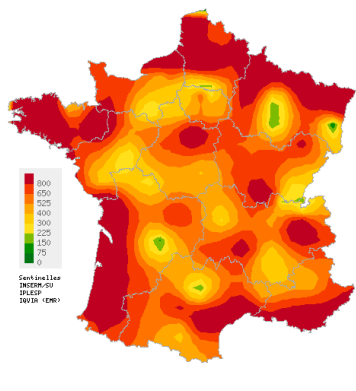


Observed situation in primary care

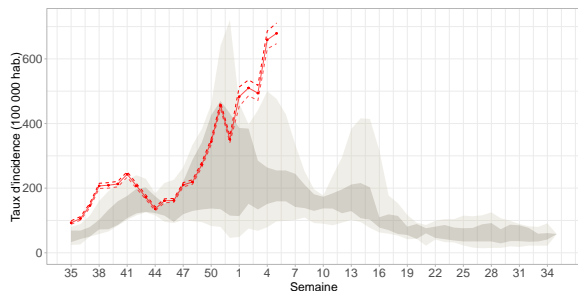
Epidemiological surveillance bulletin for the week 5 of the year 2025, from 01/27/2025 to 02/02/2025

Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses
High 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 (2025w05), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **679 cases per 100,000 population (95% CI [647; 711])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w04: 659 [631; 686]) and remains at a **very high activity level**.

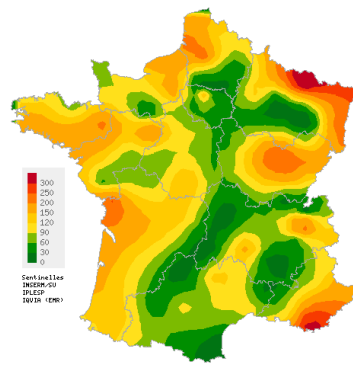
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

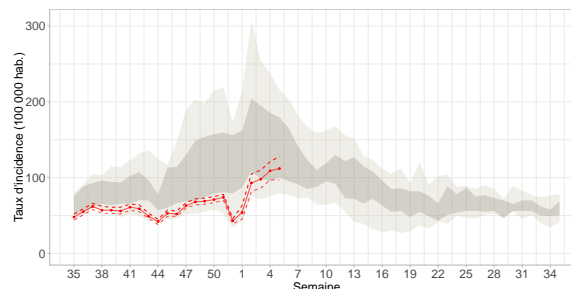
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Acute diarrhea

Moderate 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 (2025w05), the incidence rate of acute diarrhea cases seen in general practice was estimated at **112 cases per 100,000 population (95% CI [97; 128])**.

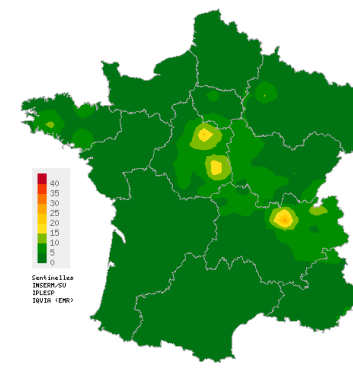
Subject to future data consolidation, this rate is **stable** compared to the previous week and remains at an **activity level similar** to those is usually observed during this period (consolidated data for 2025w04: 109 [97; 121]).

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

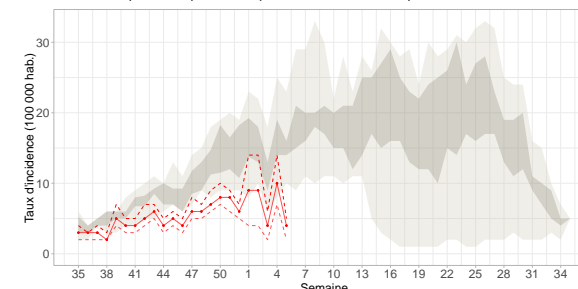
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

