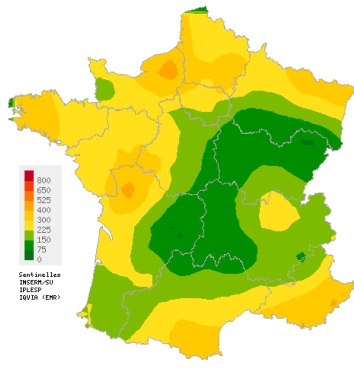
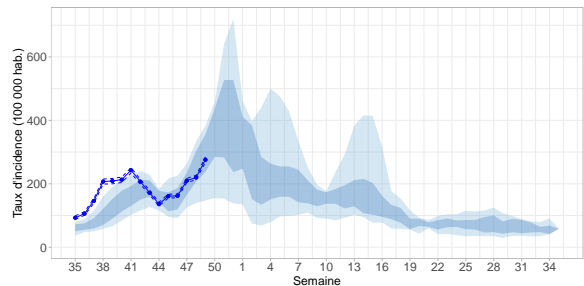


Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses
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 (2024w49), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **276 cases per 100,000 population (95% CI [268; 284])**.

Subject to future data consolidation, this rate **continues the increase observed since the beginning of November** (2024w45) (consolidated data for 2024w48: 220 [213; 227]).

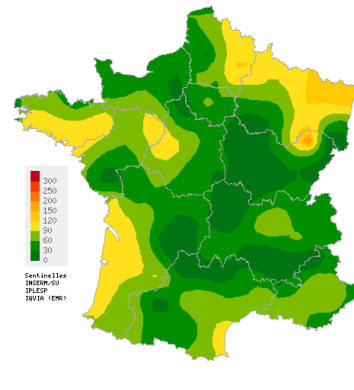
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

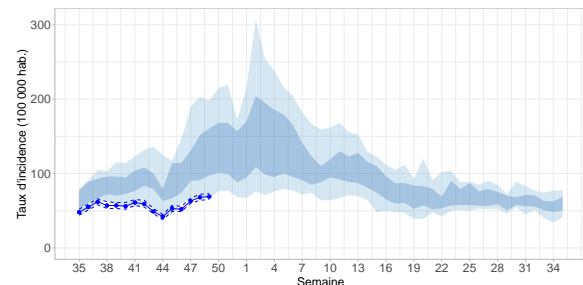
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2024w49), the incidence rate of acute diarrhea cases seen in general practice was estimated at **69 cases per 100,000 population (95% CI [65; 73])**.

Subject to future data consolidation, this rate is **slightly increasing since early November** (2024w45) (consolidated data for 2024w48: 68 [64; 72]), but remains at an **activity level lower** than those usually observed during this period.

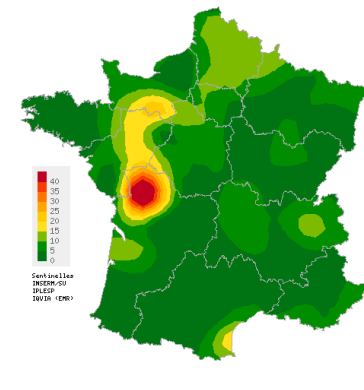
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(*) 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.

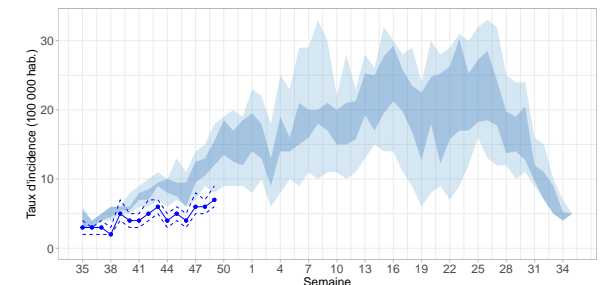
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2024w49), the incidence rate of Chickenpox cases seen in general practice was estimated at **7 cases per 100,000 population (95% CI [6; 9])**.

