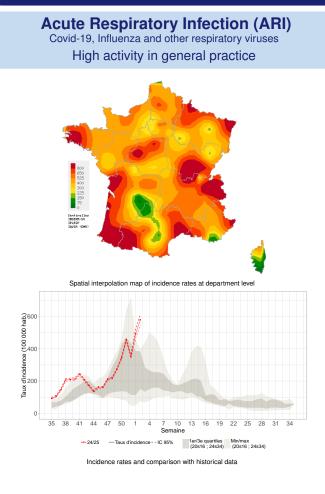
Observed situation in primary care

Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

Sentinelles

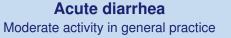


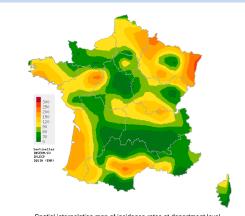
In mainland France, last week (2025w02), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **579 cases per 100,000 population (95% CI [548; 610])**.

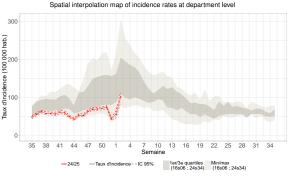
Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w01: 492 [462; 523]) and reaches a **high level of intensity**.

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







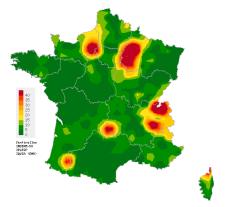
Incidence rates and comparison with historical data

In mainland France, last week (2025w02), the incidence rate of acute diarrhea cases seen in general practice was estimated at 101 cases per 100,000 population (95% CI [88; 114]).

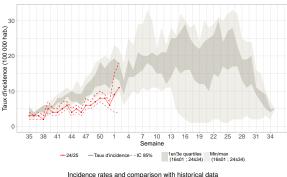
Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w01: 55 [46; 64]) but is at a **lower level of activity** than those usually observed during this period.

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

Chickenpox Low activity in general practice



Spatial interpolation map of incidence rates at department lev



In mainland France, last week (2025w02), the incidence rate of Chickenpox cases seen in general practice was estimated at 11 cases per 100,000 population (95% CI [4; 18]).

Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week (consolidated data for 2025w01: 9 [4; 15]) but is at a **lower level of activity** than those usually observed during this period.

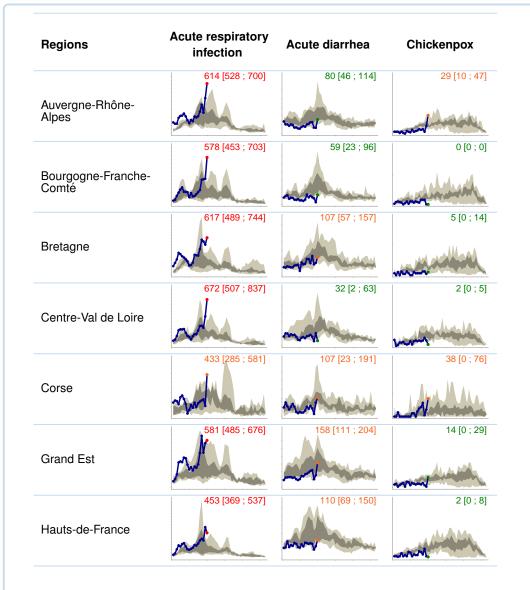
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

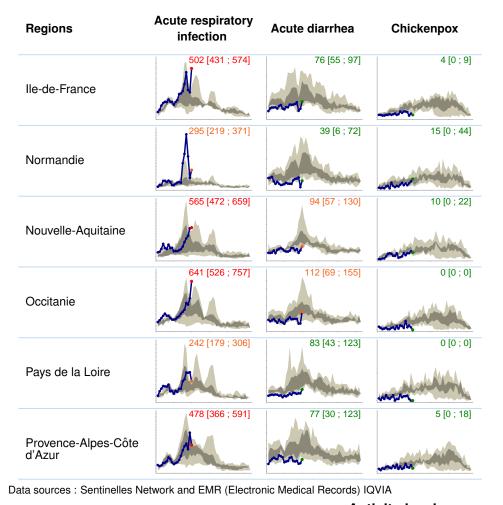
Find more information about case definitions, statistical methods and the Sentinelles network on our website

Incidence rates by french region

Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

Sentinelles





Activity levels ■ Low activity

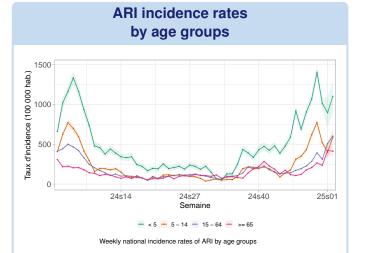
- Moderate activity
- High activity

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

Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

Sentinelles



Last week (2025w02), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group**: 1,101 cases per 100 000 population (95% CI [908; 1,293]) (consolidated data for 2025w01: 896 [710; 1,081]);

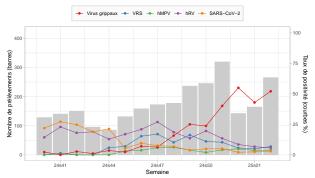
- **5-14 age group**: 591 cases per 100 000 population (95% CI [500; 682]) (consolidated data for 2025w01: 400 [320; 480]);

- **15-64 age group** : 602 cases per 100 000 population (95% Cl [562; 643]) (consolidated data for 2025w01: 509 [470; 549]);

- **65 and above age group** : 412 cases per 100 000 population (95% CI [356; 468]) (consolidated data for 2025w01: 421 [360; 481]).

