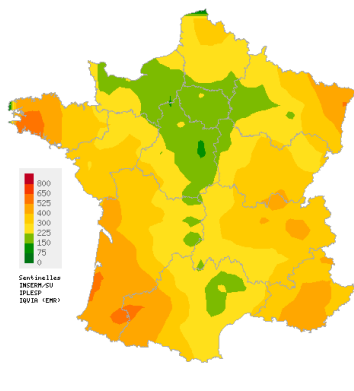


Observed situation in primary care

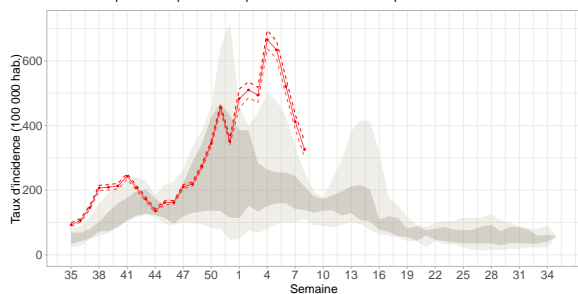
Epidemiological surveillance bulletin for the week 8 of the year 2025, from 02/17/2025 to 02/23/2025

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



Incidence rates and comparison with historical data

In mainland France, last week (2025w08), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **326 cases per 100,000 population (95% CI [301; 351])**.

Subject to future data consolidation, this rate is **strongly decreasing** compared to the previous week (consolidated data for 2025w07: 412 [389; 434]).

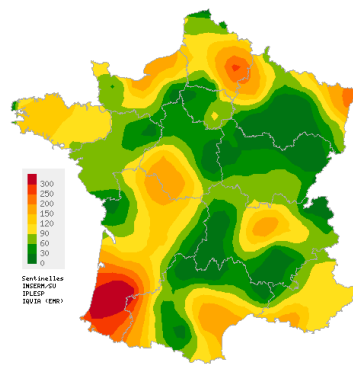
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

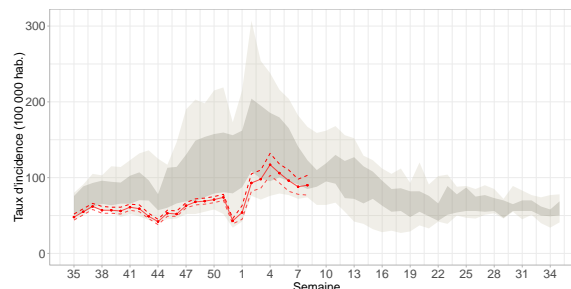
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w08), the incidence rate of acute diarrhea cases seen in general practice was estimated at **90 cases per 100,000 population (95% CI [77; 103])**.

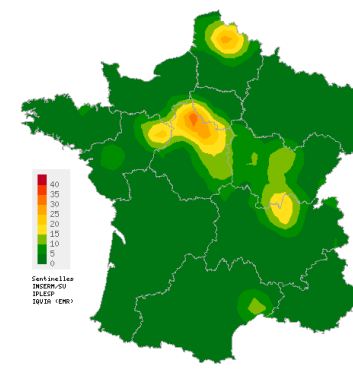
Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w07: 88 [78; 98]) and remains at a **similar activity level** than those usually observed at this time of the year (consolidated data for 2025w07: 88 [78; 98]). However, a downward trend has been observed since week 2025w04.

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

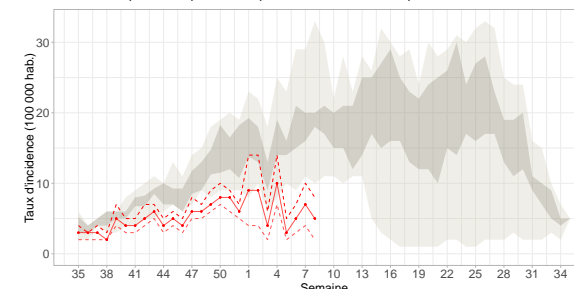
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

