Observed situation in primary care

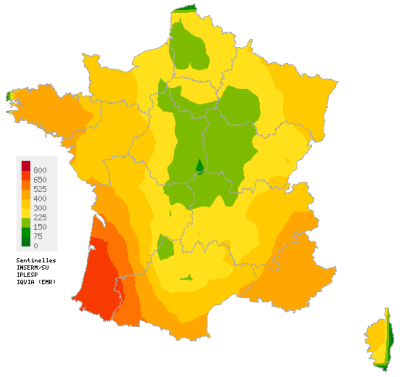
Epidemiological surveillance bulletin for the week 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

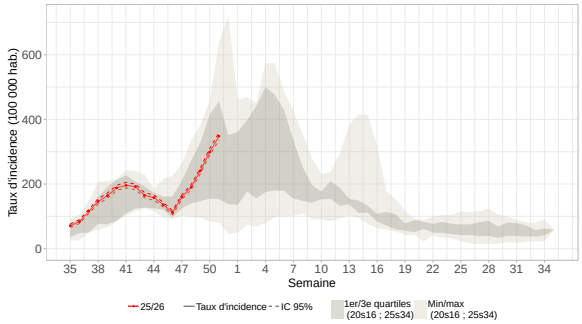
Acute Respiratory Infection (ARI)

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 (2025w51), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **348 cases per 100,000 population (95% CI [336; 359])**.

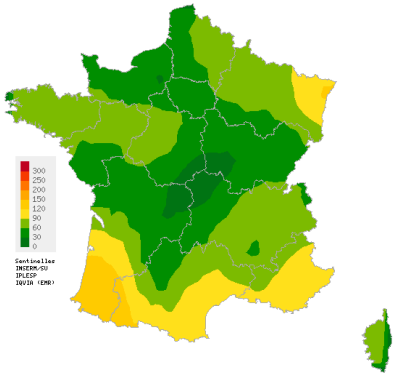
Subject to future data consolidation, this rate **continues the increase observed in recent weeks** and corresponds to a **similar level of activity** to those usually observed at this time of the year (consolidated data for 2025w50: 299 [289; 310]).

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.

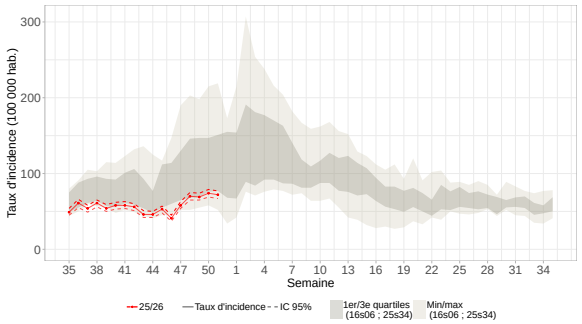
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w51), the incidence rate of acute diarrhea cases seen in general practice was estimated at **72 cases per 100,000 population (95% CI [67; 77])**.

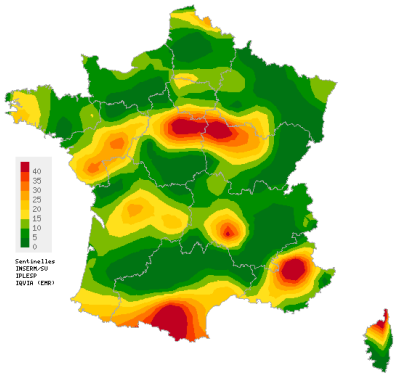
Subject to future data consolidation, this rate is **stable** compared to the previous weeks and corresponds to a **lower level of activity** than those usually observed at this time of the year (consolidated data for 2025w50: 74 [69; 79]).

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

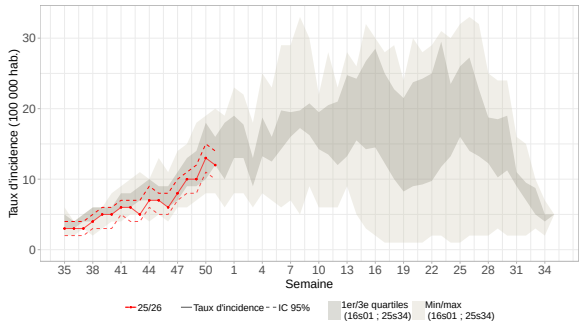
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w51), the incidence rate of Chickenpox cases seen in general practice was estimated at **12 cases per 100,000 population (95% CI [10; 14])**.

Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **similar level of activity** to those usually observed at this time of the year (consolidated data for 2025w50: 13 [11; 15]).

