Observed situation in primary care

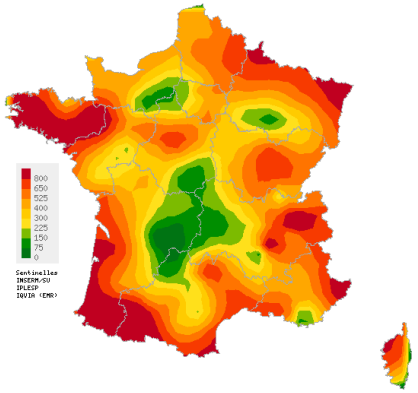
Epidemiological surveillance bulletin for the week 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

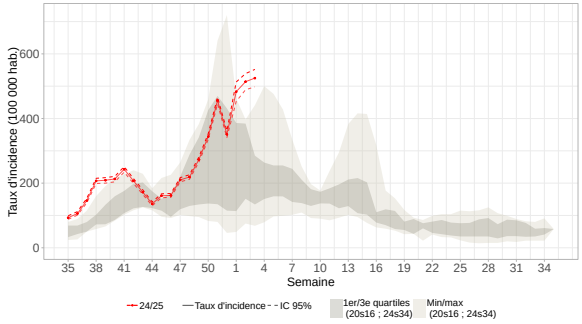
Acute Respiratory Infection (ARI)

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 (2025w03), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **525 cases per 100,000 population (95% CI [498; 552])**.

Subject to future data consolidation, **IRA activity appears to be slowing down while remaining at a high level of intensity** (consolidated data for 2025w02: 514 [489; 539]).

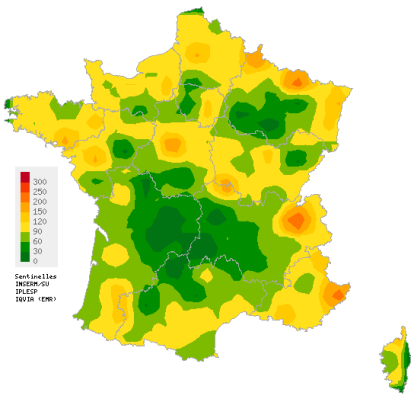
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus.The purpose of ARI surveillance is to monitor outbreaks of these virus.

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

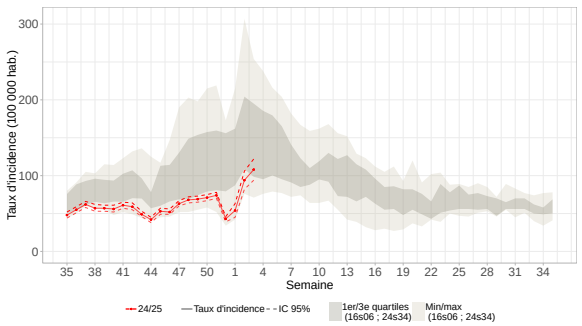
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w03), the incidence rate of acute diarrhea cases seen in general practice was estimated at **108 cases per 100,000 population (95% CI [94; 122])**.

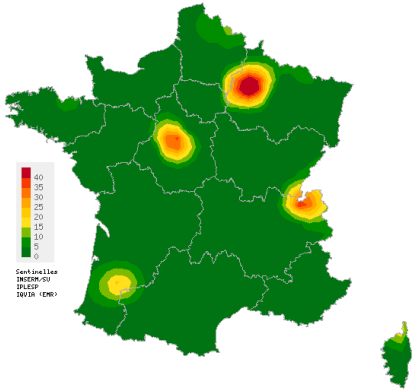
Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week (consolidated data for 2025w02: 94 [82; 106]) and is at a **similar activity level** than those usually observed during this period.