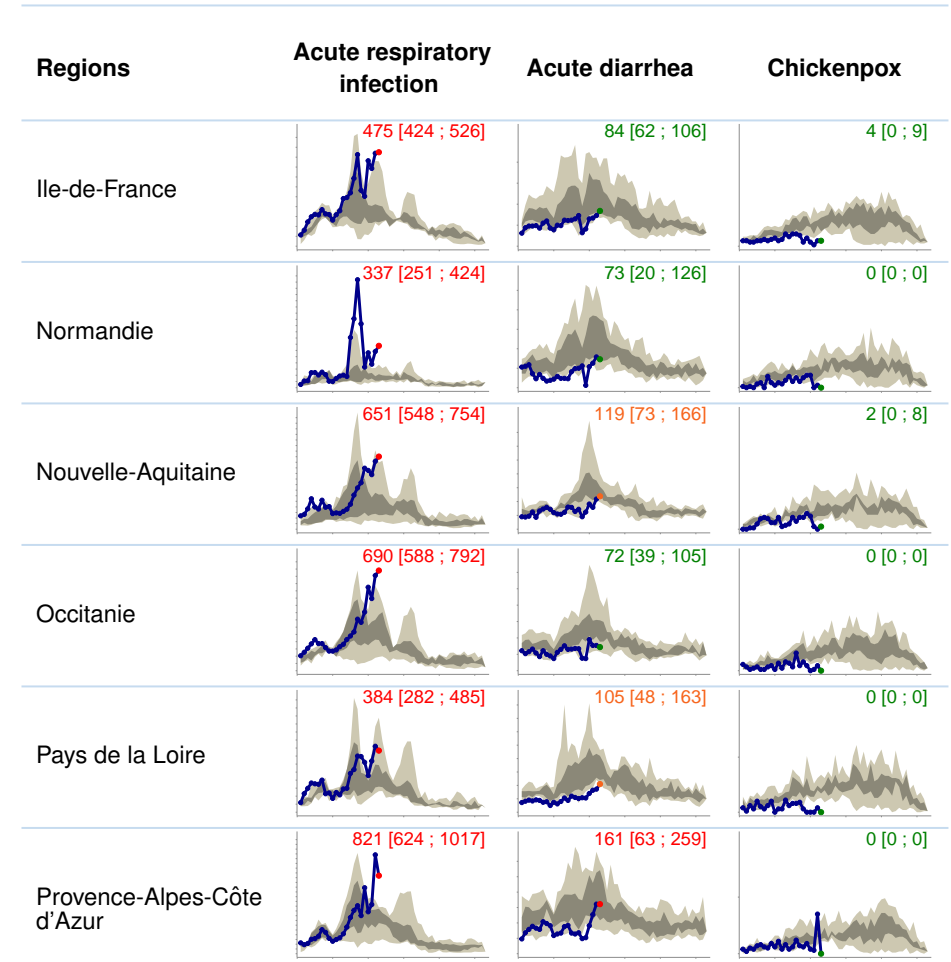
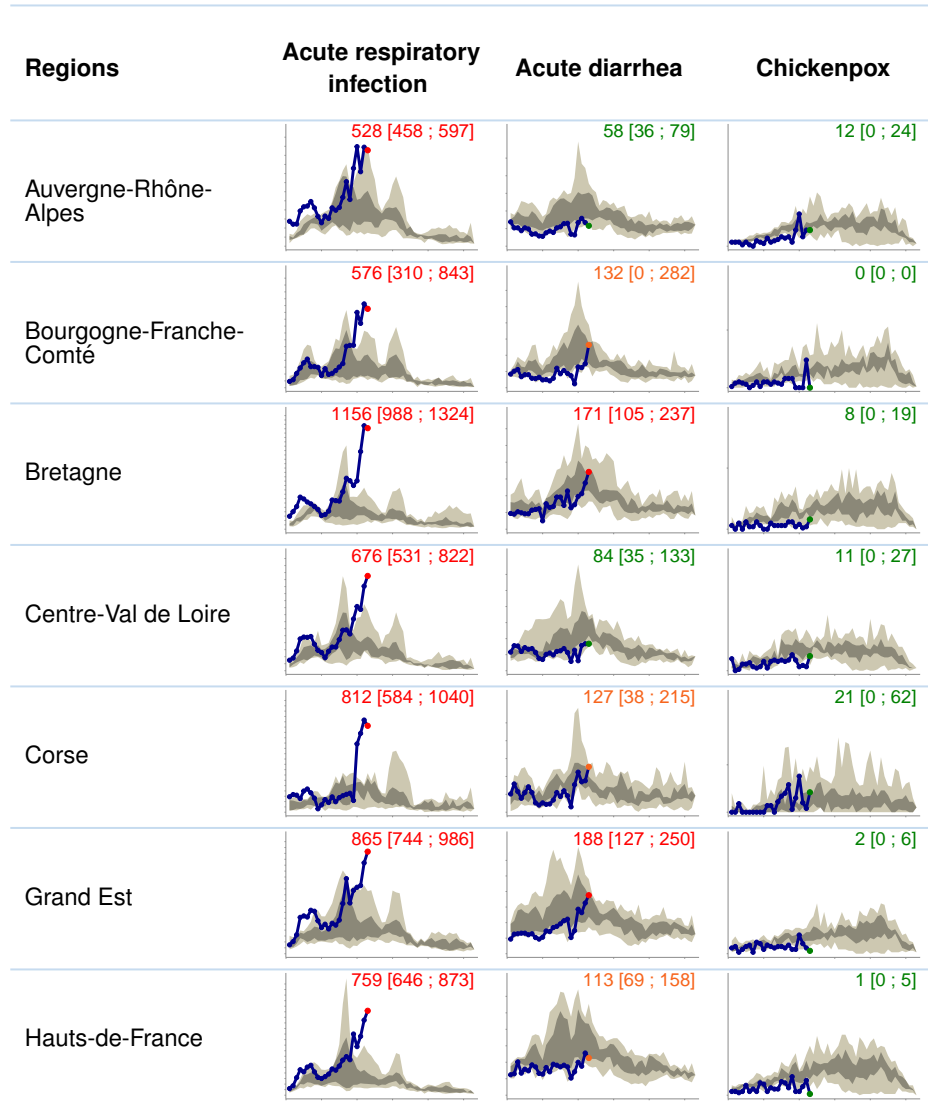
In mainland France, last week (2025w05), the incidence rate of Chickenpox cases seen in general practice was estimated at **4 cases per 100,000 population (95% CI [2; 5])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week and remains at a **lower level of activity** than those usually observed during this period (consolidated data for 2025w04: 10 [7; 14]).