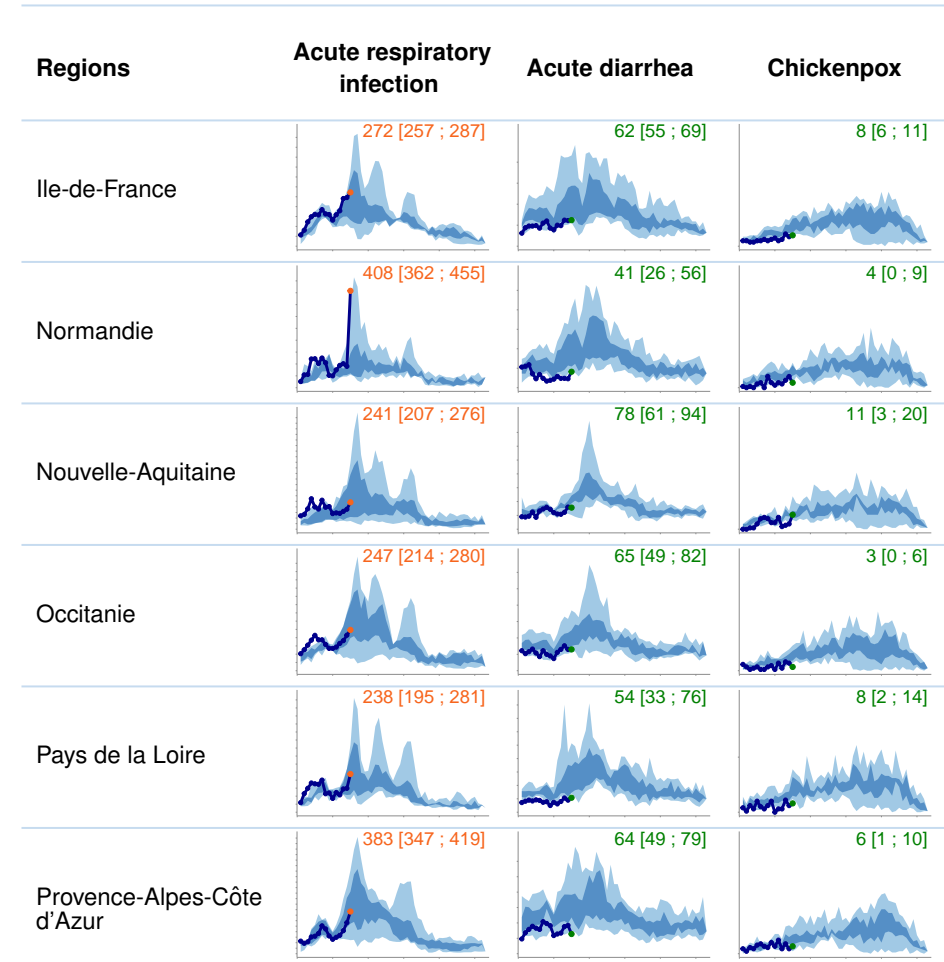
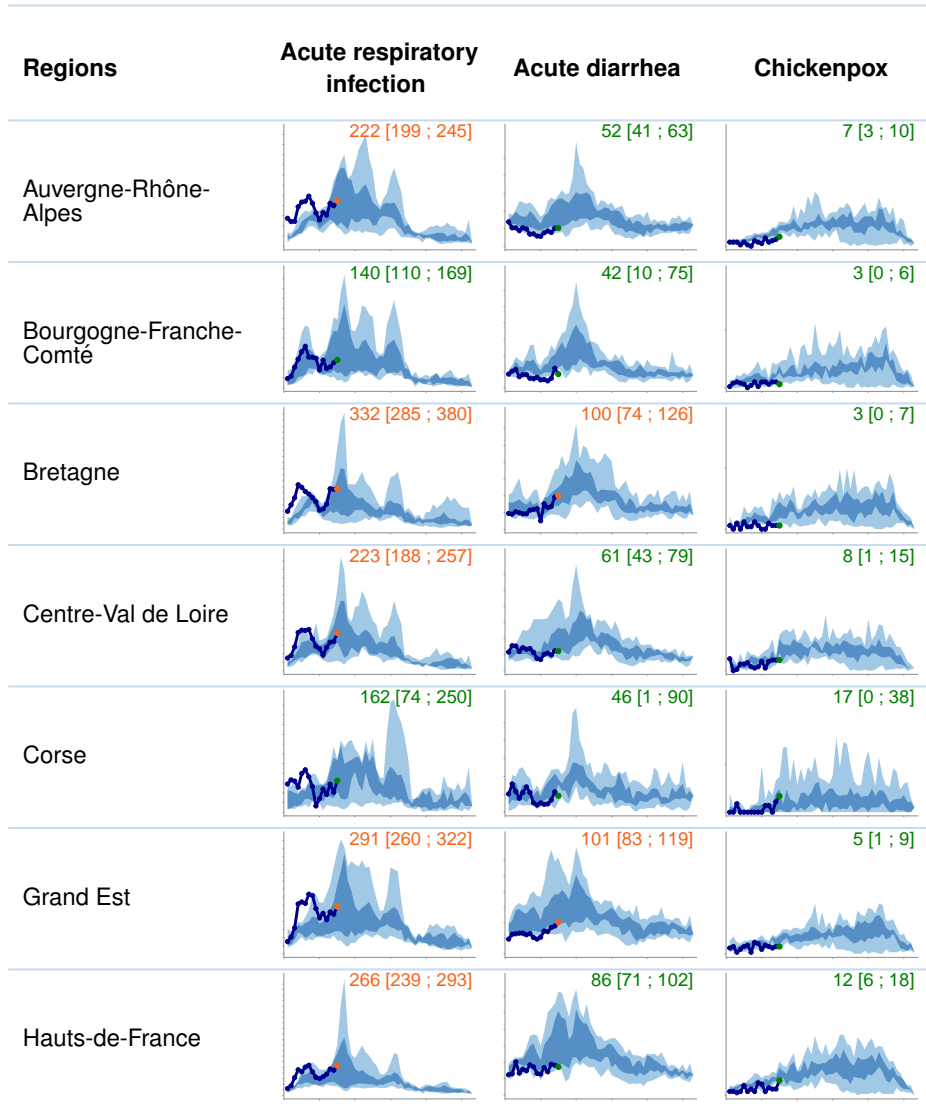
Subject to future data consolidation, this rate is **slightly increasing for the past three weeks** (consolidated data for 2024w48: 6 [5; 7]), but remains at a **lower level of activity** than those usually observed during this period.

