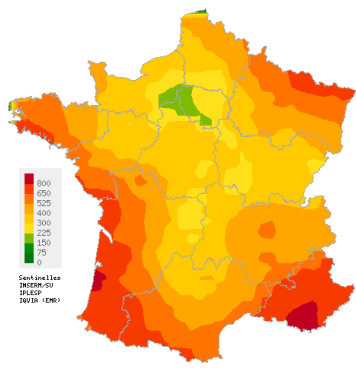
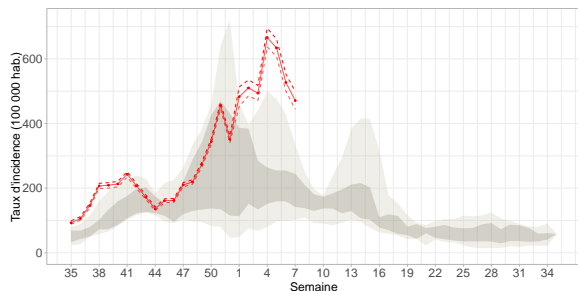


Acute Respiratory Infection (ARI)

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 (2025w07), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **471 cases per 100,000 population (95% CI [444; 499])**.

Subject to future data consolidation, this rate is **decreasing** for the third consecutive week, but remains at a **high level of activity** (consolidated data for 2025w06: 527 [500; 553]).

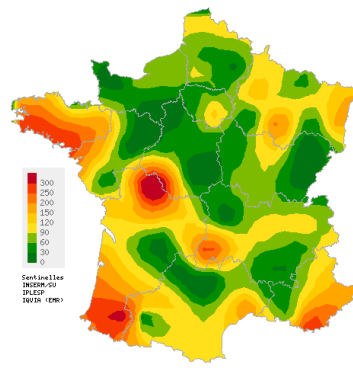
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

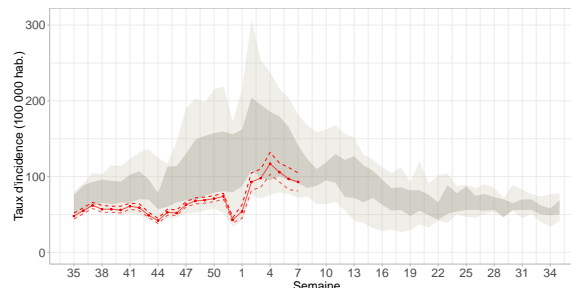
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w07), the incidence rate of acute diarrhea cases seen in general practice was estimated at **93 cases per 100,000 population (95% CI [81; 105])**.

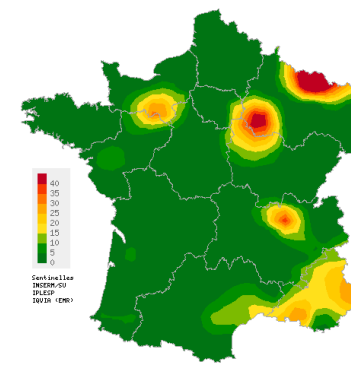
Subject to future data consolidation, this rate continues the **decrease** observed since late January (2025w04) and remains at a **similar activity level** than those usually observed at this time of the year (consolidated data for 2025w06: 97 [83; 112]).

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

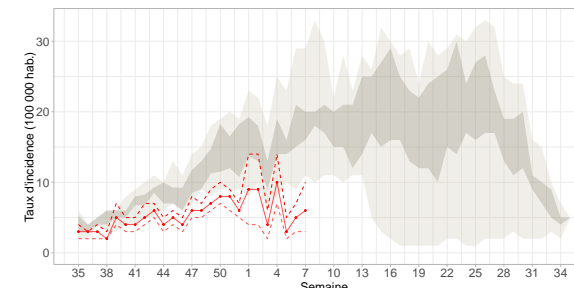
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