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

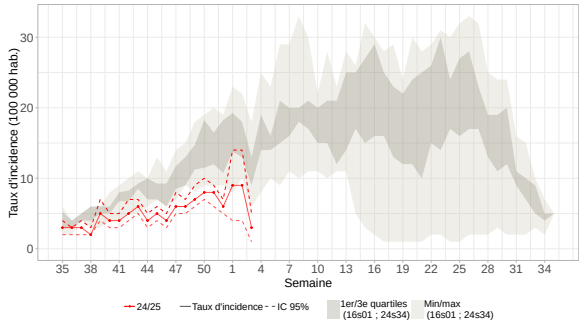
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w03), the incidence rate of Chickenpox cases seen in general practice was estimated at **3 cases per 100,000 population (95% CI [1; 5])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week (consolidated data for 2025w02: 9 [4; 14]) and 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 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Auvergne-Rhône-Alpes	470 [395 ; 545]	86 [53 ; 119]	6 [0 ; 15]
Bourgogne-Franche-Comté	476 [347 ; 606]	64 [30 ; 97]	0 [0 ; 0]
Bretagne	994 [827 ; 1160]	119 [62 ; 177]	2 [0 ; 5]
Centre-Val de Loire	429 [320 ; 538]	92 [45 ; 139]	7 [0 ; 15]
Corse	825 [603 ; 1048]	131 [50 ; 213]	14 [0 ; 39]
Grand Est	636 [534 ; 738]	133 [89 ; 176]	8 [0 ; 19]
Hauts-de-France	541 [453 ; 628]	87 [52 ; 122]	6 [0 ; 16]

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Ile-de-France	414 [360 ; 468]	82 [59 ; 104]	1 [0 ; 3]
Normandie	202 [147 ; 257]	74 [31 ; 117]	0 [0 ; 0]
Nouvelle-Aquitaine	531 [434 ; 627]	83 [47 ; 120]	2 [0 ; 6]
Occitanie	540 [450 ; 629]	82 [49 ; 116]	0 [0 ; 0]
Pays de la Loire	339 [251 ; 426]	92 [54 ; 131]	0 [0 ; 0]
Provence-Alpes-Côte d'Azur	515 [404 ; 625]	140 [72 ; 208]	0 [0 ; 0]

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

Activity levels

- Low activity
- Moderate activity
- High activity

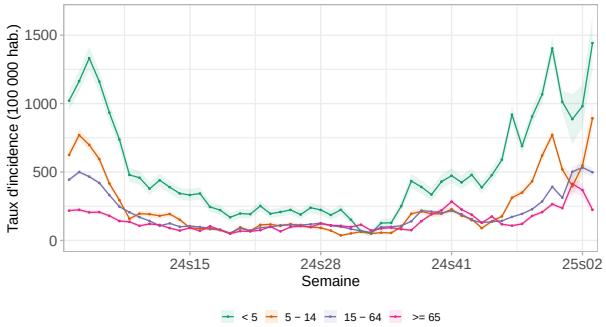
For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the 10 previous 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.

Acute respiratory infection (ARI) - Additional data

Epidemiological surveillance bulletin for the week 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week (2025w03), subject to future data consolidation, incidence rates were estimated at:

- **0-4 age group**: 1,442 cases per 100 000 population (95% CI [1,242; 1,641]) (consolidated data for 2025w02: 981 [826; 1,135]);

- **5-14 age group**: 893 cases per 100 000 population (95% CI [792; 995]) (consolidated data for 2025w02: 547 [472; 621]);

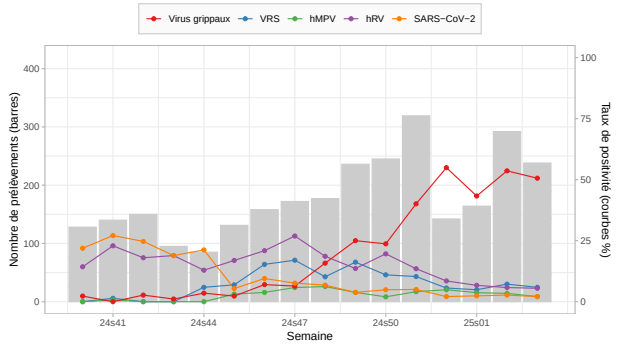
- **15-64 age group** : 498 cases per 100 000 population (95% CI [465; 531]) (consolidated data for 2025w02: 533 [501; 565]);

- **65 and above age group** : 224 cases per 100 000 population (95%; CI [187; 262]) (consolidated data for 2025w02: 368 [323; 413]).

Incidence rates are **increasing among children (0-4 and 5-15 age groups), stable in the 15-64 age group, and decreasing in the 65 and more 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



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

Since 2024w40, **2,872** samples have been tested as part of virological surveillance of ARI 2024/2025.