(*) 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 49 of the year 2024, from 12/02/2024 to 12/08/2024



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

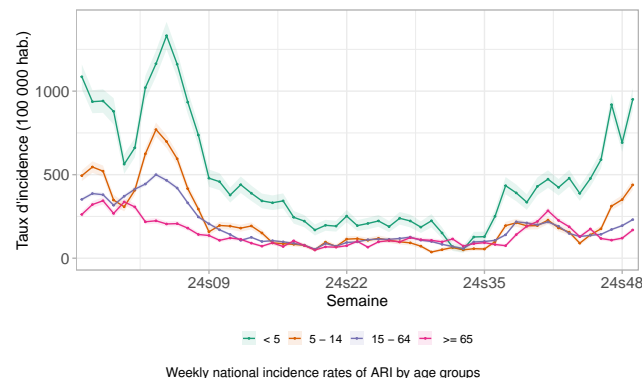
Activity levels
■ Low activity
■ Moderate activity
■ High activity

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 49 of the year 2024, from 12/02/2024 to 12/08/2024

ARI incidence rates by age groups



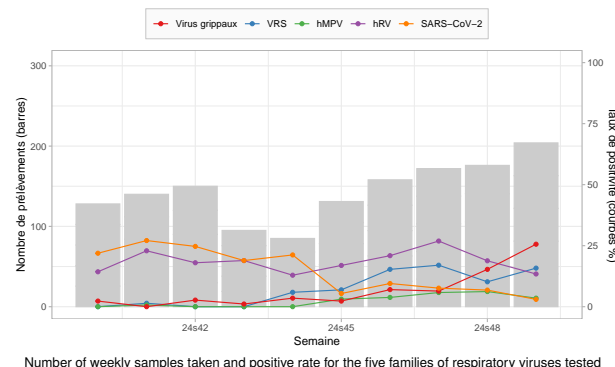
Last week (2024w49), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 951 cases per 100 000 population (95% CI [884; 1,019]) (consolidated data for 2024w48: 692 [636; 748]);
- **5-14 age group:** 439 cases per 100 000 population (95% CI [409; 469]) (consolidated data for 2024w48: 351 [325; 377]);
- **15-64 age group :** 231 cases per 100 000 population (95% CI [222; 241]) (consolidated data for 2024w48: 195 [187; 204]);
- **65 and above age group :** 169 cases per 100 000 population (95% CI [155; 183]) (consolidated data for 2024w48: 120 [108; 131]).

Incidence rates are **increasing in all age groups** and particularly in children (0-4 and 5-14 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, **1439** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2024w49), **203 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:** **26%** (52/203) (consolidated data for 2024w48: 15% (27/176));
- **Respiratory syncytial virus (RSV):** **16%** (32/203) (consolidated data for 2024w48: 10% (18/176));
- **Rhinovirus:** **13%** (27/202) (consolidated data for 2024w48: 19% (33/176));
- **Metapneumovirus:** **4%** (7/202) (consolidated data for 2024w48: 6% (11/176));
- **SARS-CoV-2 (Covid-19):** **3%** (6/203) (consolidated data for 2024w48: 7% (12/176)).

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

Description of IRA cases seen in general practice

Last week (2024w49), **884** cases of ARI were reported by Sentinelles general practitioners. Among these, 696 (79% of reported cases) were described and had the following characteristics:

- **Median age:** 29 years (range from 3 months to 95 years);
- **Male/female sex-ratio:** 0.85 (307/361);
- **Risk factors:** 14% (89/628) had risk factors for complications;
- **Hospitalization:** 0.2% (95% CI [0; 0.6]) of patients were hospitalized after the consultation (1/630).

Data source: Sentinelles

In conclusion

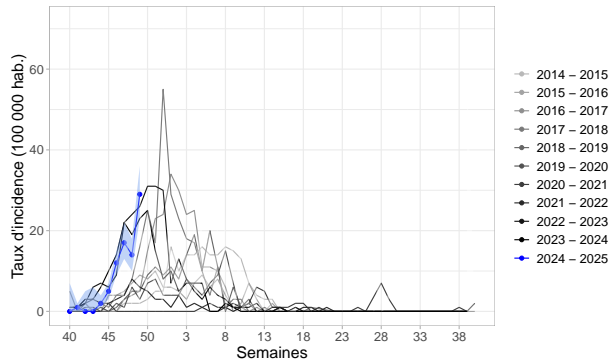
Last week (2024w49), subject to future data consolidation, the incidence of ARI cases seen in general practice **continues the increase observed since early November. This increase was particularly marked in children (0-4 age and 5-14 age groups).**

The main viruses detected in swabbed patients consulting for an ARI are **influenza viruses, RSV and rhinovirus**. We note to a lesser extent the circulation of the **SARS-CoV-2 (Covid-19)** and the **metapneumovirus**.

RSV infection and bronchiolitis

Observed situation in general practice for the week 49 of the year 2024, from 12/02/2024 to 12/08/2024

RSV infection Strong increase in activity



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

Last week (2024w49), the incidence rate of **RSV infection** cases (the virus responsible for most cases of bronchiolitis in infants) cases seen in general practice for an ARI was estimated at **49 cases per 100,000 population** (95% CI [38; 59]), corresponding to 32 524 [25,376; 39,672] new cases.