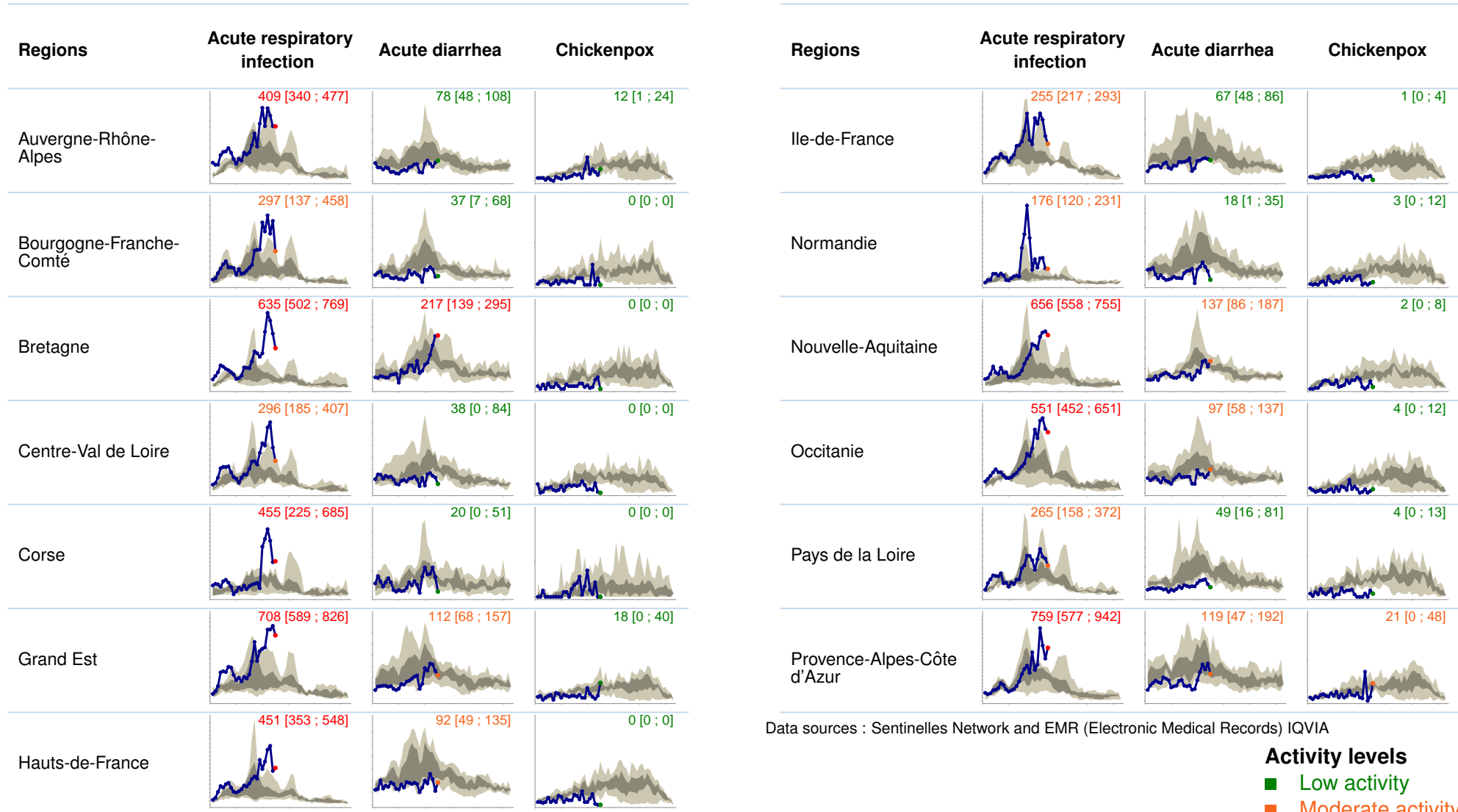
In mainland France, last week (2025w07), the incidence rate of Chickenpox cases seen in general practice was estimated at **6 cases per 100,000 population (95% CI [3; 10])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week and remains at a **lower level of activity** than those usually observed at this time of the year (consolidated data for 2025w06: 5 [3; 7]).

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 7 of the year 2025, from 02/10/2025 to 02/16/2025

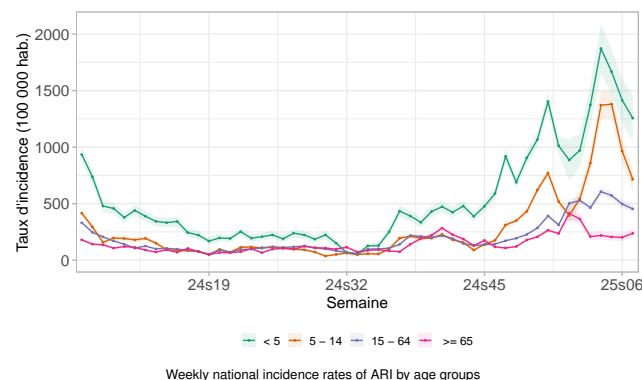


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA

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.