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 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Auvergne-Rhône-Alpes	306 [273 ; 339]	75 [59 ; 91]	7 [2 ; 12]
Bourgogne-Franche-Comté	247 [200 ; 293]	40 [20 ; 59]	12 [1 ; 24]
Bretagne	547 [487 ; 607]	92 [66 ; 117]	12 [3 ; 20]
Centre-Val de Loire	219 [174 ; 264]	63 [37 ; 88]	19 [4 ; 34]
Corse	384 [274 ; 495]	105 [45 ; 164]	36 [0 ; 74]
Grand Est	348 [309 ; 387]	104 [83 ; 125]	6 [1 ; 12]
Hauts-de-France	209 [179 ; 239]	65 [48 ; 82]	14 [7 ; 22]
Ile-de-France	273 [250 ; 297]	48 [38 ; 57]	13 [8 ; 18]
Normandie	324 [275 ; 373]	31 [16 ; 46]	8 [1 ; 16]
Nouvelle-Aquitaine	596 [544 ; 648]	103 [81 ; 124]	11 [4 ; 19]
Occitanie	344 [301 ; 386]	83 [62 ; 104]	10 [4 ; 16]
Pays de la Loire	321 [267 ; 375]	50 [29 ; 70]	24 [10 ; 39]
Provence-Alpes-Côte d'Azur	480 [429 ; 532]	95 [72 ; 118]	13 [4 ; 22]

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

Activity levels

- Low activity
- Moderate activity
- High activity

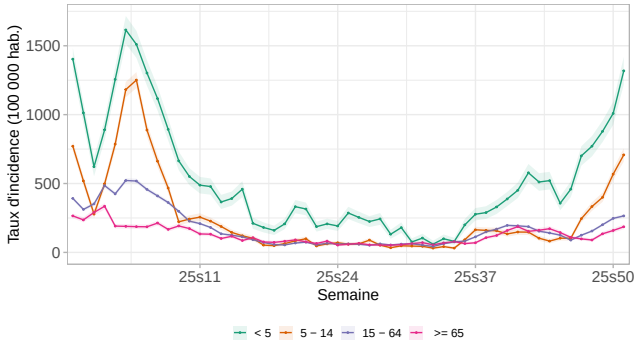
For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the previous years is shown in grayed colour, with quartiles in darker and minimum/maximum values in lighter. 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 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

ARI incidence rates by age groups



Incidence rates of ARI cases by age groups

Last week (2025w51), incidence rates of cases of acute respiratory infections (ARI) seen in general practice were estimated at:

- **0-4 age group**: 1,318 cases per 100 000 population (95% CI [1,218; 1,419]) (consolidated data for 2025w50: 1,009 [925; 1,093]);

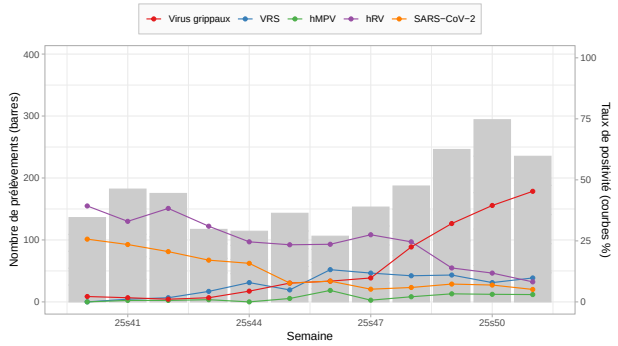
- **5-14 age group**: 708 cases per 100 000 population (95% CI [660; 756]) (consolidated data for 2025w50: 568 [527; 608]);

- **15-64 age group**: 265 cases per 100 000 population (95% CI [252; 277]) (consolidated data for 2025w50: 247 [235; 259]);

- **65 and above age group**: 186 cases per 100 000 population (95% CI [168; 204]) (consolidated data for 2025w50: 159 [143; 175]).

Subject to upcoming data consolidation, incidence rates are **increasing in all age groups** compared to those of the previous week, and **particularly among children** (0-4 and 5-14 age groups).

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 2025w40, **2,088** samples have been tested by general practitioners and pediatricians participating in the 2025/2026 virological surveillance of ARI.

Last week (2025w51), **235 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**: **45%** (106/234) (consolidated data for 2025w50: 40% (116/291));
- **Respiratory syncytial virus (RSV)**: **10%** (23/234) (consolidated data for 2025w50: 8% (23/291));
- **Rhinovirus**: **8%** (19/232) (consolidated data for 2025w50: 12% (34/289));
- **SARS-CoV-2 (Covid-19)**: **5%** (12/234) (consolidated data for 2025w50: 7% (20/291));
- **Metapneumovirus**: **3%** (7/233) (consolidated data for 2025w50: 3% (9/289)).