Subject to future data consolidation, this rate is **strongly increasing** compared to the previous week (consolidated data for 2024w48: 26 [18; 34], corresponding to 17,254 [12,002; 22,506] new cases).

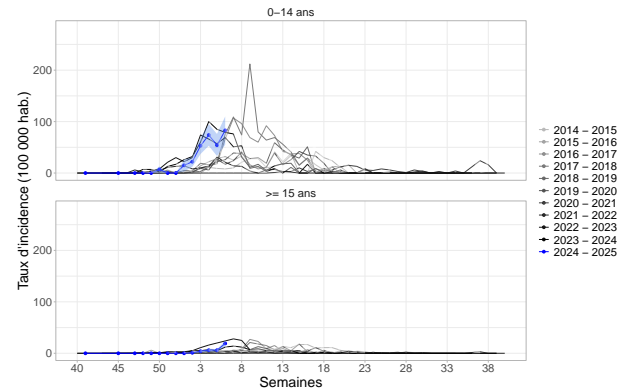
Description of RSV infections seen in general practice

Since the beginning of virological surveillance in week 2024w40, the **115** confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 3 years (from 1 month to 89 years old);
- **Male/female sex-ratio:** 1,1 (62/57);
- **Risk factors:** 36% had risk factors for complications (30/83);
- **Hospitalization:** no patient was hospitalized at the end of the consultation (0/84).

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

RSV infection by age groups



Incidence rate of RSV infections cases in general practice since 2024w40 compared to historical data (*)

Last week (2024w49), incidence rates of **RSV infection** cases seen in general practice for an ARI were estimated at:

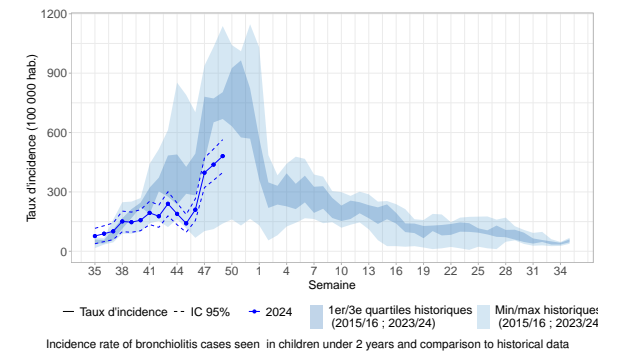
- **0-14 years:** 138 cases per 100,000 population (95% CI [184 ; 93]), corresponding to 16,263 [10,440; 20,686] new cases;
- **15 years and above:** 31 cases per 100,000 population (IC 95% [40 ; 22]), corresponding to 15,970 [12,191; 21,732] new cases.

Subject to future data consolidation, these rates are **increasing both among the 0-14 age group and among those aged 15 and over** 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

Bronchiolitis cases in children under 2 years



Last week (2024w49), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **478 cases per 100,000 population** (95% CI [390; 566]) in children under 2 years of age.

Subject to future data consolidation, this rate **continues the increase observed since mid-November** (2024w46), **even if this increase seems to slow down since two weeks** (data consolidated for 2024w48: 419 [338; 500]).

Data source: Electronic Medical Records (EMR) IQVIA

In conclusion

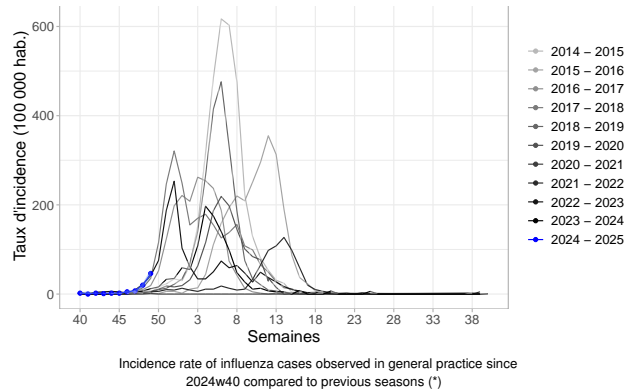
Last week (2024w49), subject to future data consolidation, the incidence of **RSV infection** cases seen in general practice among patients consulting for an ARI are **increasing in both age groups (0-14 and 15 and over)** compared to the previous week. The level of RSV infection activity is comparable to that of the previous two seasons at the same period, although with earlier circulation than that is usually observed.

