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SORBONNE UNIVERSITÉ

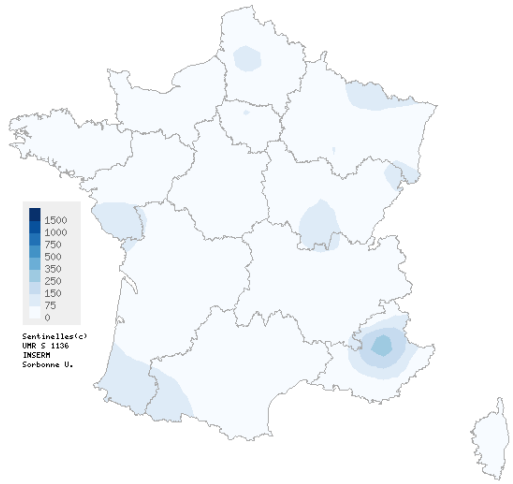
Sentinelles

Santé publique France

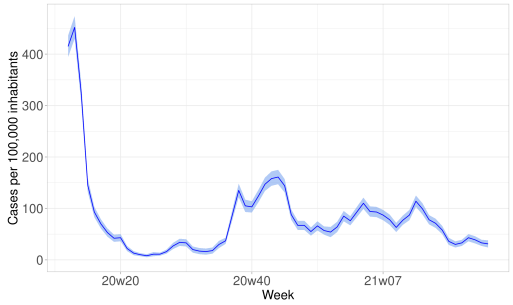
Observed situation for the week 23 of the year 2021, from 06/07/2021 to 06/13/2021

Acute Respiratory Infection (ARI)

(COVID-19, Influenza and other respiratory viruses)
Stable activity in general practice



Spatial interpolation map of incidence rates at department level



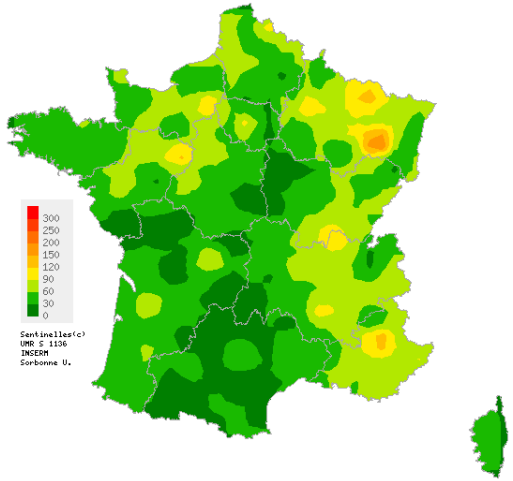
Incidence rates by week

In metropolitan France, last week (2021w23), the incidence rate of ARI consultating (or teleconsulting) in general practice was estimated at 31 cases per 100,000 inhabitants (95% CI [24 ; 38]). This rate is stable compared to week 2021w22 (consolidated data: 33 [27 ; 39]).

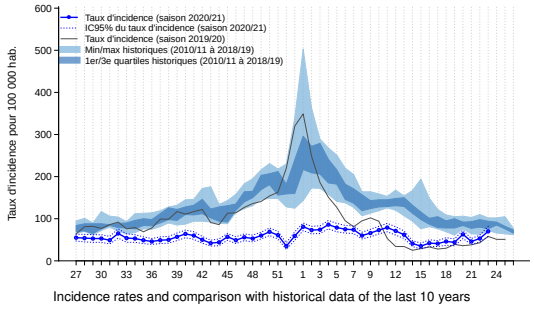
Complete national and regional data are available on the last page of this bulletin.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



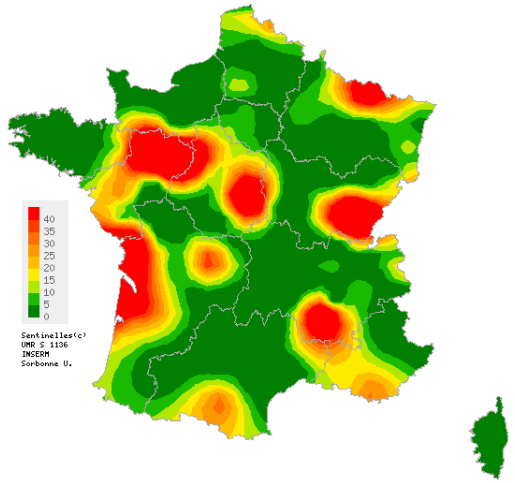
Incidence rates and comparison with historical data of the last 10 years

In metropolitan France, last week (2021w23), the incidence rate of acute diarrhea seen in general practice was estimated at 70 cases per 100,000 inhabitants (95% CI [58 ; 82]). This rate is slightly increasing compared to week 2021w22 (consolidated data: 53 [45 ; 61]) and similar to the levels usually observed in this period.