Description of IRA cases seen in general practice

Last week (2025w51), 1,531 cases of ARI were reported by Sentinelles general practitioners. Among these, 1,145 (75% of reported cases) were described and had the following characteristics:

- **Median age**: 21 years (range from 4 months to 98 years);
- **Male/female sex-ratio**: 0.80 (479/602);
- **Risk factors**: 14% (144/1,048) of the patients had risk factors for complications;
- **Hospitalization**: 0.5% [0.1 ; 1] of the patients were hospitalized after the consultation (6/1,048).

In conclusion

Last week (2025w51), pending final data consolidation, the incidence of acute respiratory infections (ARI) seen in general practice consultations was **increasing** for the fifth consecutive weeks. This increase was observed in **all age groups**, and particularly among children (0-4 and 5-14 age groups).

The viruses mainly detected in patients tested for an ARI were **influenza viruses,** and to a lesser extent **RSV** and **rhinovirus.**

Find the epidemiological bulletin of "Santé publique France" with all the surveillance data (outpatient and hospital) on acute respiratory infections.

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

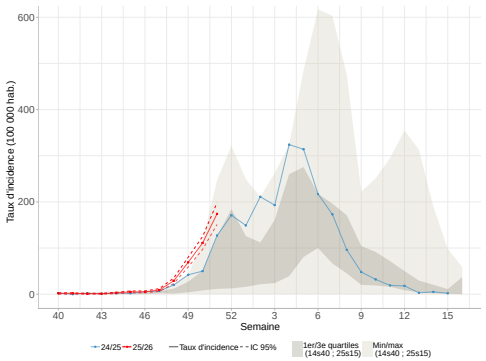
Influenza

Epidemiological surveillance bulletin for the week 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

Incidence rates of influenza cases

Increasing activity at a moderate level



Incidence rates of influenza cases observed in general practice since 2025s40 compared to previous seasons (*)

Last week (2025w51), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **234 cases per 100,000 population** (95% CI [205; 263]), corresponding to 156,819 [137,151; 176,487] new cases.

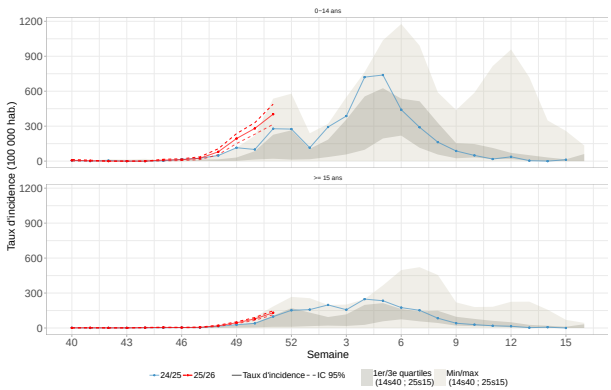
Subject to future data consolidation, this rate **continues the sharp increase observed over the past three weeks** (consolidated data for 2025w50: 155 [137; 173]).

Description of confirmed influenza cases seen in general practice

Since the beginning of virological surveillance (2025w40), the 392 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 24 years (range from 1 month to 95 years);
- **Male/female sex-ratio**: 0.97 (192/198);
- **Vaccination**: 87% (324/373) were not vaccinated against influenza;
- **Risk factors**: 22% (85/381) of the patients had risk factors for complications;
- **Hospitalization**: 0.6% (2/325) of the patients were hospitalized at the end of the consultation.

Incidence rates of influenza cases by age groups



Incidence rate of influenza cases by age groups and comparison with historical data

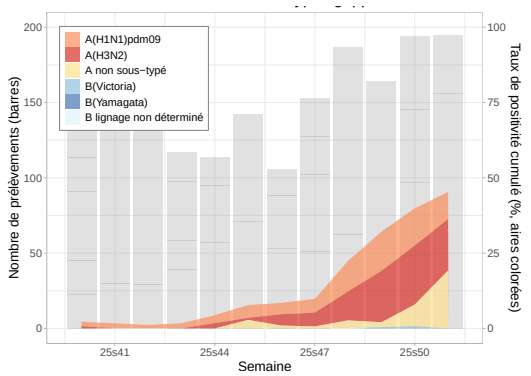
Last week (2025w51), incidence rates of **influenza** cases seen in general practice among patients consulting for an ARI were estimated at:

- 0-14 years: 540 cases per 100,000 population (95% CI [431; 650]) (consolidated data for 2025w50: 393 [323; 462]);

- 15 years and above: 176 cases per 100,000 population (95% CI [154; 198]) (consolidated data for 2025w50: 110 [95; 125]).