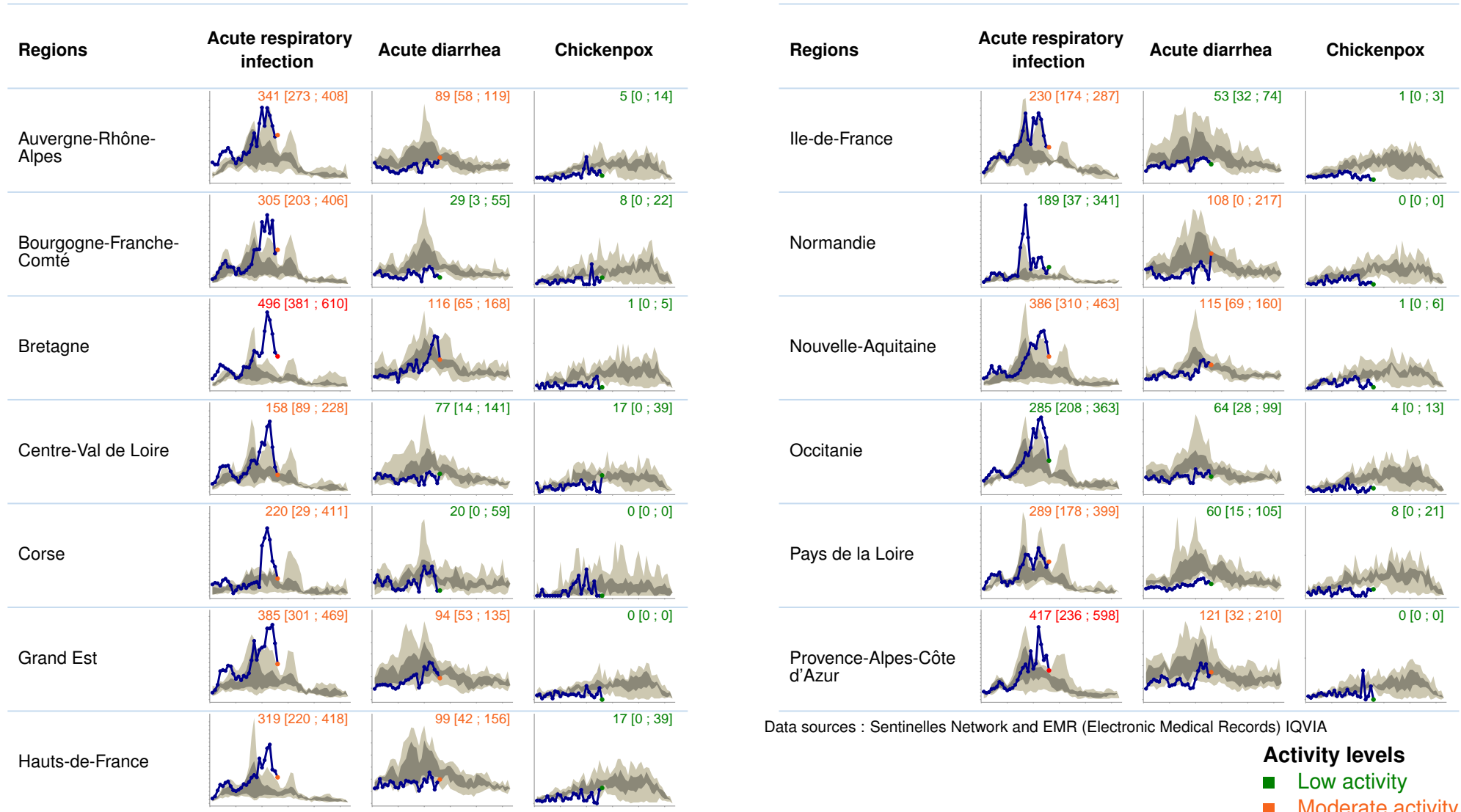
In mainland France, last week (2025w08), the incidence rate of Chickenpox cases seen in general practice was estimated at **5 cases per 100,000 population (95% CI [2; 8])**.

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 2025w07: 7 [4; 10]).

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 8 of the year 2025, from 02/17/2025 to 02/23/2025

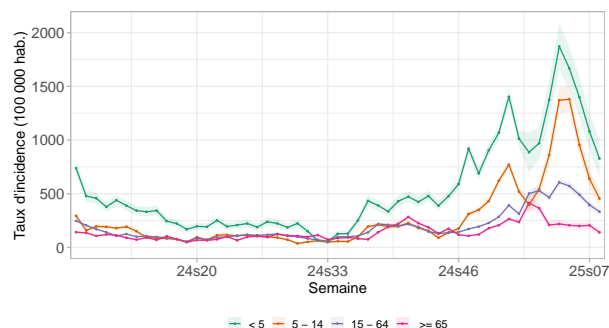


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA

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



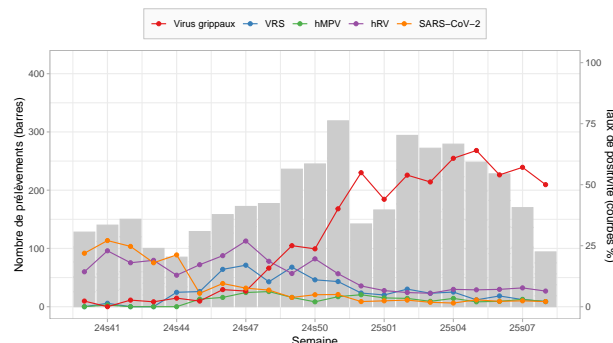
Weekly national incidence rates of ARI by age groups