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 5 of the year 2025, from 01/27/2025 to 02/02/2025

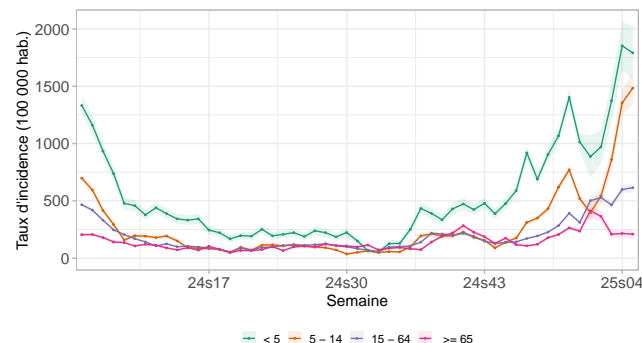


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA



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



Weekly national incidence rates of ARI by age groups

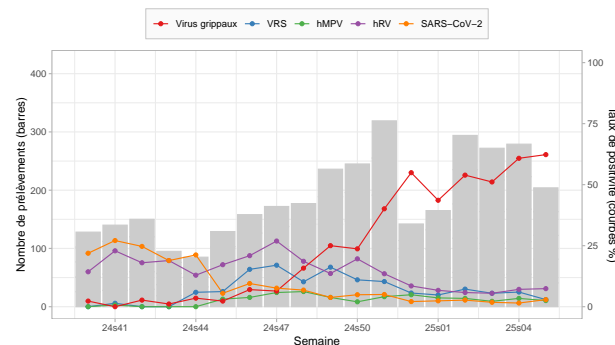
Last week (2025w05), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 1,791 cases per 100 000 population (95% CI [1,555; 2,028]) (consolidated data for 2025w04: 1,853 [1,644; 2,062]);
- **5-14 age group:** 1,483 cases per 100 000 population (95% CI [1,344; 1,622]) (consolidated data for 2025w04: 1,356 [1,240; 1,472]);
- **15-64 age group :** 615 cases per 100 000 population (95% CI [575; 654]) (consolidated data for 2025w04: 599 [565; 632]);
- **65 and above age group :** 210 cases per 100 000 population (95% CI [171; 249]) (consolidated data for 2025w04: 216 [182; 250]).

Incidence rates are **slightly decreasing in the 0-5 age group, slightly increasing in the 5-14 age group, and stable among adults (15-64 and 65 and above 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



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

Since 2024w40, **3,390** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w05), **204 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:** **62%** (127/204) (consolidated data for 2025w04: 61% (169/278));
- **Rhinovirus:** **7%** (15/203) (consolidated data for 2025w04: 7% (19/266));
- **SARS-CoV-2 (Covid-19):** **3%** (6/204) (consolidated data for 2025w04: 2% (4/267));
- **Metapneumovirus:** **3%** (5/204) (consolidated data for 2025w04: 3% (9/266));
- **Respiratory syncytial virus (RSV):** **2%** (2/204) (consolidated data for 2025w04: 6% (16/267)).