Last week (2025w03), **238 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**: **51%** (122/237) (consolidated data for 2025w02: 54% (157/291));
- **Respiratory syncytial virus (RSV)**: **6%** (14/237) (consolidated data for 2025w02: 7% (21/290));
- **Rhinovirus**: **5%** (13/237) (consolidated data for 2025w02: 6% (17/291));
- **Metapneumovirus**: **2%** (5/237) (consolidated data for 2025w02: 3% (10/291)).
- **SARS-CoV-2 (Covid-19)**: **2%** (5/237) (consolidated data for 2025w02: 3% (8/291));

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

Description of IRA cases seen in general practice

Last week (2025w03), 1,775 cases of ARI were reported by Sentinelles general practitioners. Among these, 1,251 (71% of reported cases) were described and had the following characteristics:

- **Median age**: 30 years (range from 3 months to 101 years);
- **Male/female sex-ratio**: 0.86 (549/639);
- **Risk factors**: 10.2% (116/1,139) had risk factors for complications;
- **Hospitalization**: 0.3% (95% CI [0; 0.6]) of patients were hospitalized after the consultation (3/1,148).

Data source: Sentinelles

In conclusion

Last week (2025w03), subject to future data consolidation, the incidence of ARI cases seen in general practice was **increasing among children (0-4 and 5-15 age groups), stable in the 15-64 age group, and decreasing in the 65 and more age group** compared to those of the previous week. Overall, there has been a slowdown in the increase of the ARI incidence which will need to be confirmed in the coming weeks. The level of ARI activity remains high.

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

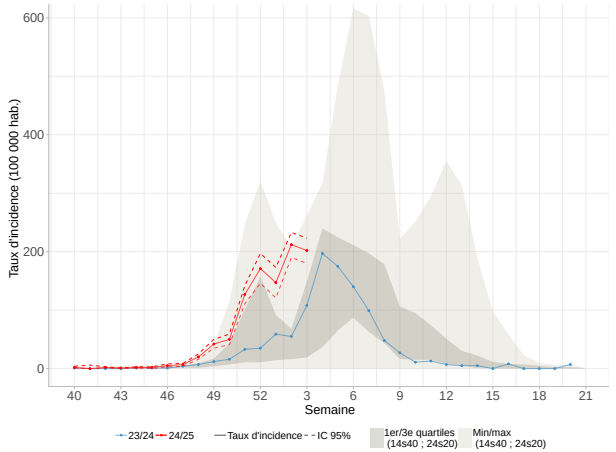
Influenza

Epidemiological surveillance bulletin for the week 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

Incidence rates of influenza cases

Activity slightly decreasing but still at a high level



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

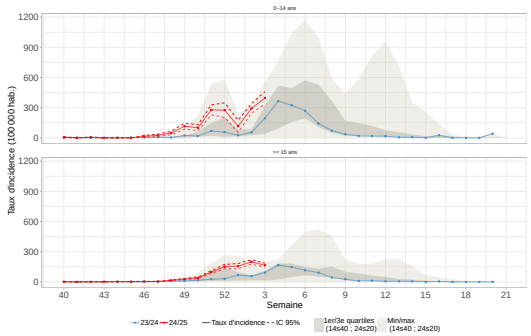
Last week (2025w03), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **260 cases per 100,000 population** (95% CI [235; 286]), corresponding to 174,601 [157,215; 191,987] new cases.

Subject to future data consolidation, this rate was **slightly decresing** compared to the previous week (consolidated data for 2025w02: 270 [245; 295]).

(*) *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 (2025w03), subject to future data consolidation, the incidence rates of influenza cases seen in general practice among patients consulting for an ARI were **increasing in the 0-14 age group** and **slightly decreasing 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

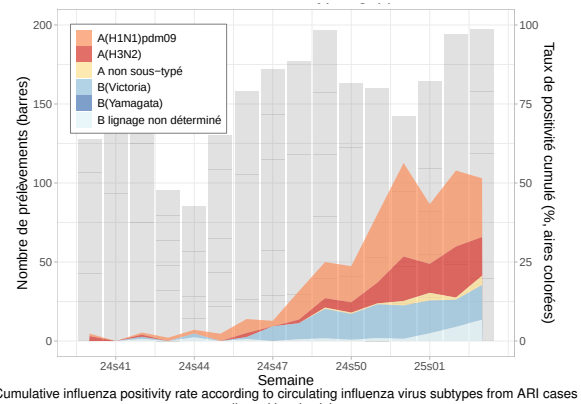
Description of confirmed influenza cases seen in primary care