ARI incidence rates by age groups



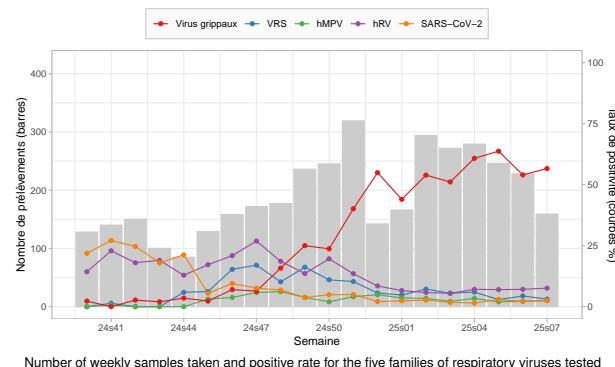
Last week (2025w07), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 1,257 cases per 100 000 population (95% CI [1,054; 1,460]) (consolidated data for 2025w06: 1,415 [1,220; 1,609]);
- **5-14 age group:** 716 cases per 100 000 population (95% CI [617; 816]) (consolidated data for 2025w06: 965 [861; 1,069]);
- **15-64 age group :** 454 cases per 100 000 population (95% CI [419; 488]) (consolidated data for 2025w06: 497 [464; 530]);
- **65 and above age group :** 238 cases per 100 000 population (95% CI [196; 280]) (consolidated data for 2025w06: 202 [167; 237]).

Incidence rates are **decreasing among children (0-4 and 5-14 age groups) and in the 15-64 age group, and stable in the 65 and over age group** 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, **3,825** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w07), **159 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:** 57% (90/159) (consolidated data for 2025w06: 54% (122/226));
- **Rhinovirus:** 8% (12/157) (consolidated data for 2025w06: 7% (16/224));
- **Respiratory syncytial virus (RSV):** 3% (5/159) (consolidated data for 2025w06: 4% (10/226));
- **SARS-CoV-2 (Covid-19):** 3% (4/159) (consolidated data for 2025w06: 2% (5/226));
- **Metapneumovirus:** 3% (4/157) (consolidated data for 2025w06: 2% (5/224)).

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

Description of IRA cases seen in general practice

Last week (2025w07), 1,332 cases of ARI were reported by Sentinelles general practitioners. Among these, 999 (75% of reported cases) were described and had the following characteristics:

- **Median age:** 33 years (range from 1 month to 98 years);
- **Male/female sex-ratio:** 0.81 (425/523);
- **Risk factors:** 12% (107/909) of the patients had risk factors for complications;
- **Hospitalization:** 0.5% (95% CI [0; 0.9]) of the patients were hospitalized after the consultation (4/913).

Data source: Sentinelles

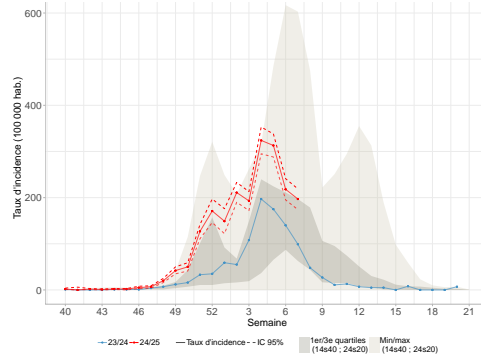
In conclusion

Last week (2025w07), subject to future data consolidation, the incidence of ARI cases seen in general practice was **decreasing among children (0-4 and 5-14 age groups) and in the 15-64 age group, and stable in the 65 and over age group** compared to those of the previous week. However, **activity levels remain high, particularly in the 0-4 age group.**

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 the circulation of rhinoviruses.

Incidence rates of influenza cases

Decreasing but still high activity



Incidence rates of influenza cases observed in general practice since 2024w40 compared to previous seasons (*)

Last week (2025w07), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **263 cases per 100,000 population** (95% CI [231; 295]), corresponding to 176,332 [155,093; 197,571] new cases.

Subject to future data consolidation, this rate was **decreasing** compared to the previous week (consolidated data for 2025w06: 281 [252; 310]).

Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the 1,295 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

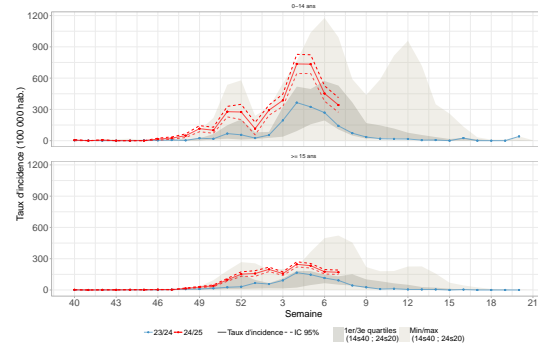
- **Median age:** 33 years (range from less than 1 month to 95 years old);
- **Male/female sex-ratio:** 0.87 (599/686);
- **Vaccination:** 89% (1,062/1,199) were not vaccinated against influenza;
- **Risk factors:** 27% (266/994) of the patients had risk factors for complications;
- **Hospitalization:** 0.5% (4/870) of the patients were hospitalized at the end of the consultation.

