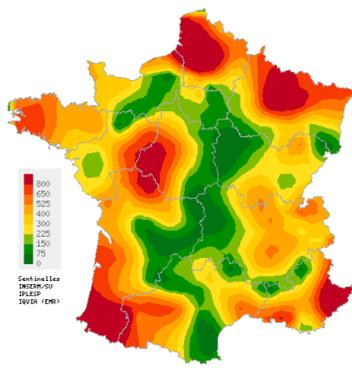


Observed situation in primary care

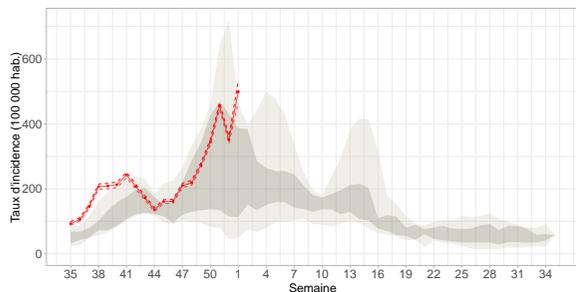
Epidemiological surveillance bulletin for the week 1 of the year 2025, from 12/30/2024 to 01/05/2025

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 (2025w01), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **499 cases per 100,000 population (95% CI [466; 532])**.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2024w52: 352 [341; 362]).

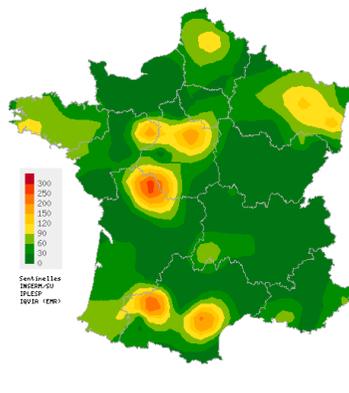
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

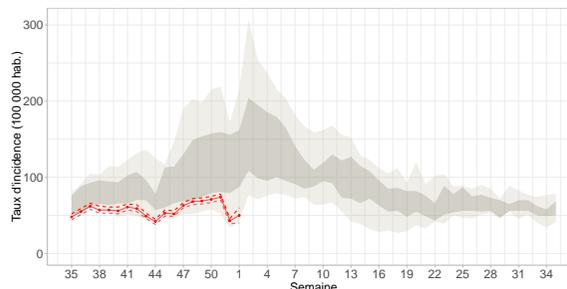
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2025w01), the incidence rate of acute diarrhea cases seen in general practice was estimated at **50 cases per 100,000 population (95% CI [40; 60])**.

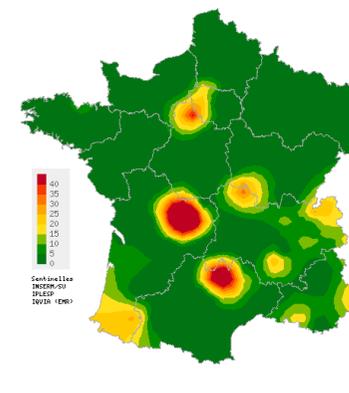
Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w52: 43 [39; 46]) and is at a **lower level of activity** than those usually observed during this period.

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

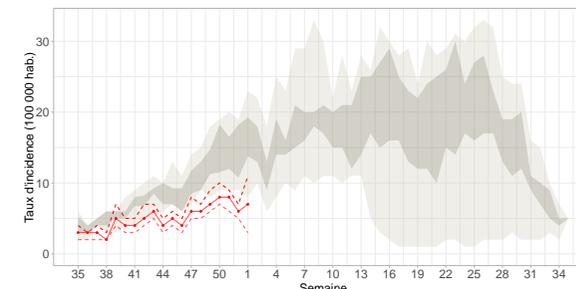
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

