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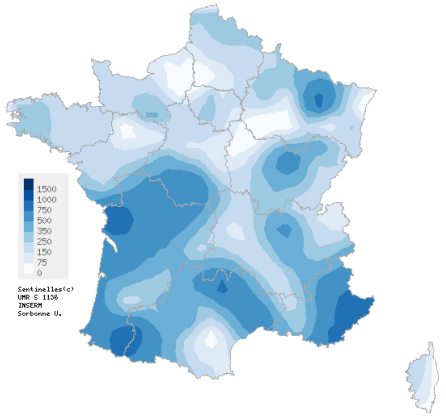
Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

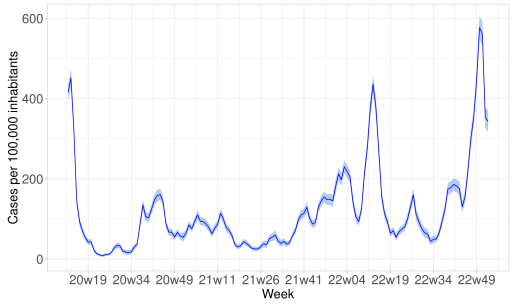
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

High activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In mainland France, last week (2023w01), the incidence rate of ARI cases consulting in general practice was estimated at **343 cases per 100,000 inhabitants (95% CI [315 ; 371])**. This rate is **stable** compared to week 2022w52 (consolidated data: 353 [328 ; 378]).

- Additional data on ARI: page 2

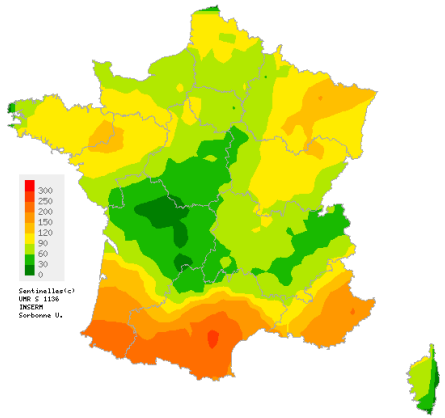
- Data on Covid-19: page 3

- Complete national and regional data: page 4

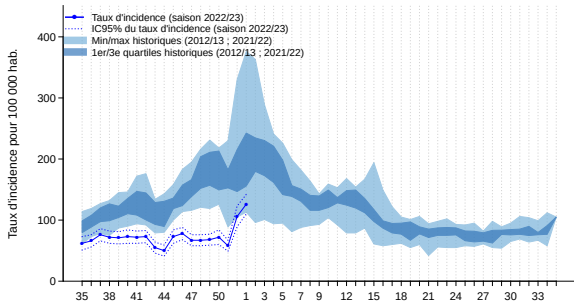
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus.The purpose of ARI surveillance is to monitor outbreaks of these virus.

Acute diarrhea

Low to 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 (2023w01), the incidence rate of acute diarrhea cases seen in general practice was estimated at **126 cases per 100,000 inhabitants (95% CI [110 ; 142])**. This rate is **slightly increasing** compared to week 2022w52 (consolidated data: 106 [89 ; 123]) and at a low level of activity compared to those usually observed in this period.

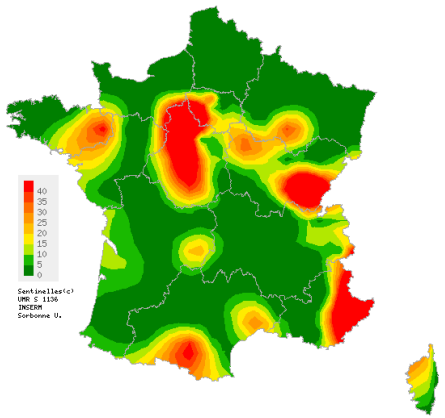
Complete national and regional data are available on the last page of this bulletin.