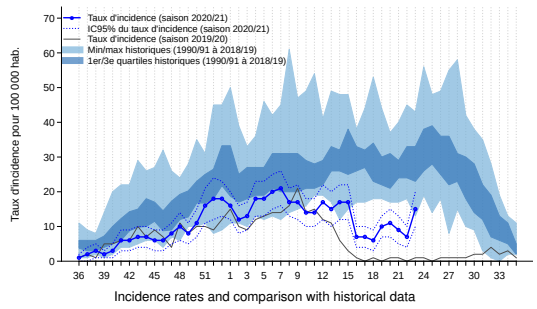
Complete national and regional data are available on the last page of this bulletin.

Chickenpox

Low to moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In metropolitan France, last week (2021w23), the incidence rate of Chickenpox seen in general practice was estimated at 15 cases per 100,000 inhabitants (95% CI [10 ; 20]). This rate is increasing compared to week 2021w22 (consolidated data: 7 [4 ; 10]) with an activity level below those usually observed in this period.

Complete national and regional data are available on the last page of this bulletin.

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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Observed situation for the week 23 of the year 2021, from 06/07/2021 to 06/13/2021

ARI - COVID-19, INFLUENZA and other respiratory viruses

Modality of ARI monitoring by the Sentinelles Network

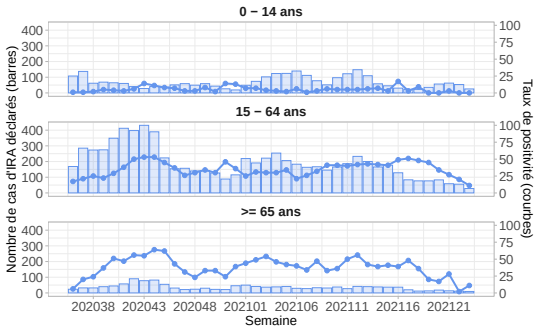
Since March 17th 2020, Sentinel general practitioners (GPs) report the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: sudden onset of fever (or feeling of fever), and respiratory signs. For each reported case of ARI, descriptive data are collected, including the results of antigenic or PCR tests for COVID-19 performed by patients in city laboratories.

This clinical surveillance is complemented by virological surveillance of ARI with specific samples swabbed by Sentinel GPs and pediatricians, in order to identify the different respiratory viruses (including influenza) circulating in the population.

Until week 2021w10, the incidence of ARI cases due to COVID-19 seen by GPs was estimated by crossing the data from the Sentinel's clinical and virological surveillances. Due to the various changes in management linked to the COVID-19 pandemic, the data from the Sentinel virological samples are no longer sufficient to constitute a representative random sample, and therefore to accurately estimate the SARS-CoV-2 positivity rate among ARI cases. Henceforth, this positivity rate (presented in the box below) is estimated solely from the clinical surveillance (descriptive data transmitted by Sentinel physicians).

ARI surveillance is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the virology laboratory of the University of Corsica.

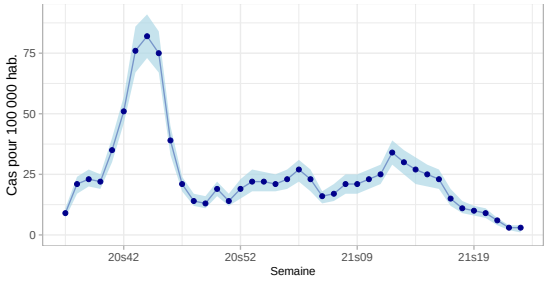
Positivity rates for SARS-CoV-2 among ARI cases seen in general practice



Number of ARI cases reported by Sentinelles physicians and SARS-CoV-2 positivity rate since 2020w37

In week 2021w23, the SARS-CoV-2 positivity rate of patients consulting for ARI was 0%, 11%, and 11%, respectively, in the 0-14, 15-64, and 65 and older age groups.

ARI cases due to COVID-19 in general practice



ARI incidence rate due to SARS-CoV-2 (COVID-19) observed in general practice since 2020w37

Estimated incidence of ARI cases due to COVID-19 seen in consultation in general practice

In week 2021w23, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 3 cases per 100,000 population (95% CI [1; 4]), corresponding to 1,758 [959; 2,557] new cases of COVID-19 seen in general practice. This rate is stable compared to the previous week (consolidated data for 2021w22 : 3 [2; 4]. This represents 2,199 [1,445; 2,953] new cases of ARI due to COVID-19 seen in general practice).

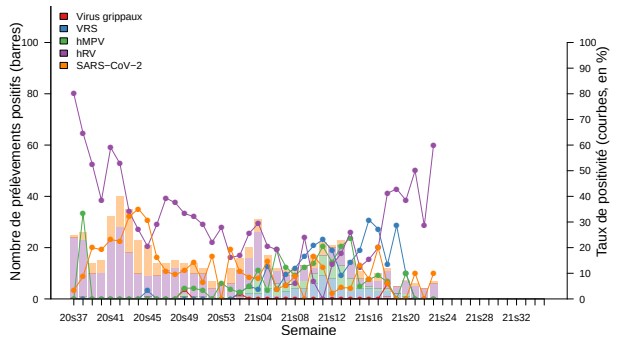
Description of confirmed cases of COVID-19 seen in general practice

Since week 2020w37 (early September), the 3,469 (29.1%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians had the following characteristics :

- Their median age was 46 years (from 1 year to 100 years). There were 42.5% (1,453/3,417) of men and 57.5% (1,964/3,417) of women.
- 26.9% (883/3,282) of them had risk factors for complications.
- 5.4% (176/3,267) of the cases were hospitalized following the consultation.