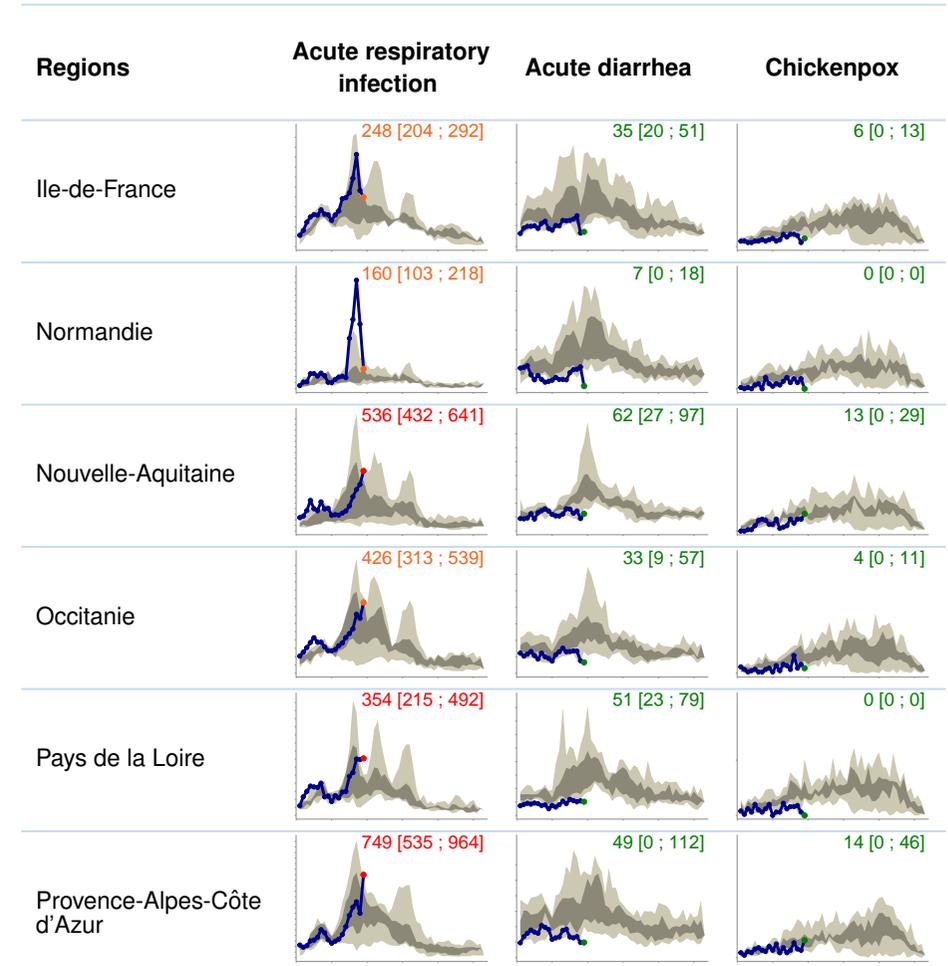
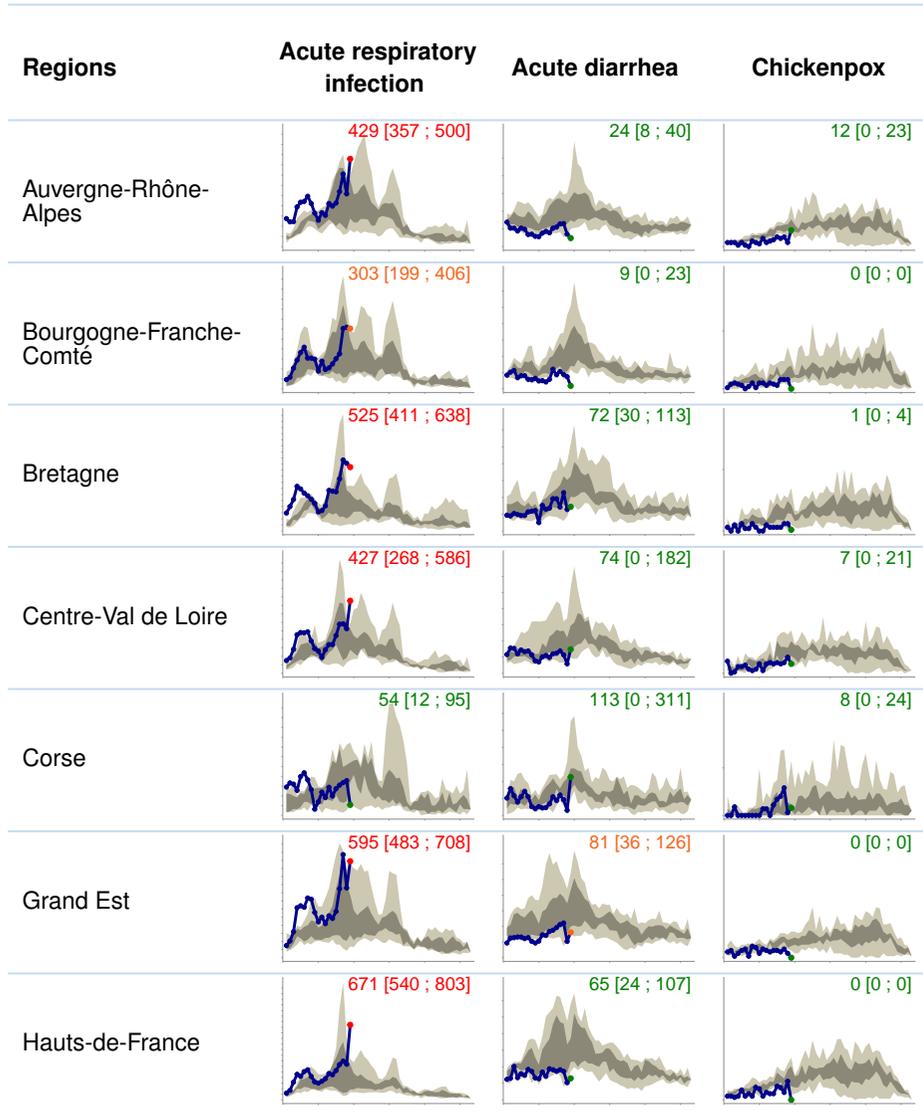
In mainland France, last week (2025w01), the incidence rate of Chickenpox cases seen in general practice was estimated at **7 cases per 100,000 population (95% CI [3; 11])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w52: 6 [5; 7]) and is at a **lower level of activity** than those usually observed during this period.