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

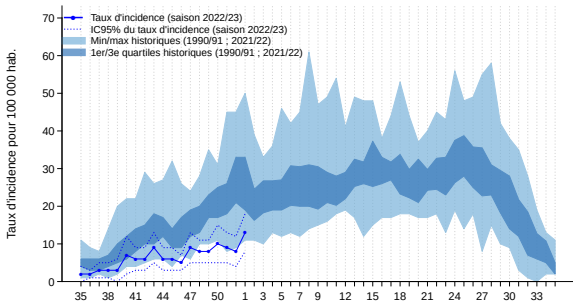
(*) Incidences of acute diarrhea during the 2019/2020 and 2020/2021 seasons were greatly reduced by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

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 (2023w01), the incidence rate of Chickenpox cases seen in general practice was estimated at **13 cases per 100,000 inhabitants (95% CI [8 ; 18])**. This rate is **slightly increasing** compared to week 2022w52 (consolidated data: 8 [4 ; 12]) and at a low level of activity compared to those usually observed in this period.

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

(*) Incidences of Chickenpox cases during the 2019/2020 and 2020/2021 seasons were greatly reduced by the Covid-19 pandemic containment and health measures. They are not included in historical comparisons.

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

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Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

Additional data on acute respiratory infections

Modalities of ARI monitoring by the Sentinelles Network

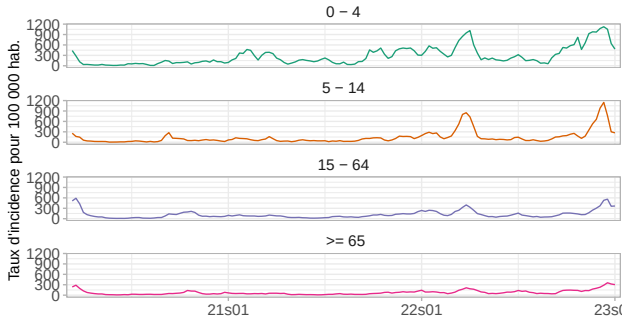
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since 2020. They require close monitoring because they can be the cause of more or less severe epidemics.

In order to carry out this surveillance in general practice, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation) since March 17, 2020, according to the following definition: sudden onset of fever (or feeling of fever) and respiratory signs.

Virological surveillance is also carried out by Sentinel general practitioners and pediatricians, with the collection of a sample of ARI cases seen in consultation in order to identify the circulating viruses.

This monitoring 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 University of Corsica.

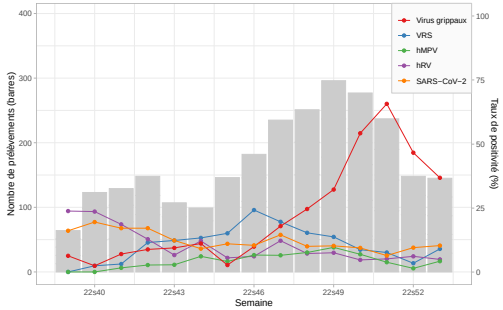
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week 2023w01, incidence rates are stable in all age groups compared to the previous week.

Circulation of respiratory viruses in general practice and pediatrics



Number of swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2022w39

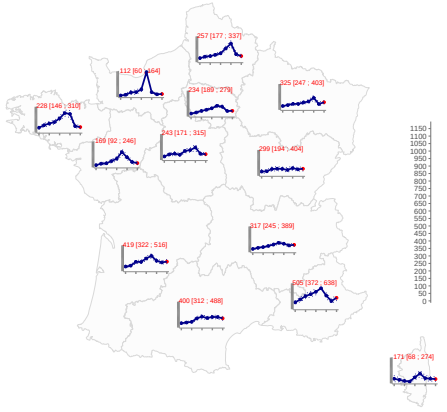
Last week (2023w01), 145 patients with ARI seen in GPs and paediatric consultations had been collected as a part of the Sentinel surveillance (salivary and nasopharyngeal samples). These samples were tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses. The results of the virological tests performed according to the weeks are presented in the graph above and detailed below:

- 54/144 (37.5%) were positive for **influenza virus** (consolidated data for 2022w52: 69/148 (46.6%));
- 15/145 (10.3%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2022w52: 14/148 (9.5%));
- 13/144 (9.0%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2022w52: 5/148 (3.4%));
- 7/144 (4.9%) were positive for **rhinovirus (hRV)** (consolidated data in 2022w52: 9/148 (6.1%));
- 6/144 (4.2%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2022w52: 2/148 (1.4%)).