Last week (2025w08), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group:** 828 cases per 100 000 population (95% CI [651; 1,004]) (consolidated data for 2025w07: 1,081 [916; 1,246]);
- **5-14 age group:** 455 cases per 100 000 population (95% CI [370; 540]) (consolidated data for 2025w07: 640 [557; 722]);
- **15-64 age group :** 333 cases per 100 000 population (95% CI [301; 365]) (consolidated data for 2025w07: 396 [367; 424]);
- **65 and above age group :** 141 cases per 100 000 population (95% CI [106; 176]) (consolidated data for 2025w07: 206 [171; 240]).

Incidence rates are **decreasing in all age groups** compared to those of the previous week.

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, **3,932** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w08), **94 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:** **50%** (47/94) (consolidated data for 2025w07: 58% (98/170));
- **Rhinovirus:** **6%** (6/94) (consolidated data for 2025w07: 8% (13/169));
- **Respiratory syncytial virus (RSV):** **2%** (2/94) (consolidated data for 2025w07: 3% (5/170));
- **SARS-CoV-2 (Covid-19):** **2%** (2/94) (consolidated data for 2025w07: 2% (4/170));
- **Metapneumovirus:** **2%** (2/94) (consolidated data for 2025w07: 3% (5/169)).

Description of IRA cases seen in general practice

Last week (2025w08), 839 cases of ARI were reported by Sentinelles general practitioners. Among these, 637 (76% of reported cases) were described and had the following characteristics:

- **Median age:** 33 years (range from 2 months to 96 years);
- **Male/female sex-ratio:** 0.89 (285/320);
- **Risk factors:** 11% (62/567) of the patients had risk factors for complications;
- **Hospitalization:** 0.9% (CI95% [0.1; 1.7]) of the patients were hospitalized after the consultation (5/568).

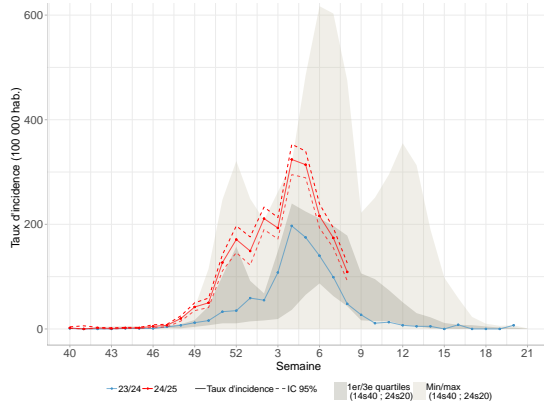
In conclusion

Last week (2025w08), subject to future data consolidation, the incidence of ARI cases seen in general practice was **decreasing in all age groups** compared to those of the previous week. A decrease in activity has been observed for the first time since mid-January among people aged 65 and over. Overall, ARI activity is at a moderate level, but remains high among children aged 0 to 4.

ARI cases observed in general practice were still mainly due to circulating **influenza viruses**. To a lesser extent, rhinoviruses are also circulating.

Incidence rates of influenza cases

Strongly decreasing activity but still at a moderate level



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

Last week (2025w08), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **161 cases per 100,000 population** (95% CI [137; 186]), corresponding to 108,049 [91,630; 124,468] new cases.

Subject to future data consolidation, this rate is **strongly decreasing** compared to the previous week (consolidated data for 2025w07: 232 [205; 258]).

