



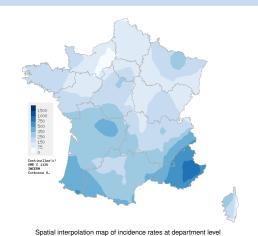






### **Acute Respiratory Infection (ARI)**

Covid-19, Influenza and other respiratory viruses
High activity in general practice





In mainland France, last week (2023w02), the incidence rate of ARI cases consulting in general practice was estimated at 245 cases per 100,000 inhabitants (95% CI [222; 268]). This rate is decreasing compared to week 2023w01 (consolidated data: 293 [272; 314]).

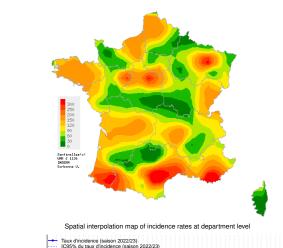
Incidence rates by week

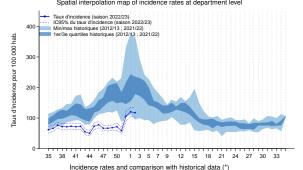
- Additional IRA data: page 2
- Covid-19 data: page 3
- Influenza data: page 4
- RSV data: page 5
- Complete national and regional data: page 6

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**

Moderate activity in general practice





In mainland France, last week (2023w02), the incidence rate of acute diarrhea cases seen in general practice was estimated at 118 cases per 100,000 inhabitants (95% CI [102; 134]). This rate is stable compared to week 2023w01 (consolidated data: 120 [106; 134]) and at a low level of activity compared to those usually observed in this period.

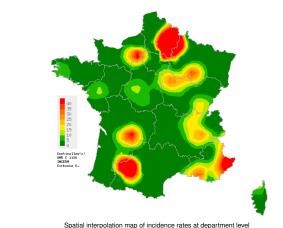
Complete national and regional data are available on the last page of this bulletin

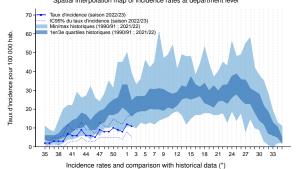
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

(\*) 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





In mainland France, last week (2023w02), the incidence rate of Chickenpox cases seen in general practice was estimated at 11 cases per 100,000 inhabitants (95% CI [5;17]). This rate is stable compared to week 2023w01 (consolidated data: 12 [8;16]) 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.





# **Sentinelles**





Observed situation in general practice for the week 2 of the year 2023, from 01/09/2023 to 01/15/2023

### Additional data on acute respiratory infections

## Modalities of ARI monitoring by the Sentinelles Network

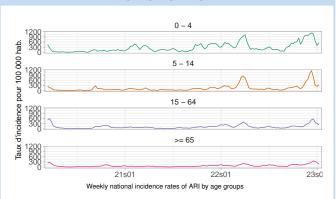
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since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

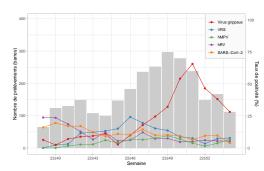
This monitoring is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the University of Corsica.

## ARI incidence rates by age groups



**Last week 2023w02**, incidence rates are stable among the 0-4, 5-14 and 15-64 years old, and decreasing among the 65 and above 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

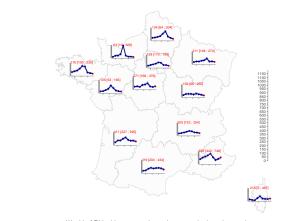
Last week (2023w02), 111 patients with ARI seen in GPs and paediatric consultations had been collected as a part of the Sentinel surveillance (salivary and nasopharyngeal samples). These samples were tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses. The results of the virological tests performed according to the weeks are presented in the graph above and detailed below:

- 29/103 (28.2%) were positive for **influenza virus** (consolidated data for 2023w01: 64/165 (38.8%));
- 4/103 (3.9%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2023w01: 16/165(9.7%));
- 8/103 (7.8%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2023w01: 12/165 (7.3%));
- 4/76 (5.3%) were positive for **rhinovirus (hRV)** (consolidated data in 2023w01: 9/164 (5.5%));
- 5/76 (6.6%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2023w01: 6/164 (3.7%)).

**Since week 2022w39** (September 26th 2022), 2,719 patients with ARI seean in GPs and paediatric consultations have been swabbed.

16 "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 2022s42 and 2023s02. 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 2023w02 are available on the last

#### In conclusion

Last week (2023s02), the incidence of ARI cases seen in general practice continues the decrease observed since week 2022w52, remaining however at a high activity level. This decrease was observed in the majority of regions (see graph opposite).

The increase in the ARI incidence rate is linked to the concomitant circulation of various respiratory viruses the past week (2023w02), 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).