Since week 2022w39 (September 26th 2022), 2,587 patients with ARI seean in GPs and paediatric consultations have been swabbed.

15 "Influenza+COVID-19" co-infections and 1 "Influenza+COVID-19+RSV" co-infection were observed. The A(H3N2)/SARS-CoV-2 co-infections were observed between weeks 2022w42 and 2023w01. The triple A(H3N2)/SARS-CoV-2/RSV co-infection was observed in 2022w50.

Evolution of ARI incidence by regions



Weekly ARI incidence rates by regions over the last nine weeks

The regional ARI incidence rates estimated for the last week 2023w01 are available on the last page.

In conclusion

Last week (2023w01), the incidence of ARI cases seen in general practice is stable compared to the previous week, remaining at a high level of activity. However, the decreasing trend observed in week 2022w52 seems to be confirmed for all age groups and in the majority of the regions (see graph opposite).

The increase in the ARI incidence rate is linked to the concomitant circulation of various respiratory viruses the past week (2023w01), in particular the influenza viruses (see page 4) and the SARS-CoV-2 (Covid-19) (see page 3), but also the RSV (see page 5), the rhinovirus (hRV) and the metapneumovirus (hMPV) (see graph opposite).

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

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Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

Covid-19

Modalities of Covid-19 monitoring by the Sentinelles Network

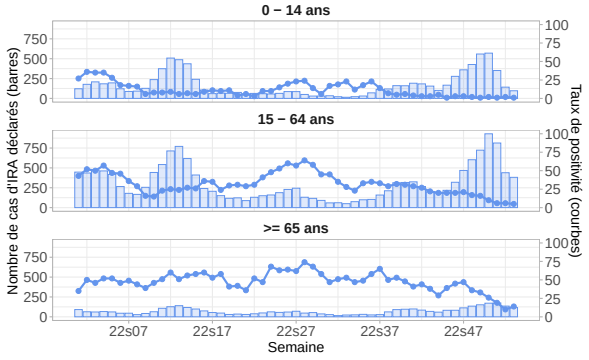
The Sentinel network contributes to the monitoring of the dynamics of the Covid-19 epidemic through the surveillance of cases of acute respiratory infection (ARI) seen in general practice (*defined as a fever or a feeling of fever accompanied by respiratory signs*).

For each patient presenting an ARI reported by Sentinel general practitioners, descriptive data are collected, including the results of diagnostic tests for Covid-19 (RT-PCR or antigenic test).

From this information, it is possible to estimate the number of Covid-19 cases with respiratory signs seen in general practice. These cases represent a majority share of all Covid-19 cases seen in general practice. However, it is important to note that Covid-19 cases without respiratory signs are not included in our estimates (such as those with only isolated agueusia or anosmia).

This indicator provides comparable estimates over time to monitor the dynamics of the epidemic.

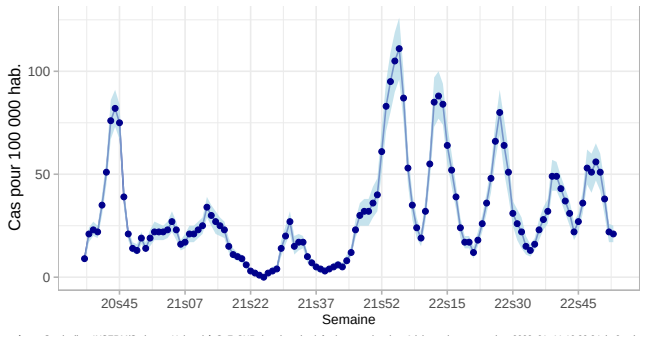
ARI positivity rates to SARS-CoV-2 (Covid-19) by age groups



Number of ARI cases reported by Sentinelles physicians and SARS-CoV-2 (Covid-19) positivity rate since 2020w37

Last week (2023w01), the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were 1%, 5%, and 14% respectively in the 0-14, 15-64, and 65 and older age groups.