Circulation of respiratory viruses

No active circulation of influenza virus



Positive swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2020w37

Virological surveillance complements the clinical surveillance of ARI cases performed by Sentinel physicians. This surveillance is an indicator of the circulation of different respiratory viruses in metropolitan France.

Since week 2020w37 (early September), 1,191 patients with ARI seen in GPs and paediatric consultations have been swabbed as part of the Sentinel surveillance (mainly from nasopharyngeal swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

Regarding the COVID-19, six co-infections of rhinovirus and SARS-CoV-2 and, two co-infections of RSV and SARS-CoV-2 were observed during the surveillance period.

Regarding INFLUENZA, three samples have been tested positive for influenza viruses since the beginning of the surveillance in early September 2020. Two cases were detected for influenza B viruses (Victoria lineage) and one for influenza A(H3N2). The first was isolated in early December (2020w49) from a patient with an influenzaB-rhinovirus co-infection, the second in early January (2021w02) and the third in early May (2021w18).

In week 2021w23, 10 patients with ARI seen in GPs and paediatric consultations had been collected :

- 1/10 (10.0%) was positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2021w22 : 0/14 tested).
- 6/10 (60.0%) were positive for **rhinovirus (hRV)** (consolidated data in 2021w22 : 4/14 (28.6%)).
- None was positive for **respiratory syncytial virus (RSV)** (0/8 tested) (consolidated data in 2021w22 : 0/8 tested) .
- None was positive for **metapneumovirus (hMPV)** (0/8 tested) (consolidated data in 2021w22 : 0/8 tested).
- None was positive for an **influenza virus** (0/9 tested) (consolidated data in 2021w22 : 0/14 tested).

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the COVID-19 epidemic

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Observed situation for the week 23 of the year 2021, from 06/07/2021 to 06/13/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2021w23 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2021w22** Incidence rate estimations [95% confidence interval]	**2021w21** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	31 [24 ; 38]	33 [27 ; 39]	39 [32 ; 46]
Acute diarrhea	70 [58 ; 82]	53 [45 ; 61]	46 [39 ; 53]
Chickenpox	15 [10 ; 20]	7 [4 ; 10]	9 [5 ; 13]

Regional incidence rates for the week 2021w23 (per 100,000 inhabitants)	**Acute Respiratory Infection** Incidence rate estimations [95% confidence interval]	**Acute diarrhea** Incidence rate estimations [95% confidence interval]	**Chickenpox** Incidence rate estimations [95% confidence interval]
Auvergne-Rhône-Alpes	21 [7 ; 35]	66 [38 ; 94]	8 [0 ; 19]
Bourgogne-Franche-Comté	57 [1 ; 113]	56 [6 ; 106]	12 [0 ; 26]
Bretagne	25 [2 ; 48]	51 [17 ; 85]	3 [0 ; 13]
Centre-Val de Loire	33 [10 ; 56]	51 [18 ; 84]	24 [0 ; 48]
Corse	19 [0 ; 57]	18 [0 ; 54]	0 [0 ; 0]
Grand Est	43 [0 ; 86]	88 [28 ; 148]	16 [0 ; 42]
Hauts-de-France	35 [4 ; 66]	91 [44 ; 138]	15 [0 ; 33]
Ile-de-France	38 [15 ; 61]	53 [28 ; 78]	8 [1 ; 15]
Normandie	12 [0 ; 25]	49 [14 ; 84]	0 [0 ; 0]
Nouvelle-Aquitaine	30 [5 ; 55]	57 [29 ; 85]	25 [3 ; 47]
Occitanie	19 [2 ; 36]	32 [12 ; 52]	4 [0 ; 10]
Pays de la Loire	34 [7 ; 61]	76 [19 ; 133]	46 [0 ; 96]
Provence-Alpes-Côte d'Azur	23 [0 ; 49]	66 [21 ; 111]	18 [0 ; 44]

French Sentinel network

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Since 1984, the "réseau Sentinelles" or Sentinelles network has been a research and health monitoring network in primary care (general medicine and paediatrics) in metropolitan France. The participation of physicians is voluntary. Currently, 716 physicians participate in the continuous surveillance activity (669 general practitioners and 47 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Thomas Hanslik, Thierry Blanchon
Publication : Yves Dorléans
Information systems & biostatistics : Corentin Hervé, Titouan Launay, Cécile Souty, Clément Turbelin, Ana Vilcu
Monitoring manager : Louise Rossignol, Caroline Guerrisi

Regional branch	**Heads** & Epidemiologists/Animators
Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté	**Marianne Sarazin** Caroline Liotard
Centre-Val de Loire, Pays de la Loire, Bretagne	**Thierry Prazuck** Charly Kengne-Kuetche, Marie Pouquet, Morgane Switat
Corse, PACA	**Alessandra Falchi** Shirley Masse, Julie Sevila
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	**Mathilde François** Camille Bonnet, Hayat Benamar
Normandie	Pol Prevot-Monsacré
Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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