#### Covid-19

### Modalities of Covid-19 monitoring by the Sentinelles Network

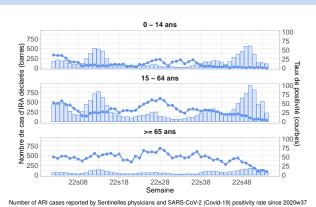
The Sentinel network contributes to the monitoring of the dynamics of the Covid-19 epidemic through the surveillance of cases of acute respiratory infection (ARI) seen in general practice (defined as a fever or a feeling of fever accompanied by respiratory signs).

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).

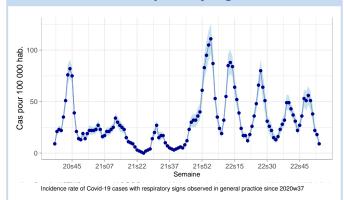
This indicator provides comparable estimates over time to monitor the dynamics of the epidemic.

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



**Last week (2023w02)**, the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were 0%, 4%, and 10% respectively in the 0-14, 15-64, and 65 and older age groups.

## Estimated incidence of Covid-19 cases with respiratory signs



**Last week (2023w02)**, the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at 9 cases per 100,000 population (95% CI [7; 12]), corresponding to 6,198 [4,671; 7,725] new cases of Covid-19 with respiratory signs seen in general practice.

This rate is decreasing compared to those in recent weeks (consolidated data for 2023w01: 18 [14; 21], representing 11,723 [9,475; 13,971] 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 302 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);
- 55% (166/300) were women;
- 18% (51/286) of patients aged 12 years or older were not vaccinated against Covid-19 (no vaccine dose received);
- 33% (91/275) had risk factors for complications;
- None patient was hospitalized after their consultations (0/260).

#### In conclusion

The incidence of Covid-19 cases with respiratory signs seen in general practice continues the decline observed since week 2022w50 (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 <a href="here">here</a>.





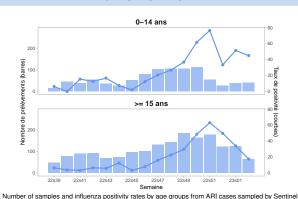






#### **INFLUENZA**

## ARI positivity rates to influenza by age groups



physicians since 2022w39 **Last week (2023w02)**, the influenza positivity rates of patients consulting

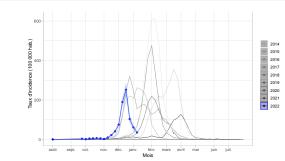
**Last week (2023w02),** the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 45% and 18% respectively in the 0-14 and 15 and older age groups.

## Estimated influenza incidence cases seen in general practice

**Last week (2023w02)**, the incidence rate of influenza cases seen in general practice was estimated at 61 cases per 100,000 population (95% CI [48; 74]), corresponding to 40,698 [31,919; 49,477] new cases of influenza seen in general practice.

This rate is decreasing compared to those in recent weeks (consolidated data for 2022w52 and 2023w01 respectively: 152 [129; 175] and 102 [86; 117], representing 100,769 [85,560; 115,888] and 67,714 [57,344; 78,084] new cases of influenza seen in general practice).

### 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 (2023w02), the incidence rate of influenza cases with fever >39 seen in general practice was decreasing compared to the previous weeks, and at a similar level of activity compared to past seasons at the same time.

### **Description of confirmed influenza cases**

Since the beginning of virological surveillance in week 2022s39 (26th September), the 735 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 26 years (from 1 mois months to 89 years);
- 54% (394/730) were women;
- 91% (654/716) were not vaccinated against influenza;
- 16% (111/687) had risk factors for complications;
- 0.4% (3/668) were hospitalized at the end of the consultation.

#### Identification of influenza circulating viruses

The 735 influenza viruses identified since the beginning of the virological surveillance were distributed as follows:

- 12.2% (90/735) influenza A(H1N1)pdm09 virus;
- 72.2% (531/735) influenza A(H3N2) virus;
- 5.2% (38/735) non-subtyped influenza A virus;
- 6.8% (50/735) influenza B of Victoria lineage virus;
- 3.8% (28/735) B lineage influenza virus not yet identified.

### Influenza circulation by region

**Last week (2023w02)**, among the 103 tested samples 29 (28.2%) were positive for at least one influenza virus. Influenza cases were identified in the majority of the metropolitan regions, and in particular in :

- Grand Est (5/10 tested samples, or 50%),
- Corse (2/4 tested samples, or 50%),
- PACA (4/10 tested samples, or 40%),
- Hauts-de-France (4/11 tested samples, or 36%),
- Auvergne-Rhône-Alpes (6/17 tested samples, or 35%),
- Centre-Val de Loire (2/6 tested samples, or 33%).

The other French regions had a lower regional positivity rate than the French national rate (28.2%).

#### In conclusion

Last week (2023w02), the circulation of influenza viruses continued its decrease for the third consecutive week, while remaining at a high level. This decrease extended to several French metropolitan regions (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.