Estimated incidence of Covid-19 cases with respiratory signs



Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

Last week (2023w01), the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at 21 cases per 100,000 population (95% CI [17; 25]), corresponding to 13,884 [11,128; 16,640] new cases of Covid-19 with respiratory signs seen in general practice.

This rate is stable compared to those in recent weeks (consolidated data for 2022w51 and 2022w52 respectively: 38 [30; 46] and 22 [17; 26], representing 35,390 [19,999; 30,781] and 14,484 [11,493; 17,475] new cases of Covid-19 with respiratory signs seen in general practice).

Description of Covid-19 cases with respiratory signs

Since week 2022w39 (26th September, date of the beginning of the virological surveillance), the 297 Covid-19 confirmed cases with respiratory signs sampled by the Sentinel general practitioners and paediatricians had the following characteristics:

- Their median age was 51 years (range from 3 month to 91 years) and 56% (165/295) were women;
- 18% (50/281) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- 32% (82/257) had risk factors for complications;
- No patient was hospitalized after the consultation (0/244).

PS: Due to a reduction of the description form completed by Sentinel general practitioners as part of the clinical surveillance of ARI on 1 January 2023, the description of Covid-19 cases presenting with respiratory signs is now carried out by the bias of patients sampled by Sentinel physicians as part of respiratory virological monitoring. This is why differences in the figures presented should be noted compared to previous weeks.

In conclusion

The incidence of ARI cases with respiratory signs seen in general practice is stable compared to the previous week, and remains at a moderate level of activity in comparison to the past epidemic waves observed since March 2020 (see graph opposite).

The characteristics of SARS-CoV-2 (Covid-19) positive ARI cases observed since week 2022w39 in general practice remain similar to those observed since the beginning of the pandemic.

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.

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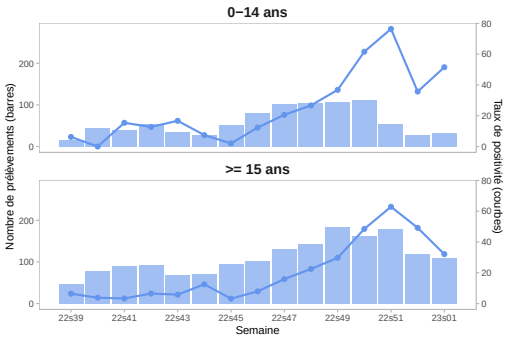
Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

INFLUENZA

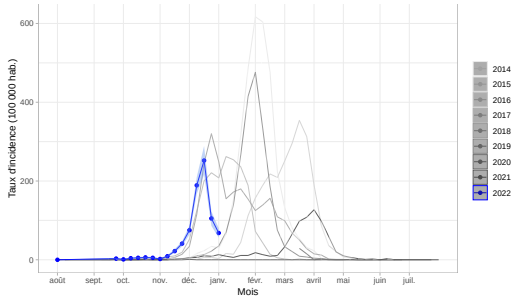
ARI positivity rates to influenza by age groups



Number of samples and influenza positivity rates by age groups from ARI cases sampled by Sentinel physicians since 2022w39

Last week (2023w01), the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 56% and 30% respectively in the 0-14 and 15 and older age groups.

Estimated incidence of influenza cases with fever >39



Incidence rate of influenza cases with fever >39 observed in general practice since 2022w39 (blue) compared to previous seasons since 2014 (grey)

Last week (2023w01), the incidence rate of influenza cases with fever >39 seen in general practice decreases since two weeks, and is at a similar level of activity compared to past seasons at the same time.

Influenza circulation by region

Last week (2023w01), among the 144 tested samples 54 (37.5%) were positive for at least one influenza virus. Influenza cases were identified in all the French metropolitan regions, and in particular in:

- PACA (5/7 tested samples, or 71%),
- Bourgogne-Franche-Comté (6/9 tested samples, or 67%),
- Occitanie (9/20 tested samples, or 45%),
- Centre-Val de Loire (4/9 tested samples, or 44%),
- Ile-de-France (10/23 tested samples, or 44%),
- Corse (1/1 tested samples, or 100%).

The other French regions had a regional positivity rate lower than the French national rate (37.5%).