Incidence rates are increasing among children (0-4 and 5-14 age groups) and in the 15-64 age group compared to those of the previous week. It remains stable in the 65 + age group.

Circulation of respiratory viruses in general practice and pediatric



Number of weekly samples taken and positive rate for the five families of respiratory viruses tested

Since 2024w40, **2,607** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w02), **265 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: **52%** (138/265) (consolidated data for 2025w01: 43% (70/163));

- **Respiratory syncytial virus (RSV): 7%** (18/265) (consolidated data for 2025w01:5% (8/163));

- Rhinovirus: 6% (15/265) (consolidated data for 2025w01: 6% (11/163));

- **Metapneumovirus**: **4%** (10/265) (consolidated data for 2025w01: 4% (6/163)).

- **SARS-CoV-2 (Covid-19) : 3%** (8/265) (consolidated data for 2025w01: 3% (4/163));

Description of IRA cases seen in general practice

Last week (2025w02), 1,767 cases of ARI were reported by Sentinelles general practitioners. Among these, 1,348 (76% of reported cases) were described and had the following characteristics:

- Median age: 39 years (range from 3 months to 101 years);
- Male/female sex-ratio: 0.74 (555/746);
- Risk factors: 15% (192/1,262) had risk factors for complications;

- **Hospitalization**: 1.3% (IC 95% [0.7; 1.9]) of patients were hospitalized after the consultation (16/1,263).

Data source: Sentinelles

In conclusion

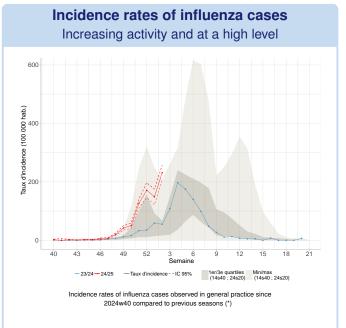
Last week (2025w02), subject to future data consolidation, the incidence of ARI cases seen in general practice was **increasing in all age groups** compared to those of the previous week, except **for the 65 and more age group, where it remained stable.**

The cases of IRA observed last week in general practice were mainly due to the **circulation of influenza viruses**. Rhinoviruses and RSV were also circulating to a lesser extent.

Influenza

Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

Sentinelles

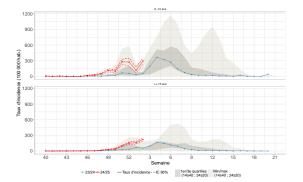


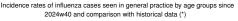
Last week (2025w02), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **296 cases per 100,000 population** (95% CI [266; 326]), corresponding to 197,507 [177,336; 217,648] new cases.

Subject to future data consolidation, this rate was **increasing** compared to the previous week (consolidated data for 2025w01: 201 [168; 233], corresponding to 133,777 [111,844; 155,710] new cases).

(*) 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.







Last week (2025w02), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **increasing in all age groups, and particularly in the 0-14 age group** compared to those of the previous week.

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

Description of confirmed influenza cases seen in primary care

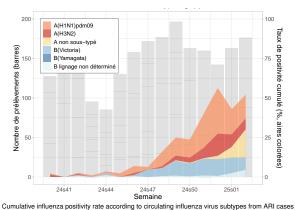
Since the beginning of virological surveillance (2024w40), the 565 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- Median age: 35 years (from 1 month to 95 years old);
- Male/female sex-ratio: 0.94 (273/290) ;

- Vaccination: 90% (461/513) were not vaccinated against influenza;

- Risk factors: 42% (111/267) had risk factors for complications;
- Hospitalization: no patient was hospitalized at the end of the consultation (0/371).

Identification of influenza viruses



umulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since the week 2024w40, the **595** influenza viruses identified were distributed as follows: **44% of type A(H1N1)***pdm09* (*264/595*), **25% of type B Victoria** (148/595), **16% of type A(H3N2)** (94/595), **4% of undetermined B lineage** (27/595) and **11% of non-subtyped A viruses** (64/595).

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

In conclusion

Last week (2025w02), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI **continued the increase observed** for several weeks and was at a high level of activity.

The predominant influenza viruses are **type A(H1N1)pdm09** but subtypes **A(H3N2)** and **B Victoria** also circulate.

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on influenza by clicking <u>here</u>.