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 1 of the year 2025, from 12/30/2024 to 01/05/2025

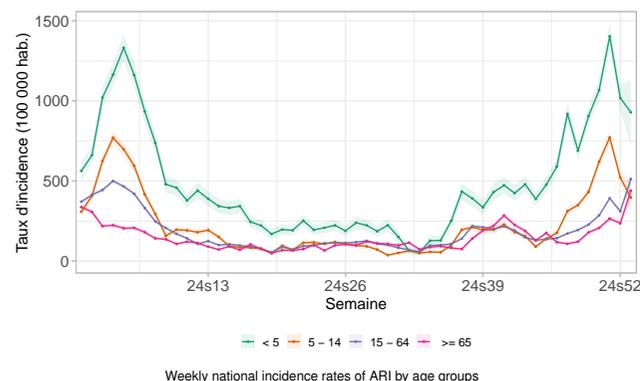


Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA



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



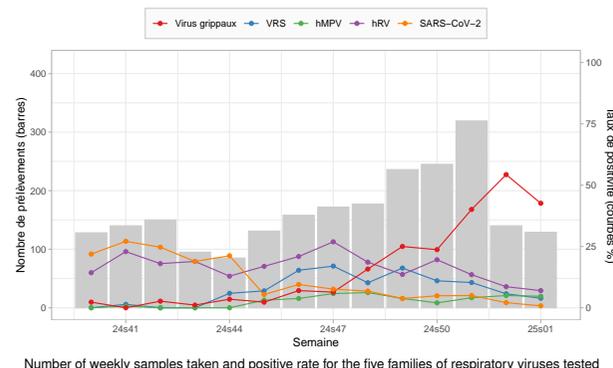
Last week (2025w01), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group**: 929 cases per 100,000 population (95% CI [725; 1,133]) (consolidated data for 2024w52: 1,018 [939; 1,097]);
- **5-14 age group**: 397 cases per 100,000 population (95% CI [310; 483]) (consolidated data for 2024w52: 521 [485; 589]);
- **15-64 age group**: 512 cases per 100,000 population (95% CI [469; 555]) (consolidated data for 2024w52: 311 [298; 323]);
- **65 and above age group**: 439 cases per 100,000 population (95% CI [372; 506]) (consolidated data for 2024w52: 236 [218; 255]).