Estimated influenza incidence cases seen in general practice

Last week (2023w01), the incidence rate of influenza cases seen in general practice was estimated at 115 cases per 100,000 population (95% CI [95; 134]), corresponding to 76,133 [63,356; 88,910] new cases of influenza seen in general practice.

This rate is decreasing compared to those in recent weeks (consolidated data for 2022w51 and 2022w52 respectively : 349 [306; 392] and 154 [131; 177], representing 231,370 [203,073; 359,667] and 102,030 [86,607; 117,453] new cases of influenza seen in general practice).

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2022s39 (26th September), the 696 confirmed influenza cases have been sampled by Sentinel general practitioners and pediatricians. They presented the characteristics below:

Clinical description of confirmed influenza cases:

- Their median age was 27 years (from 1 mois months to 89 years);
- 54% (376/692) were women;
- 91% (619/678) were not vaccinated against influenza;
- 18% (103/584) had risk factors for complications;
- 0.5% (3/571) were hospitalized at the end of the consultation.

Identification of influenza circulating viruses

The 696 influenza viruses identified since the beginning of the virological surveillance were distributed as follows:

- 86/696 (12.4 %) influenza A(H1N1)pdm09 virus;
- 523/696 (75.1%) influenza A(H3N2) virus;
- 31/696 (4.5%) non-subtyped influenza A virus;
- 37/696 (5.3%) influenza B of Victoria lineage virus;
- 21/696 (3.0%) B lineage influenza virus not yet identified.

In conclusion

Last week (2023w01), the circulation of influenza viruses was decreasing compared to the previous week, for the second consecutive week, remaining however at a high level of activity. This circulation spreads over all French metropolitan regions and over all age groups (see graphs opposite and text above).

The predominant circulating influenza viruses are of type A with the subtype A(H3N2) predominating. The characteristics of influenza cases are similar to those of positive influenza cases observed in past seasons in general practice (historical data : median age: 24 years; 50% women; 92% unvaccinated against influenza; 14% with risk factors; 0.3% hospitalized patients).

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

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

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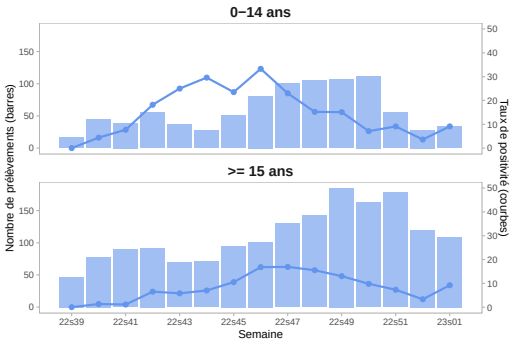
Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

RSV

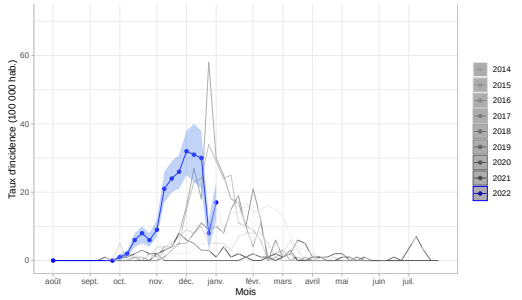
ARI positivity rates to RSV by age groups



Number of samples and positivity rates to RSV by age groups in ARI patients swabbed by Sentinelles physicians since 2022w39

Last week (2023w01), the RSV positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 8% and 10% respectively in the 0-14 and 15 and older age groups.

Estimated incidence of RSV cases with fever >39



Incidence rate of RSV cases (with fever >39) since 2022w39 (blue) compared to past seasons since 2014 (grey)

Last week (2023w01), the incidence rate of RSV cases with fever >39 seen in general practice was increasing compared to the previous week, but lower to the incidence rate observed at the epidemic peak in week 2022w49. This rate was similar to past seasons at the same time.