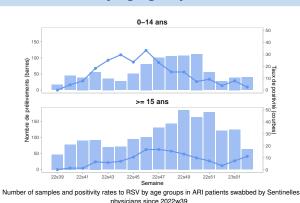






#### RSV

## ARI positivity rates to RSV by age groups



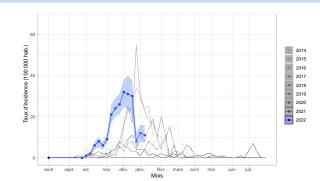
**Last week (2023w02)**, the RSV positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 3% and 11% respectively in the 0-14 and 15 and older age groups.

## Estimated incidence of RSV cases seen in general practice

**Last week (2023w02)**, the incidence rate of VRS cases seen in general practice was estimated at 20 cases per 100,000 population (95% CI [12; 28]), corresponding to 13,316 [8,090; 18,542] new cases of VRS seen in general practice.

This rate is stable compared to those in recent weeks (consolidated data for 2022w52 and 2023w01: 11 [5; 17] and 20 [13; 27], representing 7,356 [3,381; 11,331] and 13,360 [8,918; 17,802] new cases of VRS seen in general practice).

### 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 (2023w02)**, the incidence rate of RSV cases with fever >39 seen in general practice was stable compared to the previous weeks, and similar to past seasons at the same period.

### **Description of RSV cases**

Since the beginning of virological surveillance in week 2022w39 (26th September), the 306 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);
- 58% (178/304) were women;
- 19% (53/286) had risk factors for complications;
- 0.4% (1/269) 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, but with older cases this season compared to previous seasons (historical data: median age: 3 years; 52% women; 23% with risk factors; 0.6% hospitalized patients).

### RSV circulation by region

**Last week (2023w02)**, among the 103 tested samples 8 (7.8%) were positive for the respiratory syncyntial virus (RSV). RSV cases were identified in the majority of the French metropolitan areas, and in particular in:

- Grand Est (2/10 tested samples, or 20%),
- Pays de la Loire (1/5 tested samples, or 20%),
- Nouvelle- Aguitaine (1/8 tested samples, or 13%),
- Auvergne-Rhône-Alpes (2/17 tested samples, or 12%),
- Ile-de-France (1/11 tested samples, or 9%),
- Bretagne (1/11 tested samples, or 9%).

The other French regions had a lower positivity rate than the French national rate (7.8%).

#### In conclusion

Last week (2023w02), the incidence of RSV cases among patients consulting for ARI in general practice was stable compared to the previous week. However, there has been a slowing trend in the RSV epidemic since week 2022w49.

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











National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2023w02 (unconsolidated) Incidence rate estimations [95% confidence interval]	2023w01 Incidence rate estimations [95% confidence interval]	2022w52 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	245 [222 ; 268]	293 [272 ; 314]	350 [325 ; 375]
Acute diarrhea	118 [102 ; 134]	120 [106 ; 134]	106 [89 ; 123]
Chickenpox	11 [5 ; 17]	12 [8 ; 16]	8 [4 ; 12]

Regional incidence rates for the week 2023w02 (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	203 [152 ; 254]	66 [39 ; 93]	13 [0 ; 26]
Bourgogne-Franche-Comté	159 [68 ; 250]	81 [25 ; 137]	6 [0 ; 21]
Bretagne	170 [105 ; 235]	157 [93 ; 221]	2 [0 ; 7]
Centre-Val de Loire	271 [166 ; 376]	134 [55 ; 213]	5 [0 ; 15]
Corse	215 [0 ; 487]	55 [15 ; 95]	8 [0 ; 23]
Grand Est	211 [148 ; 274]	102 [59 ; 145]	1 [0 ; 4]
Hauts-de-France	134 [64 ; 204]	124 [57 ; 191]	16 [0 ; 38]
Ile-de-France	159 [119 ; 199]	60 [40 ; 80]	3 [0 ; 7]
Normandie	64 [19 ; 109]	62 [19 ; 105]	10 [0 ; 30]
Nouvelle-Aquitaine	311 [227 ; 395]	120 [68 ; 172]	4 [0 ; 17]
Occitanie	319 [204 ; 434]	159 [91 ; 227]	5 [0 ; 18]
Pays de la Loire	124 [53 ; 195]	109 [52 ; 166]	5 [0 ; 14]
Provence-Alpes-Côte d'Azur	595 [442 ; 748]	184 [86 ; 282]	29 [0 ; 58]

### **Need more information?**

Visit our website:

https://www.sentiweb.fr/

### You are a french GP?

Contact us

https://www.sentiweb.fr/france/fr/inscrire

#### **French Sentinel network**

#### Pierre Louis Institute of Epidemiology and Public Health

UMR-S 1136 (Inserm - Sorbonne Université)

Phone: +33 144 738 435 | E-mail: sentinelles@upmc.fr

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,	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	

See all the team

### Envie de participer à la veille sanitaire ?



Devenez acteur de la surveillance du Covid-19!
Pas besoin d'être malade pour participer!
Inscrivez-vous sur https://www.covidnet.fr/