:** 0.4% (95% CI [0; 1.2]) of patients were hospitalized after the consultation (1/270).

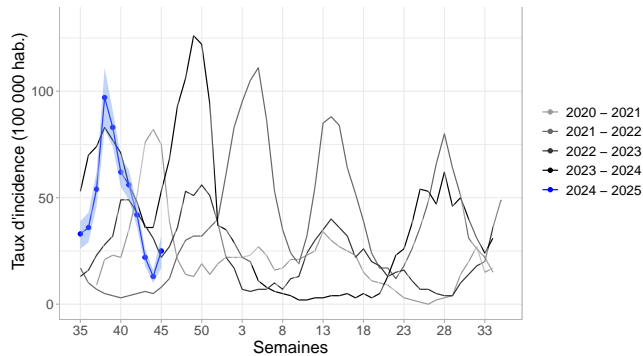
Data source: Sentinelles

## In conclusion

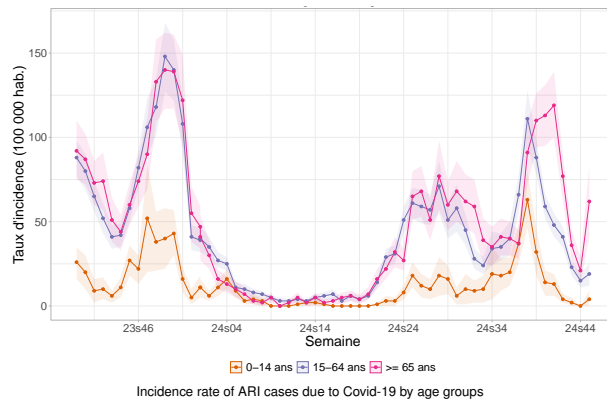
Last week (2024w45), subject to future data consolidation the incidence of IRA cases seen in general practice **stopped the decrease observed for three weeks**. An increase in incidence rates was observed in the 5-14 and 65 and above age groups.

The main viruses detected among swabbed patients consulting for an ARI, were **rhinovirus and RSV**. However, **SARS-CoV-2 (Covid-19)** is still actively circulating.

## Covid-19 Increasing activity



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



Incidence rate of ARI cases due to Covid-19 by age groups

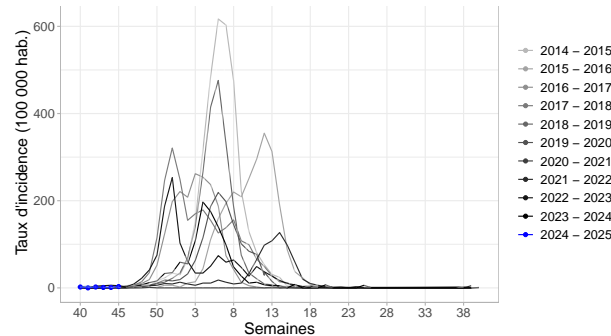
Last week (2024w45), the incidence rate of **Covid-19** cases seen in general practice for an ARI was estimated at **25 cases per 100,000 population** (95% CI [17; 32]), corresponding to 16,491 [11,649; 21,333] new cases.

Subject to future data consolidation, this rate was **increasing** compared to the previous week (data consolidated for 2024w44: 13 [10; 16]).

By age groups, the incidence rates were **increasing in the 65 and above age group and stable in the other age groups** compared to those of the previous week.

Data source: Sentinelles

## Influenza No active circulation



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

Last week (2024w45), the incidence rate of **influenza** cases seen in general practice for an ARI was estimated at **5 cases per 100,000 population** (95% CI [2; 9]), corresponding to 3,347 [1,014; 5,680] new cases.

Subject to future data consolidation, this rate was **stable** compared to the previous week (consolidated data for 2024w44: 3 [0; 5], corresponding to 1,796 [312; 3,280] 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.

(\* 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 are estimated secondarily from the ARI indicator since 2020.

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

## Description of Covid-19 cases presenting ARI seen in general practice

Since week 2024w44, the 67 Covid-19 described cases with an acute respiratory infection had the following characteristics:

- **Median age:** 57 years (range from 4 months to 87 years);
- **Male/female sex-ratio:** 0.83 (30/36);
- **Risk factors:** 29% (18/63) had risk factors for complications;
- **Hospitalization:** none of the patient was hospitalized after the consultation (0/63).

Data source: Sentinelles

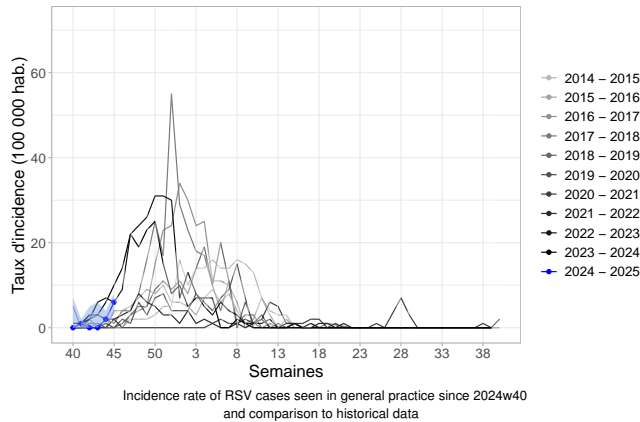
## Description of confirmed influenza cases seen in general practice

Since the beginning of virological surveillance in week 2024w40 (30th September), the 13 confirmed influenza cases have been swabbed by Sentinel general practitioners and pediatricians. They presented the characteristics below:

- **Median age:** 39 years (from 1 to 87 years old);
- **Male/female sex-ratio:** 5,5 (11/2) ;
- **Vaccination:** 83% (10/10) were not vaccinated against influenza;
- **Risk factors:** 33% (3/9) had risk factors for complications;
- **Hospitalization:** no patient was hospitalized at the end of the consultation (0/9).