Since the beginning of virological surveillance (2024w40), the 739 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**: 0.98 (354/357) ;
- **Vaccination**: 90% (583/649) were not vaccinated against influenza;
- **Risk factors**: 22% (114/531) had risk factors for complications;
- **Hospitalization**: 0.2% of the patients were hospitalized at the end of the consultation (1/552).

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 734 influenza viruses identified were distributed as follows: **47% of type A(H1N1)*pdm09*** *(344/734)*, **24% of type B Victoria** *(179/734)*, **21% of type A(H3N2)** *(154/734)*, **6% of undetermined B lineage** *(44/734)* and **2% of non-subtyped A viruses** *(18/734)*.

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

In conclusion

Last week (2025w03), 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, but remained at a **high level of activity**. By age groups, the incidence was increasing in children aged 0-14 years for the second consecutive week (following the end of the holidays period), and slightly decreasing in adults (15 years and over). This trend among adults will need to be confirmed in the coming weeks, because the increase observed among children could reactivate the transmission of influenza viruses among adults.

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

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

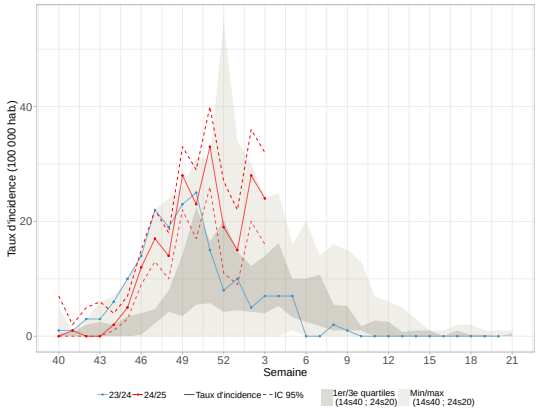
RSV infection and bronchiolitis

Epidemiological surveillance bulletin for the week 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

Incidence rates of RSV infection cases

Stable activity



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

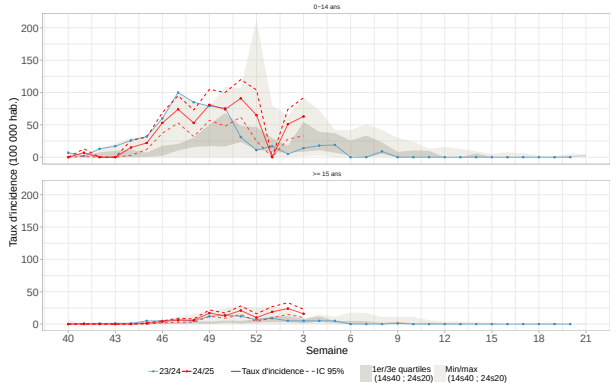
Last week (2025w03), the incidence rate of **RSV infection** cases *(the virus responsible for most cases of bronchiolitis in infants)* seen in general practice among patients consulting for an ARI was estimated at **31 cases per 100,000 population** (95% CI [20; 42]), corresponding to 20,576 [13,276; 27,876] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2025w02: 36 [26; 46]).

(*) 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 (2025w03), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- 0-14 years: 81 cases per 100,000 population (95% CI [43 ; 119]), corresponding to 8,996 [4,776 ; 13,216] new cases;

- 15 years and above: 21 cases per 100,000 population (95% CI [13 ; 30]), corresponding to 11,617 [6,990 ; 16,244] new cases.

Subject to future data consolidation, these rates are **stable in both age groups** compared to those of the previous week.

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

Description of RSV cases seen in general practice and pediatric

Since the beginning of virological surveillance (2024w40), the 236 confirmed RSV infection cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 7.5 years (from 1 month to 98 years old);
- **Male/female sex-ratio**: 0.87 (110/126);
- **Risk factors**: 32% of patients had risk factors for complications (67/212);
- **Hospitalization**: 0.5% of the patients were hospitalized at the end of the consultation (1/194).