Incidence rates are **decreasing among children** (0-4 and 5-14 age groups) and **increasing among adults** (15-64 and 65 and more 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, **2,305** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w01), **129 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**: **43%** (55/129) (consolidated data for 2024w52: 56% (78/140));
- **Rhinovirus**: **7%** (9/129) (consolidated data for 2024w52: 12%/140));
- **Respiratory syncytial virus (RSV)**: **4%** (5/129) (consolidated data for 2024w52: 6% (8/140));
- **Metapneumovirus**: **5%** (6/129) (consolidated data for 2024w52: 5% (7/140));
- **SARS-CoV-2 (Covid-19)**: **1%** (1/129) (consolidated data for 2024w52: 2% (3/140)).

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

Description of IRA cases seen in general practice

Last week (2025w01), 1,171 cases of ARI were reported by Sentinelles general practitioners. Among these, 750 (64% of reported cases) were described and had the following characteristics:

- **Median age**: 42 years (range from 3 months to 100 years);
- **Male/female sex-ratio**: 0.71 (303/425);
- **Risk factors**: 18% (126/691) had risk factors for complications;
- **Hospitalization**: 1.3% (95% CI [0.5; 2.2]) of patients were hospitalized after the consultation (9/687).

Data source: Sentinelles

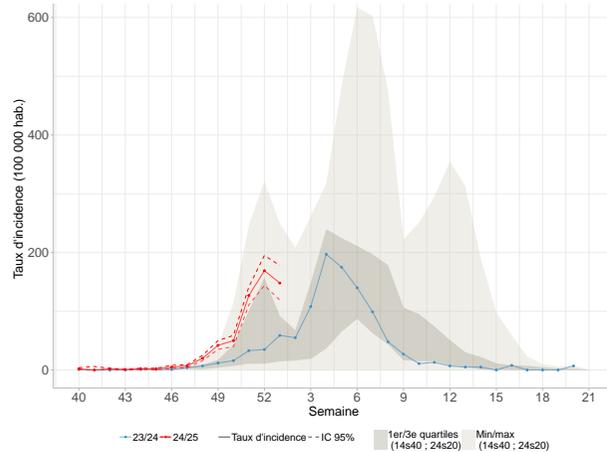
In conclusion

Last week (2025w01), 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 **increasing among adults** (15-64 and 65 and more age groups) compared to those of the previous week.

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

Incidence rates of influenza cases

Slightly decreasing activity



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

Last week (2025w01), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **205 cases per 100,000 population** (95% CI [168; 242]), corresponding to 136,593 [111,853; 161,333] new cases.

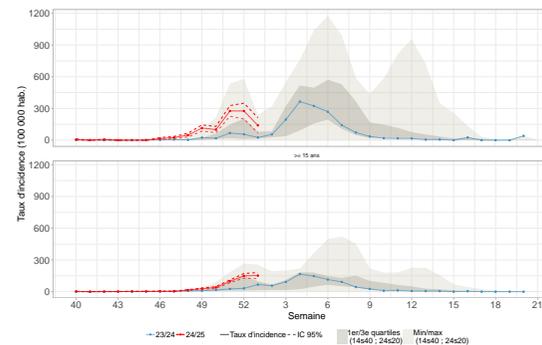
Subject to future data consolidation, this rate was **slightly decreasing** compared to the previous week (consolidated data for 2024w52: 227 [195; 259], corresponding to 151,622 [130,293; 172,951] new cases).

(*) 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.

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 (2025w01), 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

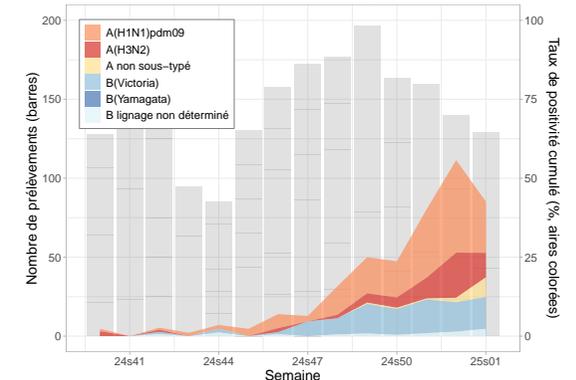
Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the 442 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 34 years (from less than 1 month to 95 years old);
- **Male/female sex-ratio:** 0.95 (214/224);
- **Vaccination:** 90% (357/398) were not vaccinated against influenza;
- **Risk factors:** 19% (24/124) had risk factors for complications;
- **Hospitalization:** one patient was hospitalized (0.3%) at the end of the consultation (1/294).