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

Description of IRA cases seen in general practice

Last week (2025w05), 2,266 cases of ARI were reported by Sentinelles general practitioners. Among these, 1,703 (75% of reported cases) were described and had the following characteristics:

- **Median age:** 23 years (range from 1 month to 103 years);
- **Male/female sex-ratio:** 0.83 (751/893);
- **Risk factors:** 9% (145/1,557) had risk factors for complications;
- **Hospitalization:** 0.6% (95% CI [0.2; 0.9]) of patients were hospitalized after the consultation (8/1,555).

Data source: Sentinelles

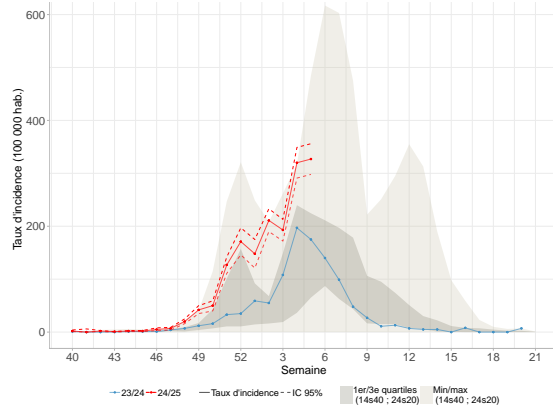
In conclusion

Last week (2025w05), subject to upcoming data consolidation, we observe a **slowdown in ARI activity**, with incidence rates slightly decreasing in 0-5 year olds, slightly increasing in 5-14 year olds, and stable in adults (15-64 years and 65 years and over). However, **this activity remains at a very high level, particularly in children.**

The cases of ARI observed last week in general practice were mainly due to the **circulation of influenza viruses**. We also observe to a lesser extent circulation of rhinovirus.

Incidence rates of influenza cases

Stable and high-level activity



Incidence rates of influenza cases observed in general practice among patients consulting for ILI (*)

Last week (2025w05), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **416 cases per 100,000 population** (95% CI [379; 452]), corresponding to 278,509 [254,335; 302,683] new cases.

Subject to the upcoming data consolidation, this rate remains **stable** compared to the previous week (consolidated data for 2025w04: 396 [361; 432]) and **still remains at a high level of activity**.

Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the 1,052 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

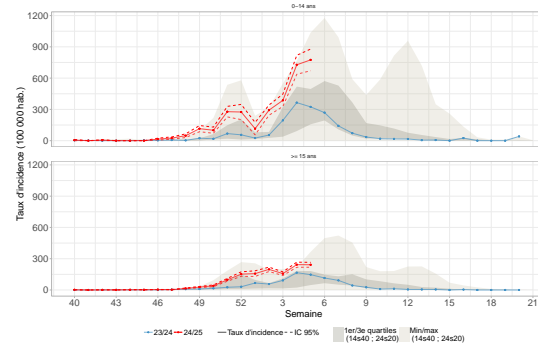
- **Median age:** 33 years (from less than 1 month to 95 years old);
- **Male/female sex-ratio:** 0.88 (490/557);
- **Vaccination:** 89% (864/972) were not vaccinated against influenza;
- **Risk factors:** 25% (217/882) had risk factors for complications;
- **Hospitalization:** 0.4% of the patients were hospitalized at the end of the consultation (3/778).

(*) The indicator currently monitored by Sentinel physicians estimates the number of patients with influenza among those consulting for ARI and was implemented during the Covid-19 pandemic in March 2020. To allow better interpretation and visualization of trends in the current epidemic compared to past seasons, the graph presents influenza cases among patients consulting for influenza-like illness. This indicator has been available since 2014. The figures mentioned in the text and those represented graphically are therefore different. This must be taken into account when interpreting the data.

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

Incidence rates of influenza cases

by age groups

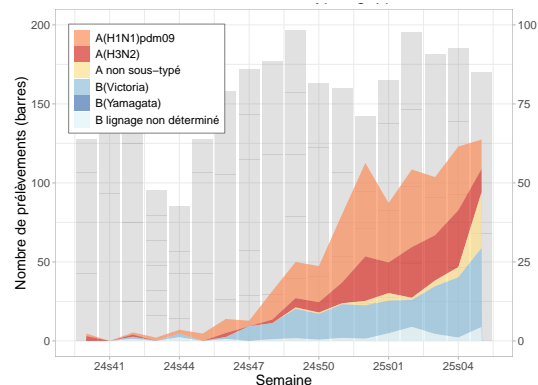


Incidence rates of influenza cases seen in general practice by age groups among patients consulting for ILI symptoms (*)

Last week (2025w05), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for ARI were **stable in both age groups** compared to the previous week.