RSV circulation by region

Last week (2023w01), among the 144 tested samples 13 (9.0%) were positive for the respiratory syncytial virus (RSV). RSV cases have been identified in most metropolitan areas, particularly in :

- PACA (1/7 tested samples, or 14%),
- Auvergne-Rhône-Alpes (3/24 tested samples, or 13%),
- Grand Est (1/8 tested samples, or 13%),
- Ile-de-France (3/23 tested samples, or 13%),
- Centre-Val de Loire (1/9 tested samples, or 11%),
- Pays de la Loire (1/9 tested samples, or 11%),
- Nouvelle Aquitaine (1/11 tested samples, or 9%).

Estimated incidence of RSV cases seen in general practice

Last week (2023w01), the incidence rate of VRS cases seen in general practice was estimated at 29 cases per 100,000 population (95% CI [20; 38]), corresponding to 19,495 [13,481; 25,509] new cases of VRS seen in general practice.

This rate is increasing compared to the previous week (consolidated data for 2022w52 : 11 [5; 17], representing 7,416 [3,412; 11,420] new cases of VRS seen in general practice), but being lower to the rates observed between weeks 2022w49 and 2022w51 where the epidemic was the highest (consolidated data for 2022w51: 41 [29; 53], representing 27,191 [19,425 ; 34,957] new cases of VRS seen in general practice).

Description of RSV cases

Since week 2022w39 (26th September, date of the beginning of the virological surveillance), the 299 confirmed RSV cases seen by Sentinel general practitioners and pediatricians had the following characteristics:

- Their median age was 18 years (from 3 months to 96 years);
- 59% (175/297) were women;
- 19% (50/269) had risk factors for complications;
- 0.4% (1/253) was hospitalized at the end of the consultation.

These characteristics are similar to those of positive RSV cases observed in past seasons in general practice, with cases being however older this season compared to those observed the precedent seasons (historical data : median age: 3 years; 52% women; 23% with risk factors; 0.6% hospitalized patients).

In conclusion

Last week (2023w01), the incidence of RSV cases consulting a general practitioner for an ARI was increasing compared to the previous week. We can note however a trend toward a slowdown in the RSV epidemic sinc week 2022w49.

You can find all the bronchiolitis epidemiological data (outpatient and inpatient) in the Public Health France weekly bulletin by clicking here.

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

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Observed situation in general practice for the week 1 of the year 2023, from 01/02/2023 to 01/08/2023

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2023w01 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2022w52** Incidence rate estimations [95% confidence interval]	**2022w51** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	343 [315 ; 371]	353 [328 ; 378]	562 [532 ; 592]
Acute diarrhea	126 [110 ; 142]	106 [89 ; 123]	58 [49 ; 67]
Chickenpox	13 [8 ; 18]	8 [4 ; 12]	9 [5 ; 13]

Regional incidence rates for the week 2023w01 (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	317 [245 ; 389]	74 [42 ; 106]	2 [0 ; 6]
Bourgogne-Franche-Comté	299 [194 ; 404]	97 [42 ; 152]	16 [0 ; 35]
Bretagne	228 [146 ; 310]	129 [61 ; 197]	20 [0 ; 50]
Centre-Val de Loire	243 [171 ; 315]	67 [31 ; 103]	46 [17 ; 75]
Corse	171 [68 ; 274]	60 [12 ; 108]	22 [0 ; 55]
Grand Est	325 [247 ; 403]	132 [67 ; 197]	1 [0 ; 4]
Hauts-de-France	257 [177 ; 337]	131 [77 ; 185]	0 [0 ; 0]
Ile-de-France	234 [189 ; 279]	76 [50 ; 102]	12 [0 ; 24]
Normandie	112 [60 ; 164]	51 [12 ; 90]	0 [0 ; 0]
Nouvelle-Aquitaine	419 [322 ; 516]	130 [84 ; 176]	5 [0 ; 16]
Occitanie	400 [312 ; 488]	168 [110 ; 226]	8 [0 ; 18]
Pays de la Loire	169 [92 ; 246]	108 [48 ; 168]	6 [0 ; 18]
Provence-Alpes-Côte d'Azur	505 [372 ; 638]	171 [93 ; 249]	34 [5 ; 63]

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, 595 physicians participate in the continuous surveillance activity (544 general practitioners and 51 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, Bourgogne-Franche-Comté	Marianne Sarazin
Centre-Val de Loire, Pays de la Loire	Thierry Prazuck
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

See all the team

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