Subject to future data consolidation, these rates are **still increasing among children** (0-14 age group) **and among adults** (15 and over age group) compared to those of the previous week.

Identification of influenza viruses



Cumulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since the week 2025w40, the 392 influenza viruses identified were distributed as follows: **44% of type A(H3N2)** (172/392), **35% of type A(H1N1)pdm09** (137/392), **21% of non-subtyped A viruses** (81/392), and **1% of type B Victoria** (3/392).

In conclusion

Last week (2025w51), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI **continued the sharp increase observed over the past three weeks in both age groups** (0-14 years and 15 years over).

The circulation of influenza viruses observed in general practice is **still slightly higher than that observed in previous seasons during the same period**.

The influenza viruses identified were of type **A(H3N2)** and **A(H1N1)*pdm09***.

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on influenza.

Samples analysis by the respiratory viruses National Reference Laboratory (Hospices Civils de Lyon ; associated center : Institut Pasteur, Paris) and the virological laboratory of Corsica University.

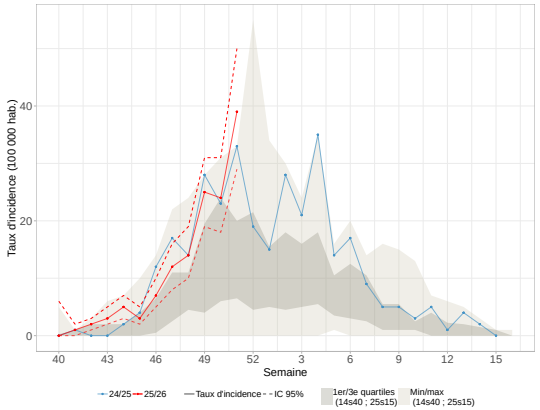
RSV infection and bronchiolitis

Epidemiological surveillance bulletin for the week 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

Incidence rates of RSV infection cases

Increasing activity at a high level



Incidence rates of RSV infection cases seen in general practice since 2025s40 and comparison to historical data (*)

Last week (2025w51), 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 **52 cases per 100,000 population** (95% CI [38; 67]), corresponding to 35,179 [25,559; 44,799] new cases.

Subject to future data consolidation, this rate is **increasing** compared to the previous week (consolidated data for 2025w50: 34 [25; 43]).

Description of RSV infection cases seen in general practice

Since surveillance resumed (2025w40), the 151 confirmed cases of RSV infection collected by general practitioners and pediatricians had the following characteristics:

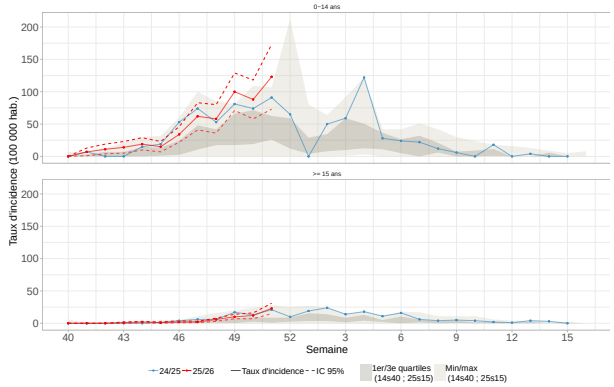
- Median age: 3 years (from 4 months to 95 years);

- Male/female sex ratio: 0.59 (56/95);

- Risk factors: 22% (32/148) of patients had risk factors for complications;

- Hospitalization: no patient was hospitalized following consultation (0/133).

Incidence rates of RSV infection cases by age groups



Incidence rate of RSV cases by age groups and comparison with historical data

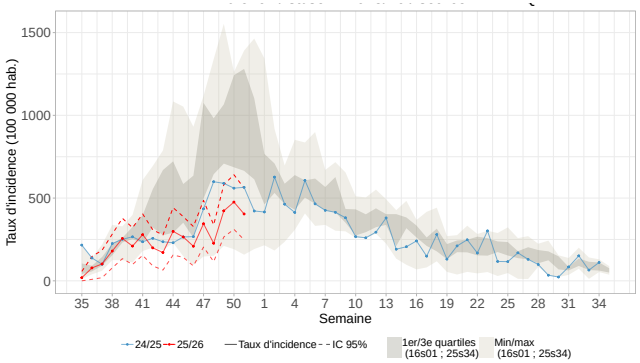
Last week (2025w51), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

- 0-14 years: 165 cases per 100,000 population (95% CI [100; 230]) (consolidated data for 2025w50: 124 [83; 164]);

- 15 years and above: 31 cases per 100,000 population (95% CI [20; 41]) (consolidated data for 2025w50: 16 [10; 22]).