(*) 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

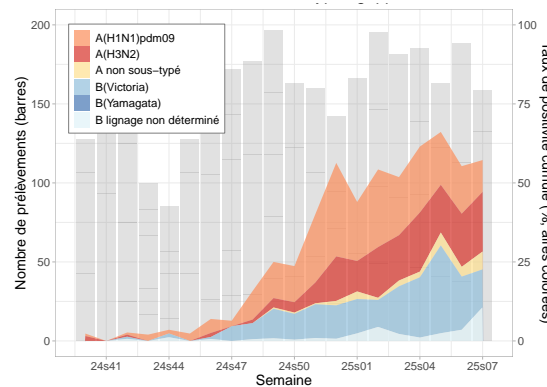


Incidence rates of influenza cases seen in general practice by age groups since 2024w40 and comparison with historical data (*)

Last week (2025w07), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **decreasing in the 0-14 age group and stable in the 15 and above age group** compared to those of the previous week.

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

Identification of influenza viruses

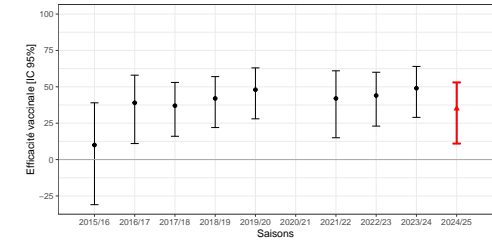


Cumulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since the week 2024s40, the **1,295** influenza viruses identified were distributed as follows: **39% of type A(H1N1)pdm09** (502/1,295), **29% of type B Victoria** (373/1,295), **25% of type A(H3N2)** (322/1,295), **5% of undetermined B lineage** (68/1,295) and **4% of non-subtyped A viruses** (47/1,295).

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

Vaccine effectiveness against seasonal flu



In red: 2024-2025 season / In black: 2015-2016 to 2023-2024 seasons*

The overall influenza vaccine effectiveness is estimated at **35% (95% CI [11%; 53%])**, a moderate level comparable to previous seasons. Among groups for whom influenza vaccination is recommended, efficacy varies according to category, and remains close to those estimated in the previous seasons:

- People **under 65 with risk factors for complication:** 52% [12%; 73%];
- People aged **65 or over:** 26% [-20%; 54%].

These estimates are computed thanks to the [Test-Negative Design \(TDN\)](#) statistical method and 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

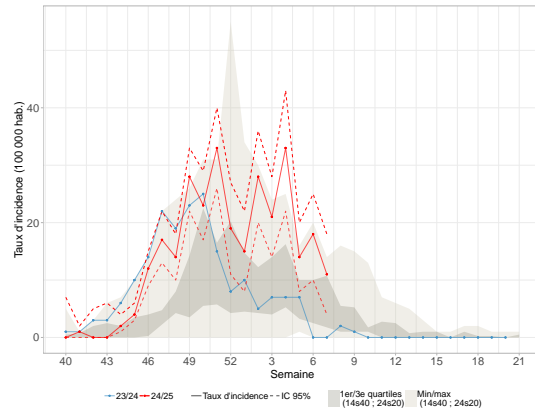
Last week (2025w07), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI **continued the decrease observed** since week 04 (end of January). However, influenza still remains at a **high activity level**, both in children and adults.

This season we observe a co-circulation of **A(H1N1)pdm09**, **A(H3N2)** and **B Victoria** viruses, which continues over the last few weeks.

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on influenza.

Incidence rates of RSV infection cases

Decreasing activity



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

Last week (2025w07), 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 **15 cases per 100,000 population** (95% CI [5; 24]), corresponding to 9,796 [3,608; 15,984] new cases.

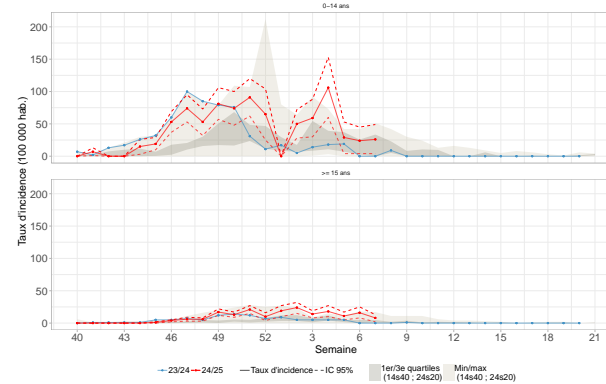
Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2025w06: 23 [13; 32]).