Furthermore, we note a that **the incidence of bronchiolitis in children under 2 years** seen by general practitioners **is continuing to rise**, compared to the previous week. The level of bronchiolitis activity in this age group is slightly 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).

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

Influenza Strong increase in activity



Last week (2024w49), the incidence rate of **influenza** cases seen in general practice for an ARI was estimated at **77 cases per 100,000 population** (95% CI [63; 91]), corresponding to 51,312 [42,182; 60,442] new cases.

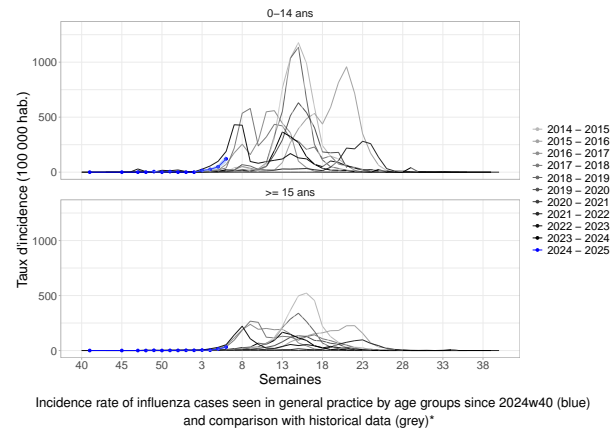
Subject to future data consolidation, this rate is **strongly increasing** compared to the previous week (consolidated data for 2024w48: 37 [28; 46], corresponding to 24,777 [18,922; 30,632] new cases).

Active circulation of influenza viruses was observed last week. This level of activity, comparable to that of recent seasons at the same period, however appears earlier than usual.

(*) In order to compare current activity with past influenza epidemics, the incidence in the graph are taken from the influenza-like illness indicator and are estimated secondarily from the ARI indicator since 2020.

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

Influenza cases by age groups



Last week (2024w49), subject to future data consolidation, the incidence rates of influenza cases seen in general practice for an ARI were **increasing in both age groups (0-14 and 15 and above)** compared to the previous week.

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

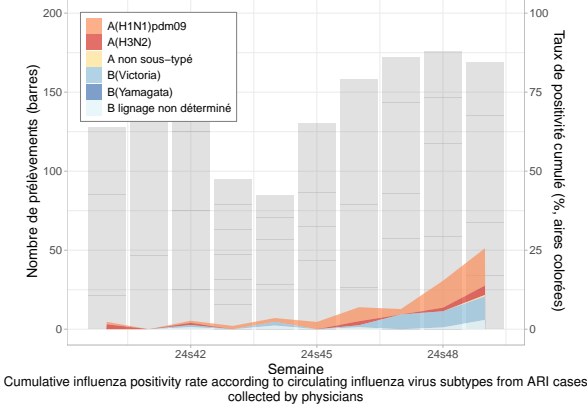
Description of confirmed influenza cases seen in general practice

Since the beginning of virological surveillance in week 2024w49, the **115** confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 21 years (from 1 to 95 years old);
- **Male/female sex-ratio:** 1,1 (60/55) ;
- **Vaccination:** 94% (98/104) were not vaccinated against influenza;
- **Risk factors:** 31% (18/58) had risk factors for complications;
- **Hospitalization:** no patient was hospitalized at the end of the consultation (0/83).

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

Identification of influenza viruses



Since the week 2024w40, the 115 influenza viruses identified were distributed as follows: 49% of type A (H1N1)pdm09 virus (56/115), 30% of B Victoria (35/115), 11% of type A(H3N2) (13/115), 9% of undetermined B lineage (10/115) and 1% of non-subtyped A viruses (1/115).