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

## RSV Increasing activity



Last week (2024w45), the incidence rate of **RSV** cases seen in general practice for an ARI was estimated at **11 cases per 100,000 population** (95% CI [6; 16]), corresponding to 7,463 [4,207; 10,719] new cases.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2024w44: 5 [1; 9], corresponding to 3,604 [879; 6,329] new cases).

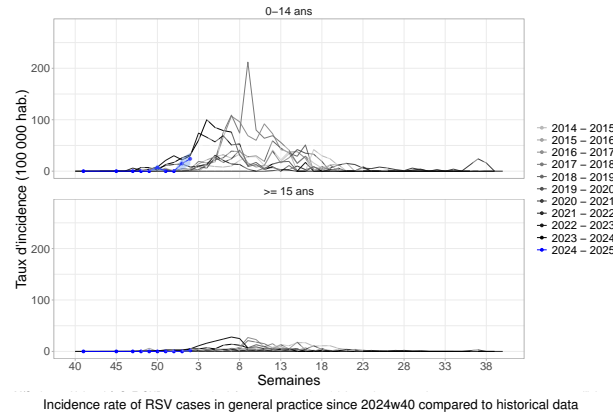
### Description of RSV cases seen in general practice

Since the beginning of virological surveillance in week 2023w40 (30th September), the 14 confirmed RSV cases have been swabbed by Sentinel general practitioners and pediatricians. They presented the characteristics below:

- **Median age:** 2 years (from 8 months to 55 years old);
- **Male/female sex-ratio:** 1,0 (7/7) ;
- **Risk factors:** none patient had risk factors for complications (0/2);
- **Hospitalization:** none patient was hospitalized at the end of the consultation (0/10).

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

## Estimated incidence of RSV ARI cases by age groups



Last week (2024w45), incidence rates of **RSV** cases seen in general practice for acute respiratory were estimated at:

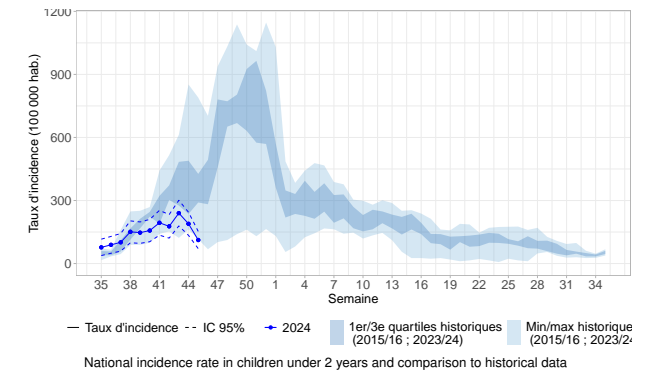
- **0-14 years:** 47 cases per 100,000 population (95% CI [23; 70]), corresponding to 5,232 [2,544; 7,919] new cases.;
- **15 years and above:** 4 cases per 100,000 population (95% CI [1; 7]), corresponding to 2,231 [479; 3,984] new cases.

Subject to future data consolidation, these rates were **slightly increasing 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.

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

## Incidence rate of bronchiolitis cases in children under 2 years



Last week (2024w45), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **108 cases per 100,000 inhabitants** (95% CI [66; 150]) **in children under 2 years of age**.

Subject to future data consolidation, this rate is **decreasing** from the previous week (consolidated data for 2024s44: 178 [123; 233]).

Data source: Electronic Medical Records (EMR) IQVIA

## In conclusion

Last week (2024w45), subject to future data consolidation, the incidence of **RSV** cases seen in general practice among patients consulting for ARI was **slightly increasing in the 0-14 and 15 and above age groups** compared to the previous week.

The level of RSV is similar to the ones observed over the past two years at the same time.

Furthermore, we note a **decrease in the incidence of bronchiolitis in children under 2 years** seen by general practitioners, compared to the previous week. The level of bronchiolitis activity in this age group is lower than that usually observed at this time of the year. Bronchiolitis is mainly caused by respiratory syncytial virus (RSV), although other respiratory viruses may also be responsible, such as rhinovirus or SARS-CoV-2 (Covid-19).



## 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.

**Head of the Sentinelles network**  
Olivier Steichen, Thierry Blanchon

**IT Biostatistics**  
Clément Turbelin

**Epidemiological Surveillance and Studies**  
Marion Debin

**Publication**  
Yves Dorléans

## CONTACT US

☎ 01 44 73 84 35

✉ [sentinelles@upmc.fr](mailto:sentinelles@upmc.fr)

📄 IPLESP UMR-S 1136  
Faculté de Santé Sorbonne Université  
Site Saint-Antoine, BC 2908  
27, rue Chaligny  
75571 Paris Cedex 12

## 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 HOSPICES CIVILS DE LYON

 INSTITUT PASTEUR

 CNR 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!