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 2024w40, the 440 influenza viruses identified were distributed as follows: **50% of type A(H1N1)pdm09** (219/440), **28% of type B Victoria** (122/440), **17% of type A(H3N2)** (73/440), **3% of undetermined B lineage** (15/440) and **3% of non-subtyped A viruses** (13/440).

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

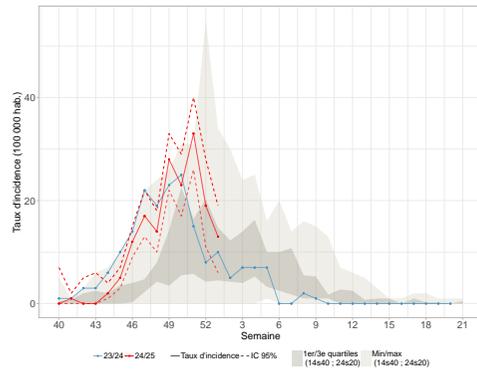
In conclusion

Last week (2025w01), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **slightly decreasing** compared to the previous week and was **still at a high level of activity**. The observed decrease will need to be confirmed in the coming weeks, particularly due to the start of the school which could reactivate the transmission of influenza viruses.

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

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 seen in general practice since 2024w40 and comparison to historical data (*)

Last week (2025w01), 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 **17 cases per 100,000 population** (95% CI [8; 26]), corresponding to 11,512 [5,515; 17,509] new cases.

Subject to future data consolidation, this rate is **decreasing** for the second consecutive week (consolidated data for 2024w52: 26 [15; 37], corresponding to 17,226 [9,842; 24,690] new cases).

Description of RSV infections seen in general practice and pediatric

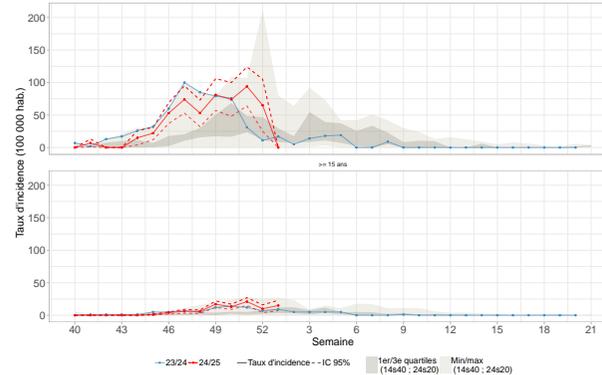
Since the beginning of virological surveillance (2024w40), the 198 confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age:** 5 years (from 1 month to 98 years old);
- **Male/female sex-ratio:** 0.96 (97/101);
- **Risk factors:** 25% of patients had risk factors for complications (32/126);
- **Hospitalization:** no patients were hospitalized at the end of the consultation (0/151).

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

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 (*)

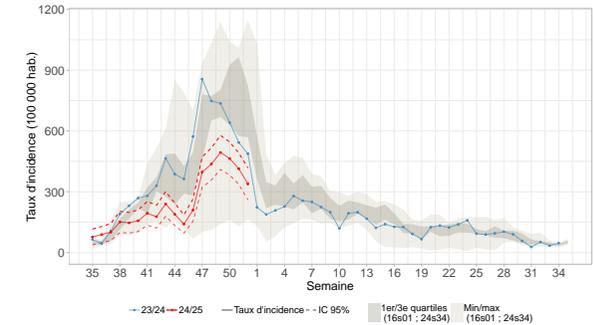
Last week (2025w01), incidence rates of **RSV infection cases** seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 0 cases per 100,000 population;
- **15 years and above:** 21 cases per 100,000 population (95% CI [10; 32]), corresponding to 11,512 [5,515; 17,509] new cases.

Subject to future data consolidation, these rates are **strongly decreasing in the 0-14 age group and stable 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

Bronchiolitis (children <2 years) Decreasing activity



Incidence rate of bronchiolitis cases seen in children under 2 years and comparison to historical data

Data for week 2024w01 are not currently available. Two weeks ago (2024w52), the incidence rate of bronchiolitis cases seen in general practice was estimated at 349 cases per 100,000 population (95% CI [264; 434]) in children under 2 years of age.