(*) *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 in general practice since 2024w40 compared to historical data (*)

Last week (2025w07), incidence rates of **RSV** infection cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 35 cases per 100,000 population (95% CI [5; 66]), corresponding to 3,919 [553 ; 7,285] new cases;
- **15 years and above**: 11 cases per 100,000 population (95% CI [3; 18]), corresponding to 5,877 [1,837; 9,918] new cases.

Subject to future data consolidation, these rates are **stable in the 0-14 age group and slightly decreasing in the 15 and over 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 274 confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 14 years (range from 1 month to 98 years old);
- **Male/female sex-ratio**: 0.82 (123/150);
- **Risk factors**: 33% (82/248) of the patients had risk factors for complications;
- **Hospitalization**: 0.5% (1/218) of the patients were hospitalized at the end of the consultation.

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

In conclusion

Last week (2025w07), 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 weeks. We have noted a slowdown in activity since the end of January (2025s05).

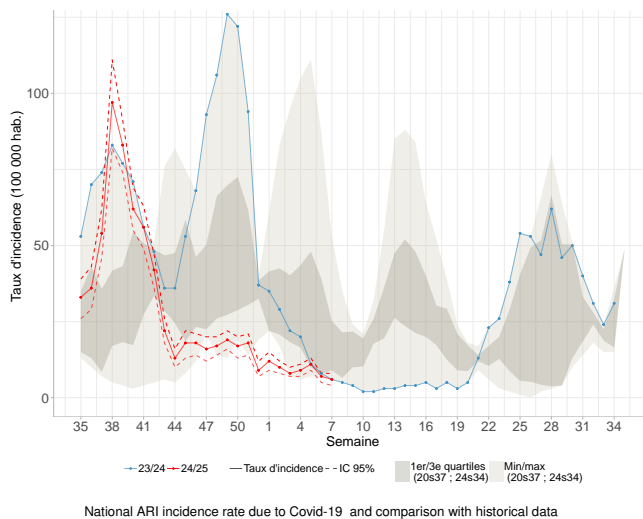
Data for the 'bronchiolitis in children under 2' indicator are not currently available for weeks 2025w01 to 2025w07.

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).

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on bronchiolitis.

Incidence rates of Covid-19 cases

Activity stable at a low level



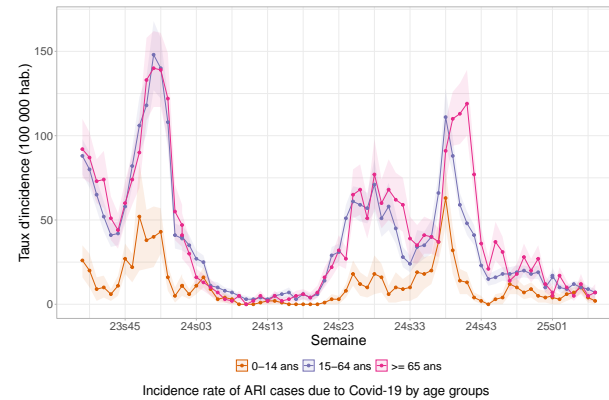
Last week (2025w07), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **6 cases per 100,000 population** (95% CI [4; 8]), corresponding to 4,028 [2,616; 5,440] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w06: 7 [5; 9]).

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

Incidence rates of Covid-19 cases

by age groups



Last week (2025w07), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 2 cases per 100,000 population (95% CI [0; 4]), corresponding to 225 [0; 497] new cases;
- **15-64 years:** 7 cases per 100,000 population (95% CI [4; 9]), corresponding to 2 748 [1,775; 3,720] new cases;
- **65 years and above:** 7 cases per 100,000 population (95% CI [2; 12]), corresponding to 1,056 [318; 1,794] new cases.

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

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

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

Since week 2025w06, the 37 Covid-19 described cases with an ARI had the following characteristics:

- **Median age:** 47 years (range from 4 to 85 years old);
- **Male/female sex-ratio:** 0.38 (10/26);
- **Risk factors:** 22% (8/36) of the patients had risk factors for complications;
- **Hospitalization:** no patient was hospitalized after the consultation.

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

In conclusion

Last week (2025w07), 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 **still at a low level of activity** (see graph opposite). After the wave of Covid-19 observed in September-October 2024, Covid-19 activity has remained low since the end of October (2024s44), with a decreasing trend since the first week of January 2025.

[Find the epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on the Covid-19 pandemic.

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!