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

Incidence rates of bronchiolitis cases in children under 1 year



Incidence rate of bronchiolitis cases seen in children under one year and comparison with historical data

Last week (2025w51), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **404 cases per 100,000 population** (95% CI [248; 560]) **in children under one year old.**

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2025w50: 476 [311; 641]).

In conclusion

Last week (2025w51), subject to future data consolidation, the incidence of **RSV** infection cases seen in general practice among patients consulting for an ARI was **increasing** compared to the previous week.

The level of RSV activity is **slightly higher than that observed during the same period in previous seasons**.

Furthermore, we note a **stability in the incidence of bronchiolitis in children under 1 year** seen by general practitioners, compared to the previous week. The level of bronchiolitis activity in this age group is **lower** than that usually observed at this time of the year.

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.

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

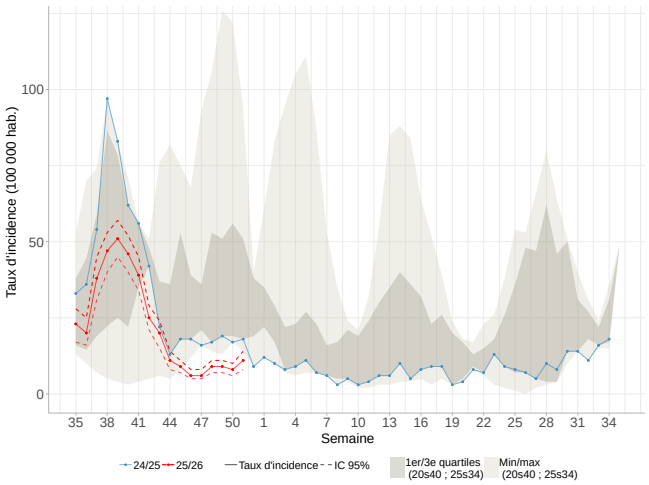
Covid-19

Epidemiological surveillance bulletin for the week 51 of the year 2025, from 12/15/2025 to 12/21/2025

Sentinelles

Incidence rates of Covid-19 cases

Stable activity at a low level

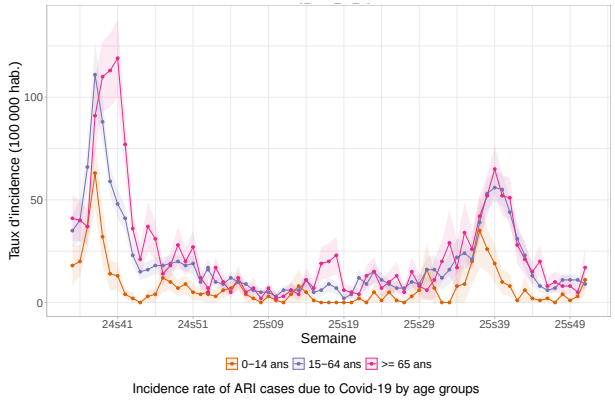


Incidence rate of Covid-19 cases and comparison with historical data

Last week (2025w51), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **11 cases per 100,000 population** (95% CI [8; 14]), corresponding to 7,304 [5,091; 9,517] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2025w50: 8 [6; 10]).

Incidence rates of Covid-19 cases by age groups



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

Last week (2025w51), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 11 cases per 100,000 population (95% CI [4; 17]) (consolidated data for 2025w50 : 3 [0; 6]);

- **15-64 years**: 9 cases per 100,000 population (95% CI [6; 12]) (consolidated data for 2025w50 : 11 [8; 13]);

- **65 years and above**: 17 cases per 100,000 population (95% CI [7; 27]) (consolidated data for 2025w50 : 5 [3; 8]).

Subject to future data consolidation, these rates are **slightly increasing among 0-14 and 65+ age groups** compared to those of previous weeks.

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

Since week 2025w48, the 102 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 48 years (range from 5 to 94 years);

- **Male/female sex-ratio**: 0.68 (40/59);

- **Risk factors**: 26% (25/95) of the patients had risk factors for complications;

- **Hospitalization**: 1% (1/96) of the patients were hospitalized after the consultation.

In conclusion

Last week (2025w51), 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 at a **low level of activity**. By age group, there is a slight increase in activity among children (0-14 years) and people aged 65 and over.

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

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

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 Universities of Rouen, Côte d'Azur and Strasbourg.

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

Sentinelles IQVIA

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

SOS MÉDECINS

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

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

Université de Rouen Normandie — Université Côte d'Azur — Université de Strasbourg

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!