RSV infection and bronchiolitis

Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

Sentinelles

<figure>

Incidence rates of RSV infection cases

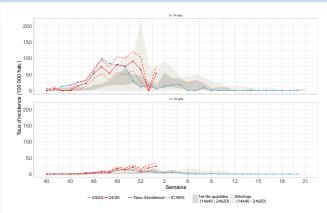
Incidence rates of RSV infection cases seen in general practice since 2024w40 and comparison to historical data (*)

Last week (2025w02), the incidence rate of **RSV infection** cases (*the virus responsible for most cases of bronchiolitis in infants*) seen in general practice among patients consulting for an ARI was estimated at **38 cases per 100,000 population** (95% CI [26; 50]), corresponding to 25,390 [17,425; 33,355] new cases.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w01: 22 [12; 31], corresponding to 14,317 [7,929; 20,705] new cases).

(*) To compare current RSV activity with past RSV epidemics, the incidence rates shown in the graph are derived from the influenzalike illness indicator and have been estimated secondarily from the ARI indicator since 2020.

Incidence rates of RSV infection cases by age groups



Incidence rates of RSV infection cases in general practice since 2024w40 compared to historical data (*) Last week (2025w02), incidence rates of **RSV** infection cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 68 cases per 100,000 population (95% CI [35; 101]), corresponding to 7,586 [3,897; 11,275] new cases;

- **15 years and above**: 32 cases per 100,000 population (95% CI [19; 45]), corresponding to 17,804 [10,710; 24,898] new cases.

Subject to future data consolidation, these rates are **increasing in the 0-14 age group and stable in the 15 and over age group** compared to those of the previous week.

Description of RSV infections seen in general practice and pediatric

Since the beginning of virological surveillance (2024w40), the **219** confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- Median age: 7 years (from 1 month to 98 years old);
- Male/female sex-ratio: 0.90 (104/115);
- **Risk factors**: 31% of patients had risk factors for complications (61/199);
- **Hospitalization**: 0.5% of patients were hospitalized at the end of the consultation (1/185).

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

In conclusion

Last week (2025w02), subject to future data consolidation, the incidence of **RSV** infection cases seen in general practice among patients consulting for an ARI was **increasing** compared to the previous week. This increase was mainly observed in children (0-14 years).

Data for the indicator "bronchiolitis in children under 2 years old" are not available for weeks 2025w01 and 2025w02.

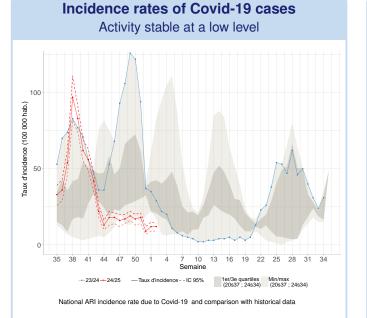
In week 52 (2024w52), the decrease in the incidence of bronchiolitis cases in children under 2 years old observed since mid-December continued.

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 the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on bronchiolitis by clicking <u>here</u>.

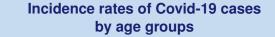
Epidemiological surveillance bulletin for the week 2 of the year 2025, from 01/06/2025 to 01/12/2025

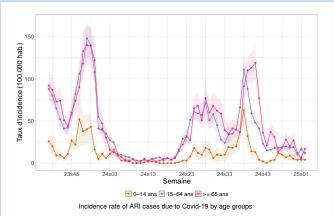
Sentinelles



Last week (2025w02), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **12 cases per 100,000 population** (95% CI [9; 14]), corresponding to 7,788 [5,934; 99,462] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w01: 12 [9; 15], corresponding to 8,074 [5,857; 10,291] new cases).





Last week (2025w02), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 4 cases per 100,000 population (95% CI [1; 7]), corresponding to 426 [65; 787] new cases;

- **15-64 years**: 12 cases per 100,000 population (95% CI [9; 16]), corresponding to 4.966 [3,604; 6,327] new cases;

- **65 years and above**: 17 cases per 100,000 population (95% CI [10; 23]), corresponding to 2.396 [1,499; 3,293] new cases.

Subject to future data consolidation, these rates are **stable in the 0-**14 and 15-64 age groups, and slightly increasing in the 65 and more age group compared to those of the previous week.

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

Since week 2025w01, the **51** Covid-19 described cases with an ARI had the following characteristics:

- Median age: 50 years (range from 5 months to 88 years);
- Male/female sex-ratio: 0.38 (14/37);
- Risk factors: 24% (12/50) had risk factors for complications;

- $\mbox{Hospitalization:}$ No patient were hospitalized after the consultation (0/51).

Data source: Sentinelles

In conclusion

Last week (2025w02), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI was **stable** compared to the previous week and was at a **low level of activity** (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 <u>here</u>.

Sentinelles

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. statisticans, 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
- **A 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











SANTÉ

SORBONNE

UNIVERSITÉ



Supervisory bodies of Sentinelles network

Inserm

La science pour la santé

French General Practionner 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



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!