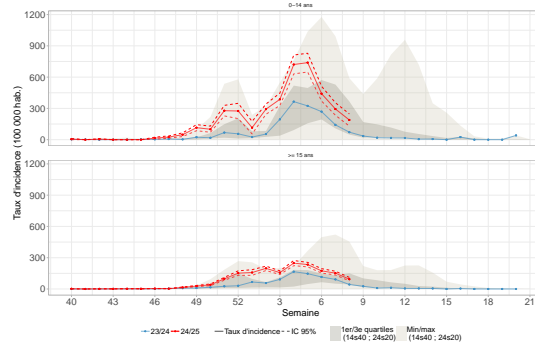
Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the 1 351 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 32 years (range from under 1 month to 95 years old);
- **Male/female sex-ratio:** 0.88 (628/715);
- **Vaccination:** 89% (1,108/1,249) were not vaccinated against influenza;
- **Risk factors:** 24% (308/1,273) of the patients had risk factors for complications;
- **Hospitalization:** 0.4% (4/1,068) 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.

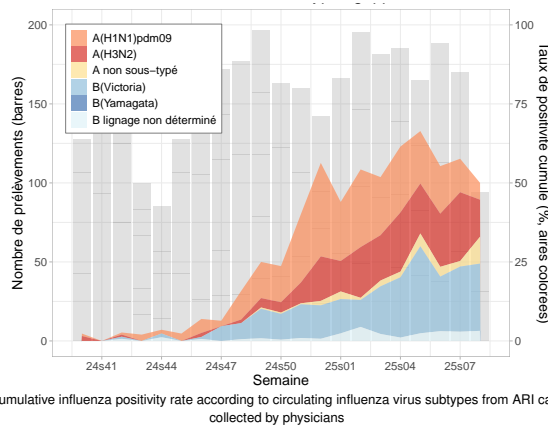
Incidence rates of influenza cases by age groups



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

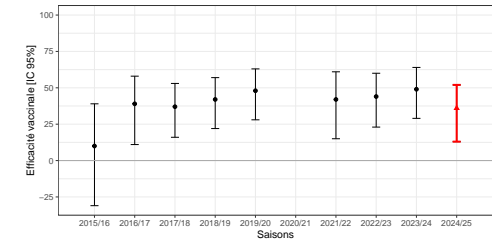
Last week (2025w08), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **decreasing in both age groups (0-14 and 15 and above)** compared to those of the previous week.

Identification of influenza viruses



Since the week 2024w40, the 1,351 influenza viruses identified were distributed as follows: **38% of type A(H1N1)pdm09** (509/1,351), **30% of type B Victoria** (410/1,351), **25% of type A(H3N2)** (342/1,351), **4% of undetermined B lineage** (58/1,351) and **4% of non-subtyped A viruses** (49/1,351).

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 **36% (95% CI [13%; 52%])**, 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: 50% [10%; 72%];
- People aged 65 or over: 27% [-18%; 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

In conclusion

Last week (2025w08), 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 remains **at a moderate activity level**, both in children and adults.

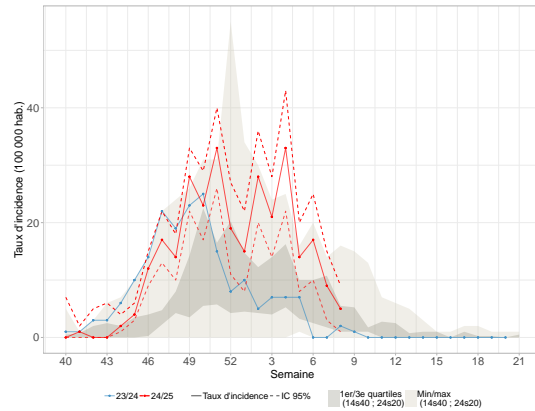
This season we are seeing co-circulation of A(H1N1)pdm09, A(H3N2) and B Victoria viruses, although since the beginning of February (2025w05) the majority of circulation has been of **B Victoria** and **A(H3N2)** viruses.

Estimates of vaccine effectiveness against influenza viruses based on European data in general practice ([VEBIS project](#), to which the Sentinelles network is contributing for France) or the french [RELAB network](#) of medical analysis laboratories show similar results to our estimates.

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 to low levels



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

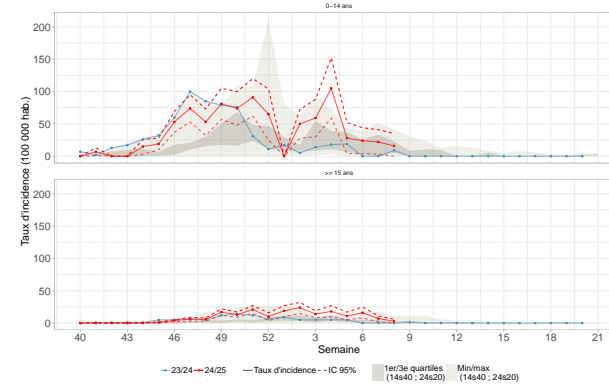
Last week (2025w08), the incidence rate of **RSV infection** cases (*the virus responsible for most cases of bronchiolitis in infants*) seen in general practice among patients consulting for an ARI was estimated at **7 cases per 100,000 population** (95% CI [1; 13]), corresponding to 4,788 [636; 8,940] new cases.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2025w07: 12 [4; 20]).