Subject to future data consolidation, this rate was **decreasing** continuing the decline that began the previous two weeks (data consolidated for 2024w51: 421[338; 504]).

Data source: Electronic Medical Records (EMR) IQVIA

In conclusion

Last week (2025w01), subject to future data consolidation, the incidence of **RSV infection cases** seen in general practice among patients consulting for an ARI **continued the decrease observed since the end of December (2024w52).**

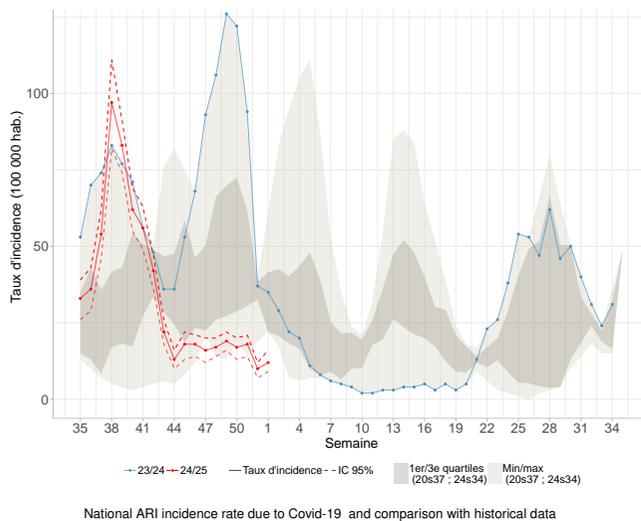
Furthermore, there has been a **decrease in the incidence of bronchiolitis cases in children under 2 years since mid-December** (but data for week 2025w01 are not available at this stage). The level of bronchiolitis activity in this age group is lower than that usually observed during this period.

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



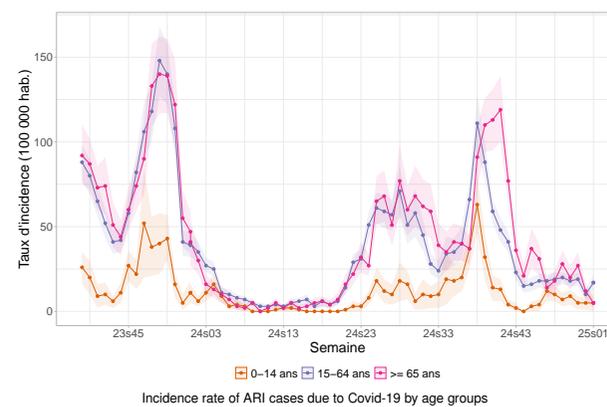
Last week (2025w01), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **12 cases per 100,000 population** (95% CI [9; 16]), corresponding to 8,308 [5,817; 10,799] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2024w52: 9 [7; 12], corresponding to 6,205 [4,502; 7,908] new cases).

Data source: Sentinelles

Incidence rates of Covid-19 cases

by age groups



Last week (2025w01), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 5 cases per 100,000 population (95% CI [0; 10]), corresponding to 515 [0; 1,131] new cases;
- **15-64 years**: 17 cases per 100,000 population (95% CI [12; 22]), corresponding to 7,017 [5,005; 9,029] new cases;
- **65 years and above**: 5 cases per 100,000 population (95% CI [2; 9]), corresponding to 777 [327; 1,126] new cases.

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

Data source: Sentinelles

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

Since week 2024w52, the 38 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 50 years (range from 1 year to 86 years);
- **Male/female sex-ratio**: 0.42 (11/26);
- **Risk factors**: 26% (9/35) had risk factors for complications;
- **Hospitalization**: 5% (2/37) of patients were hospitalized after the consultation.

In conclusion

Last week (2025w01), 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 [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 

 UNIVERSITÉ DE ROUEN  UNIVERSITÉ CÔTE D'AZUR

 EoS MÉDECINS

 Santé publique France

 MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

 UNIVERSITÀ DI CORSICA PASQUALE PAOLI

 HCL HOSPICES CIVILS DE LYON

 INSTITUT PASTEUR

 virus des gastro-entérites
Dijon, France

 CNGE COLLEGE ACADEMIQUE

Supervisory bodies of Sentinelles network

 iPLesp

 Inserm
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!