

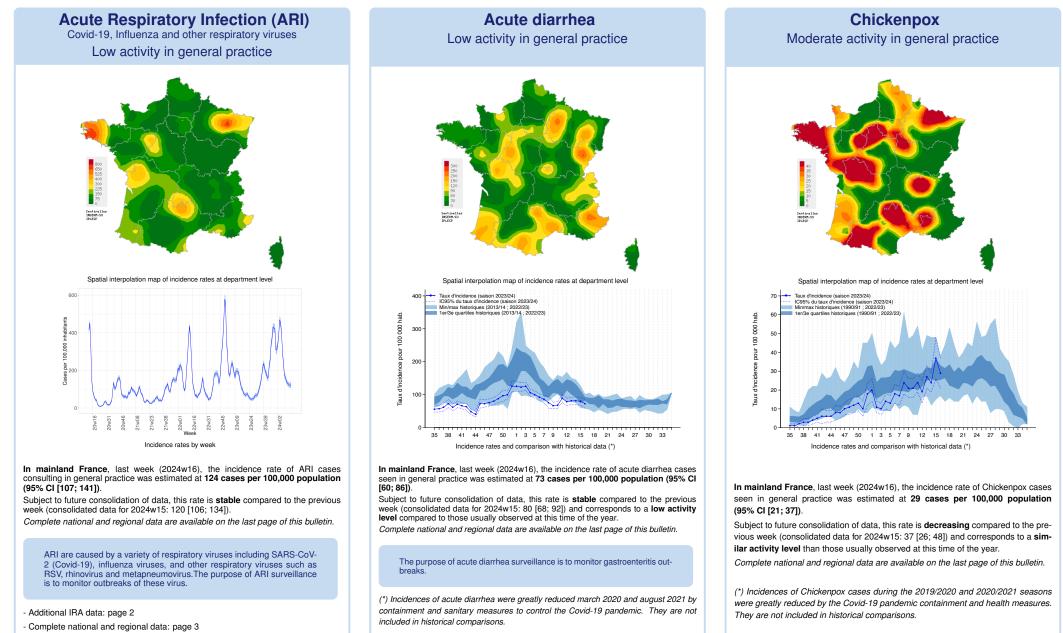


## **Sent**inelles





Observed situation in general practice for the week 16 of the year 2024, from 04/15/2024 to 04/21/2024













Observed situation in general practice for the week 16 of the year 2024, from 04/15/2024 to 04/21/2024

#### Acute respiratory infection (ARI) - Additional data

### Modalities of ARI monitoring by the Sentinelles Network

Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly SARS-CoV-2 (COVID-19), respiratory syncytial virus (RSV), influenza viruses, rhinovirus and metapneumovirus.

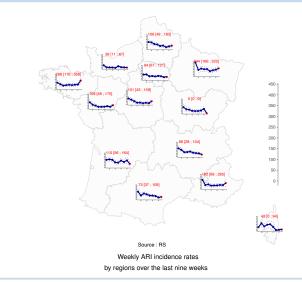
In order to carry out this ARI surveillance, Sentinelles general practitioners have been reporting the number of cases of ARI seen in consultation (or teleconsultation), according to the following case definition: **sudden onset of fever (or feeling of fever) and respiratory signs.** 

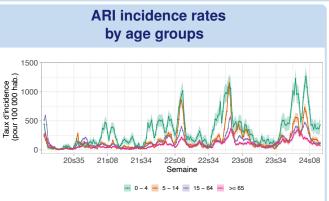
Descriptive data are also collected for each patient, including the results of diagnostic tests for Covid-19 (RT-PCR or antigenic test).

Additional **virological surveillance** is also carried out between October and April by Sentinel general practitioners and pediatricians (and also from the <u>University department of general practice of Rouen</u>). Each week, a sample of patients consulting for an ARI is taken, in order to identify various respiratory viruses and monitor their circulation.

From this clinical and virological information, it is possible to estimate the number of cases of **Covid-19 among ARI cases seen in general practice consulta-tions**, among others.

#### ARI incidence rates by regions





Weekly national incidence rates of ARI by age groups

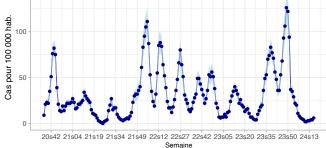
Last week (2024w16), subject to future data consolidation, incidence rate was **stable** in all age groups compared to the one of the previous week. It remained at a moderate level of activity in the 0-4 age group.