(*) *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.*

Incidence rates of RSV infection cases

by age groups



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

RSV **infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 23 cases per 100,000 population (95% CI [0; 52]), corresponding to 2,588 [0; 5,765] new cases;
- **15 years and above**: 4 cases per 100,000 population (95% CI [0; 9]), corresponding to 2,200 [0; 4,843] new cases.

Subject to future data consolidation, these rates are **decreasing in both age groups** 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 276 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 (124/151);
- **Risk factors**: 32% (86/267) of the patients had risk factors for complications;
- **Hospitalization**: 0.4% (1/228) of the patients were hospitalized at the end of the consultation.

In conclusion

Last week (2025w08), 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 and reached a **low level of activity**.

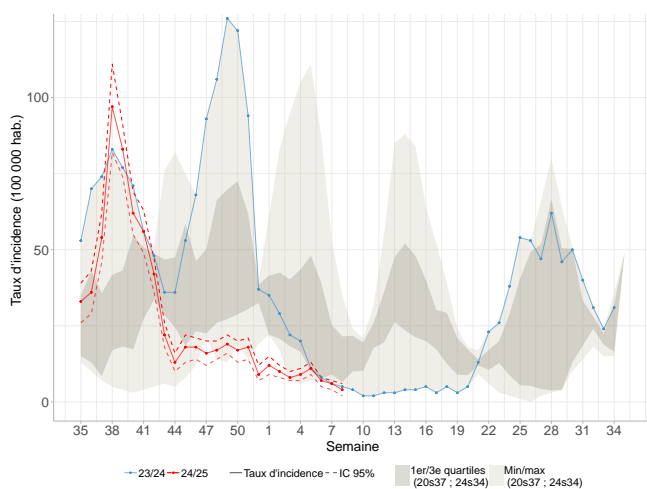
Data for the 'bronchiolitis in children under 2' indicator are not currently available for weeks 2025w01 to 2025w08.

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 and at a low level

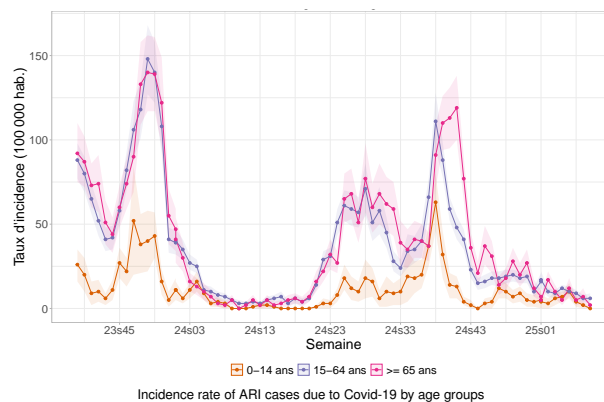


National ARI incidence rate due to Covid-19 and comparison with historical data

Last week (2025w08), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **4 cases per 100,000 population** (95% CI [2; 6]), corresponding to 2,719 [1,617; 3,821] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w07: 6 [4; 7]).

Incidence rates of Covid-19 cases by age groups



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

Last week (2025w08), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 0 cases per 100,000 population;
- **15-64 years**: 6 cases per 100,000 population (95% CI [3; 9]), corresponding to 2,487 [1,414; 3,560] new cases;
- **65 years and above**: 2 cases per 100,000 population (95% CI [0; 3]), corresponding to 232 [0; 485] new cases.

Subject to future data consolidation, these rates are **stable among children (0-14 years) and adults (15-64 years), and decreasing among people aged 65 and over** compared to those of the previous week.

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

Since week 2025w07, the 22 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 48 years (range 4 to 85 years);
- **Male/female sex-ratio**: 0.31 (5/16);
- **Risk factors**: 22% (4/18) of the patients had risk factors for complications;
- **Hospitalization**: no patient was hospitalized after the consultation (0/22).

In conclusion

Last week (2025w08), 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). However, a downward trend has been observed for several weeks.

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!