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

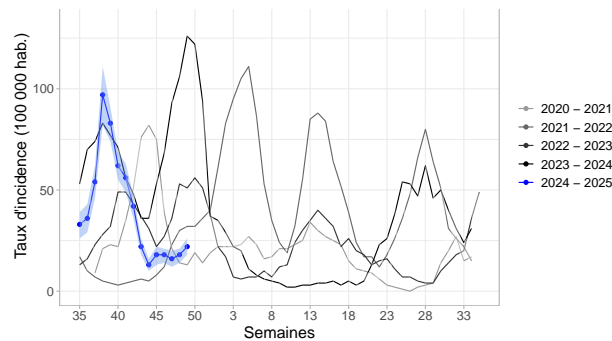
In conclusion

Last week (2024w49), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **sharply increasing in both age groups** compared to the previous week. However, this increase is **more pronounced among children (0-14 years old)**.

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

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

Covid-19 Low activity Level



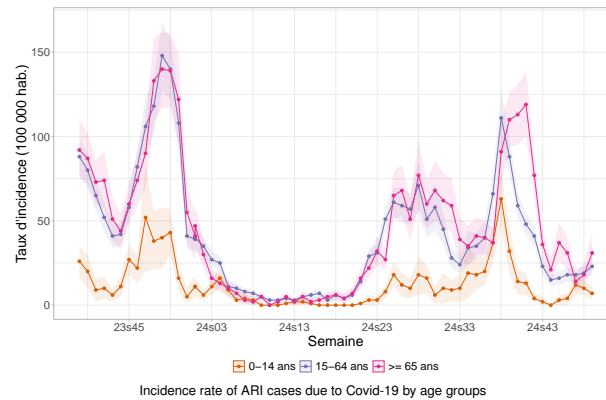
National ARI incidence rate due to Covid-19 and comparison with historical data

Last week (2024w49), the incidence rate of **Covid-19** cases seen in general practice for an ARI was estimated at **22 cases per 100,000 population** (95% CI [18; 26]), corresponding to 14,633 [11,824; 17,442] new cases.

Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week but remains at a **low activity level** (consolidated data for 2024w48: 18 [14; 21], corresponding to 11,673 [9,492; 13,854] new cases).

Data source: Sentinelles

Covid-19 cases by age groups



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

Last week (2024w49), the incidence rates of **Covid-19** cases seen in general practice for an ARI were estimated at:

- **0-14 years**: 7 cases per 100,000 population (95% CI [3; 11]), corresponding to 794 [318; 1 270] new cases;
- **15-64 years**: 23 cases per 100,000 population (95% CI [18; 28]), corresponding to 9 364 [7 437; 11 292] new cases;
- **65 years and above**: 31 cases per 100,000 population (95% CI [21; 42]), corresponding to 4 451 [2 909; 5 992] new cases.

Subject to future data consolidation, these rates are **decreasing in children (0-14 years) and slightly increasing in the 15-64 and 65 and above age groups** compared to those of the previous week.

Data source: Sentinelles

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

Since week 2024w48, the **95 Covid-19 described cases** with an ARI had the following characteristics:

- **Median age**: 53 years (range from 3 years to 93 years);
- **Male/female sex-ratio**: 0.72 (39/54);
- **Risk factors**: 23% (21/92) had risk factors for complications;
- **Hospitalization**: 1% (1/93) of patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2024w49), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI is **slightly increasing** compared to the previous week, but has been at a **low activity level for several weeks** (end of October) (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](#).

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.

Information and contacts

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

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Partners & data sources

Sentinelles 

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 EoS MÉDECINS

 Santé publique France

 MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

 UNIVERSITÀ DI CORSICA PASQUALE PAOLI

 HCL HOSPIES CIVILS DE LYON

 INSTITUT PASTEUR

 CNR virus des gastro-entérites
Dijon, France

 CNGE COLLEGE ACADEMIQUE

Supervisory bodies of Sentinelles network

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La science pour la santé
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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!