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

Identification of influenza viruses

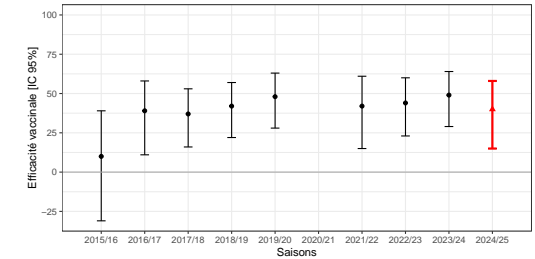


Cumulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since the week 2024s40, the **1,052** influenza viruses identified were distributed as follows: **41% of type A(H1N1)pdm09** (427/1,052), **28% of type B Victoria** (298/1,052), **22% of type A(H3N2)** (230/1,052), **4% of undetermined B lineage** (46/1,052) and **6% of non-subtyped A viruses** (61/1,052).

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

Vaccine effectiveness against seasonal flu



In red: 2024-2025 season / In black: 2014-2015 to 2023-2024 seasons

The overall influenza vaccine effectiveness (VE) is estimated at **40% (95% CI [15%; 58%])**, a moderate level comparable to previous seasons. Among groups for whom influenza vaccination is recommended, VE varies according to category, and remains close to those estimated in the previous seasons:

- People under 65 with risk factors for complication: 59% [20%; 79%];
- People aged 65 or over: 26% [-25%; 57%].

These estimates will be refined in the upcoming weeks.

*Absence of active circulation of influenza viruses during the 2020/2021 season

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

In conclusion

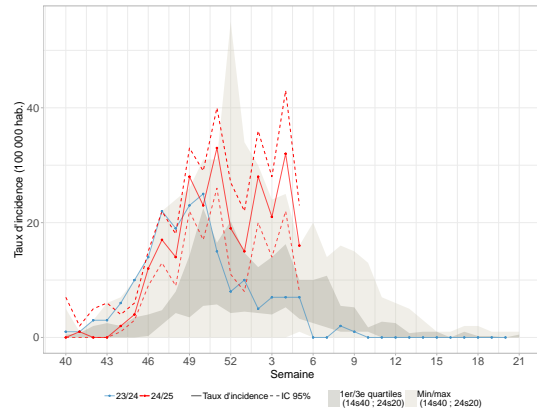
Last week (2025w05), the incidence of **influenza** cases seen in general practice among patients consulting for an ARI **remained at a high level of activity**, both in children and adults. Nevertheless, the epidemic peak may have been reached in week 04 (week of 20/01/2025). The consolidated data that will be estimated next week will confirm or not the beginning of the epidemic decline.

This season we observe a co-circulation of **A(H1N1)pdm09**, **A(H3N2)** and **B Victoria** viruses.

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

Incidence rates of RSV infection cases

Decreasing activity



Incidence rates of RSV infection cases consulting for ILI symptoms in general practice (*)

Last week (2025w05), 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 **20 cases per 100,000 population** (95% CI [10; 29]), corresponding to 13,262 [6,879; 19,645] new cases.

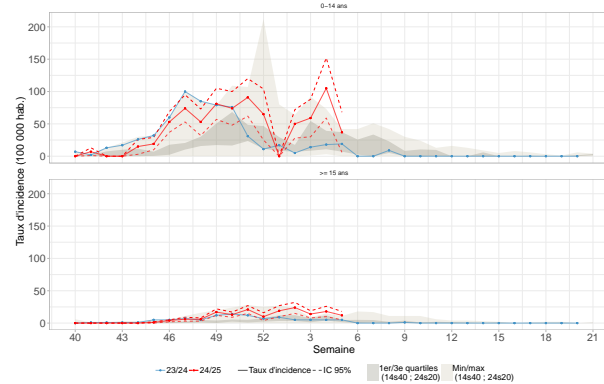
Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2025w04: 40 [27; 53]).

(*) The indicator currently monitored by Sentinel physicians estimates the number of patients with RSV infection among those consulting for ARI and was implemented during the Covid-19 pandemic in March 2020. To allow better interpretation and visualization of trends in the current epidemic compared to past seasons, the graph presents cases of RSV infection among patients consulting for influenza-like illness. This indicator has been available since 2014. The figures mentioned in the text and those represented graphically are therefore different. This must be taken into account when interpreting the data.