## Description of IRA cases seen in general practice

Last week (2024w16), 266 cases of ARI were reported by Sentinelles general practitioners. Of these, 220 (83% of reported cases) were described and had the following characteristics:

- Median age: 34 years (range from 1 month to 94 years);
- Male/female sex-ratio: 0.8 (92/115);
- Risk factors: 14% (29/172) had risk factors for complications;
- Hospitalization: 1% (95% CI [0; 2.3]) of patients were hospitalized after the consultation (2/200).





ARI incidence rate due to SARS-CoV-2 (Covid-19) observed in general practice since 2020w37 In week 2024w16, the incidence rate of Covid-19 cases seen in general consultations for ARI has been estimated at 6 cases per 100,000 inhabitants (IC95% [3; 9]), representing 3,972 [2,167; 5,777] new cases, and was stable in all age groups.

#### In conclusion

Last week (2024w16), subject to future data consolidation :

- the incidence of **ARI** cases seen in general practice was **stable** in all age groups and regions compared to the previous week *(see opposite graphs).* 

- the incidence of **Covid-19** cases seen in general practice for an ARI was **stable** in all age groups compared to the previous week and was at a **low level of activity**.





# **Sent**<sup>\*</sup>nelles





#### Observed situation in general practice for the week 16 of the year 2024, from 04/15/2024 to 04/21/2024

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2024w16 (unconsolidated) Incidence rate estimations [95% confidence interval]	2024w15 Incidence rate estimations [95% confidence interval]	2024w14 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	124 [107 ; 141]	120 [106 ; 134]	121 [108 ; 134]
Acute diarrhea	73 [60 ; 86]	80 [68 ; 92]	81 [69 ; 93]
Chickenpox	29 [21 ; 37]	37 [26 ; 48]	24 [19 ; 29]

Regional incidence rates for the week 2024w16 (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	66 [28 ; 104]	57 [24 ; 90]	28 [4 ; 52]
Bourgogne-Franche-Comté	0 [0 ; 0]	84 [0 ; 259]	7 [0 ; 21]
Bretagne	266 [176 ; 356]	39 [7 ; 71]	43 [12 ; 74]
Centre-Val de Loire	101 [43 ; 159]	90 [27 ; 153]	24 [0 ; 66]
Corse	43 [0 ; 94]	44 [0 ; 96]	0 [0 ; 0]
Grand Est	244 [166 ; 322]	81 [40 ; 122]	23 [3 ; 43]
Hauts-de-France	106 [49 ; 163]	54 [23 ; 85]	23 [3 ; 43]
lle-de-France	94 [67 ; 121]	38 [20 ; 56]	16 [6 ; 26]
Normandie	39 [11 ; 67]	35 [9 ; 61]	4 [0 ; 14]
Nouvelle-Aquitaine	110 [56 ; 164]	61 [20 ; 102]	28 [1 ; 55]
Occitanie	73 [37 ; 109]	85 [40 ; 130]	40 [13 ; 67]
Pays de la Loire	109 [48 ; 170]	72 [24 ; 120]	34 [1 ; 67]
Provence-Alpes-Côte d'Azur	182 [69 ; 295]	48 [16 ; 80]	10 [0 ; 32]

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#### **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, 586 physicians participate in the continuous surveillance activity (545 general practitioners and 41 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Olivier Steichen, Thierry Blanchon Publication : Yves Dorléans Information system & biostatistics : Clément Turbelin

Monitoring manager : Marion Debin, Caroline Guerrisi

Regional branches	Heads	
Auvergne-Rhône-Alpes,	Marianne Sarazin	
Bourgogne-Franche-Comté		
Centre-Val de Loire,	Thierry Prazuck	
Pays de la Loire		
Corse	Alessandra Falchi	
PACA	David Darmon	
Grand Est	Daouda Niaré	
Ile-de-France, Hauts-de-France	Mathilde François	
Bretagne, Normandie	Marie Pouquet	
Nouvelle-Aquitaine, Occitanie	Maryse Lapeyre-Mestre	

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