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

In conclusion

Last week (2025w03), subject to future data consolidation, the incidence of **RSV** infection cases seen in general practice among patients consulting for an ARI was **globally stable since early December (2024w49), in both age groups (0-14 and 15 years and over).**

Data for the indicator "bronchiolitis in children under 2 years old" are currently not available for weeks 2025w01 to 2025w03.

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.

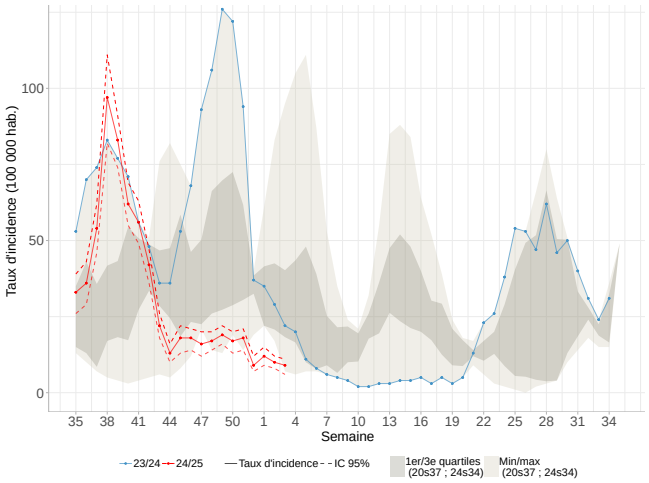
Covid-19

Epidemiological surveillance bulletin for the week 3 of the year 2025, from 01/13/2025 to 01/19/2025

Sentinelles

Incidence rates of Covid-19 cases

Activity stable at a low level



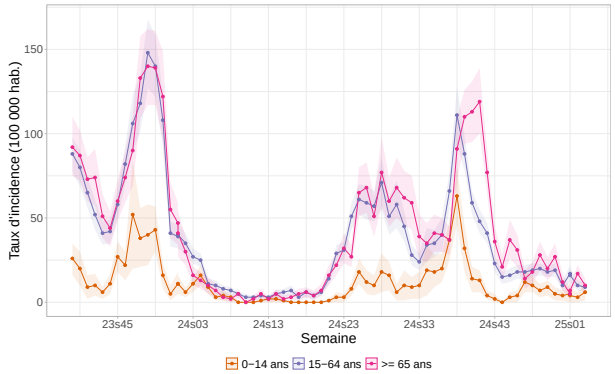
National ARI incidence rate due to Covid-19 and comparison with historical data

Last week (2025w03), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **9 cases per 100,000 population** (95% CI [6; 11]), corresponding to 5,731 [4,271; 7,191] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w02: 10 [8; 12]).

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 (2025w03), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 6 cases per 100,000 population (95% CI [1; 11]), corresponding to 667 [116; 1,217] new cases;
- **15-64 years**: 9 cases per 100,000 population (95% CI [6; 12]), corresponding to 3,649 [2,582; 4,716] new cases;
- **65 years and above**: 10 cases per 100,000 population (95% CI [5; 14]), corresponding to 1,415 [788; 2,042] new cases.

Subject to future data consolidation, these rates are **stable in all age groups** compared to these of the previous weeks.

Data source: Sentinelles

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

Since week 2025w02, the 56 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 53 years (range from 5 months to 92 years);
- **Male/female sex-ratio:** 0.54 (19/35);
- **Risk factors**: 21% (11/52) had risk factors for complications;
- **Hospitalization**: no patient was hospitalized following the consultation (0/55).

Data source: Sentinelles

In conclusion

Last week (2025w03), 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 weeks and was **still 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.

General organization and partners

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.

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Partners and supervisory bodies

Partners & data sources

Sentinelles IQVIA

Université de Rouen Normandie — Université Côte d'Azur

SOS Médecins

Santé publique France — Liberté • Égalité • Fraternité, République Française, Ministère des Solidarités et de la Santé

Università di Corsica Pasquale Paoli — HCL Hospices Civils de Lyon — Institut Pasteur

CNR virus des gastro-entérites, Dijon, France — CNGE Collège Académique

Supervisory bodies of Sentinelles network

iPLesp — Inserm, La science pour la santé / From science to health — Santé Sorbonne Université

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

grippe covid net

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!