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

Incidence rates of RSV infection cases

by age groups



Incidence rates of RSV infection cases consulting for ILI symptoms in general practice by age groups (*)

Last week (2025w05), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 47 cases per 100,000 population (95% CI [17; 86]), corresponding to 5,217 [868; 9,605] new cases;
- **15 years and above:** 15 cases per 100,000 population (95% CI [6; 23]), corresponding to 8,046 [3,395; 12,696] new cases.

Subject to future data consolidation, these rates are **decreasing in both age groups, and especially 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 RSV infections seen in general practice and pediatric

Since the beginning of virological surveillance (2024w40), the 258 confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 10 years (from 1 month to 98 years old);
- **Male/female sex-ratio:** 0.83 (117/140);
- **Risk factors:** 40% of patients had risk factors for complications (97/245);
- **Hospitalization:** 0.5% of the patients were hospitalized at the end of the consultation (1/210).

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

In conclusion

Last week (2025w05), subject to future data consolidation, the incidence of **RSV infection** cases seen in general practice among patients consulting for an ARI was **decreasing** compared to the previous week.

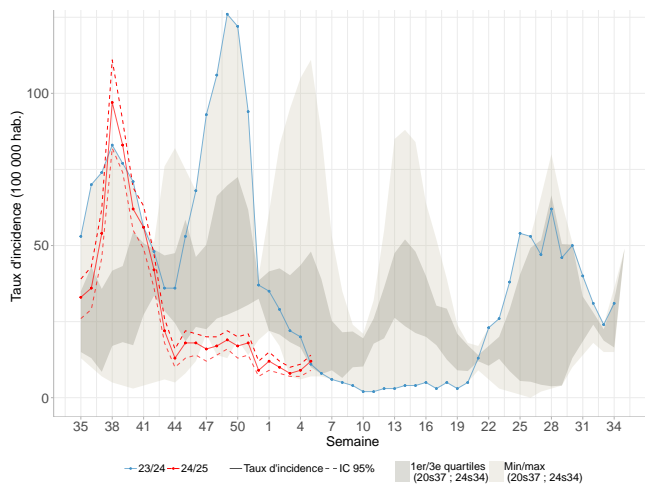
Data for the 'bronchiolitis in children under 2' indicator are not currently available for weeks 2025w01 to 2025w05.

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 [here](#).

Incidence rates of Covid-19 cases

Stable activity at a low level



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

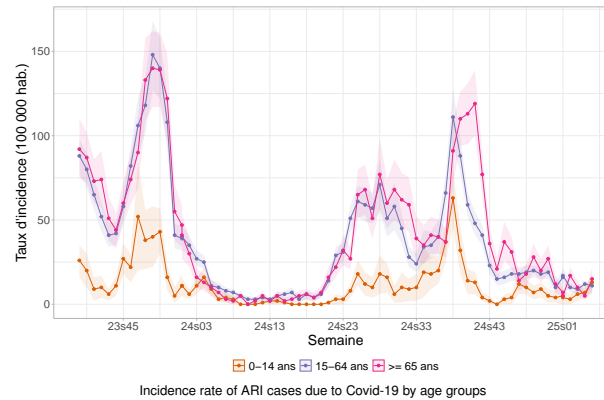
Last week (2025w05), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **12 cases per 100,000 population** (95% CI [9; 14]), corresponding to 7,834 [6,141; 9,527] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w04: 9 [7; 11]).

Data source: Sentinelles

Incidence rates of Covid-19 cases

by age groups



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

Last week (2025w05), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 13 cases per 100,000 population (95% CI [7; 18]), corresponding to 1,410 [790 ; 2,030] new cases;
- **15-64 years**: 11 cases per 100,000 population (95% CI [8; 13]), corresponding to 4,330 [3,195 ; 5,464] new cases;
- **65 years and above**: 15 cases per 100,000 population (95% CI [7; 22]), corresponding to 2,094 [1,058 ; 3,130] new cases.

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

Data source: Sentinelles

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

Since week 2025w04, the 60 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 38 years (range from 1 to 92 years old);
- **Male/female sex-ratio**: 0.79 (26/33);
- **Risk factors**: 20% (11/59) had risk factors for complications;
- **Hospitalization**: no patient was hospitalized after the consultation (0/59).

Data source: Sentinelles

In conclusion

Last week (2025w05), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI was overall **stable** compared to previous weeks 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 [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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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!