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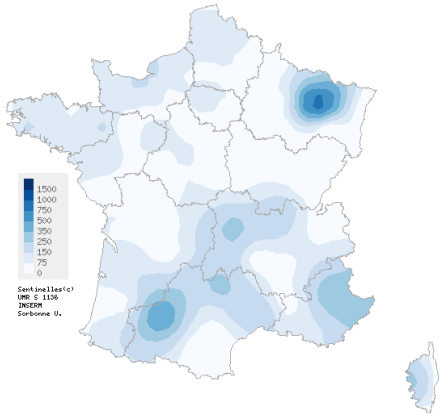
Observed situation in general practice for the week 16 of the year 2023, from 04/17/2023 to 04/23/2023

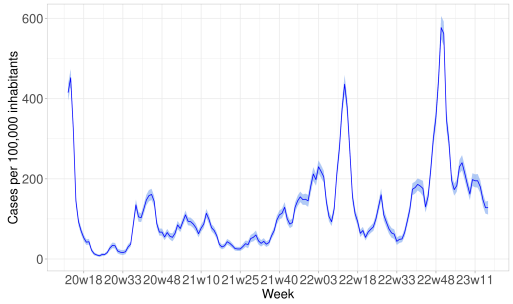
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

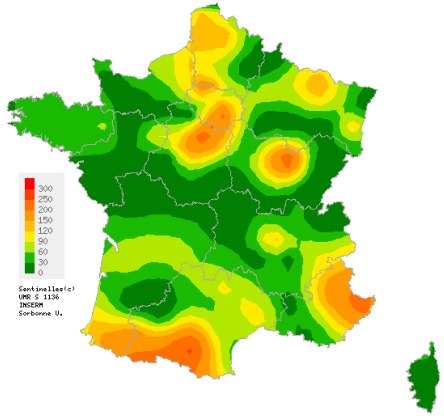
In mainland France, last week (2023w16), the incidence rate of ARI cases consulting in general practice was estimated at **128 cases per 100,000 inhabitants (95% CI [111 ; 145])**. This rate is **stable** compared to week 2023w15 (consolidated data: 128 [113 ; 143]).

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

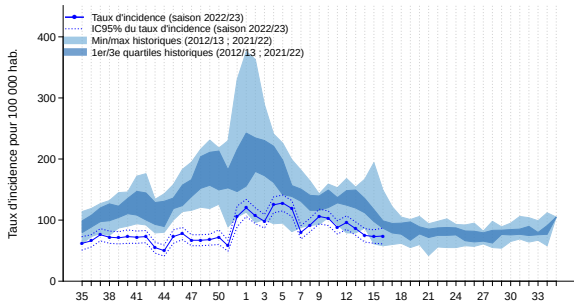
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus.The purpose of ARI surveillance is to monitor outbreaks of these virus.

Acute diarrhea

Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (*)

In mainland France, last week (2023w16), the incidence rate of acute diarrhea cases seen in general practice was estimated at **74 cases per 100,000 inhabitants (95% CI [61 ; 87])**. This rate is **stable** compared to week 2023w15 (consolidated data: 73 [62 ; 84]) and is at a **low activity level** compared to those usually observed in this period.

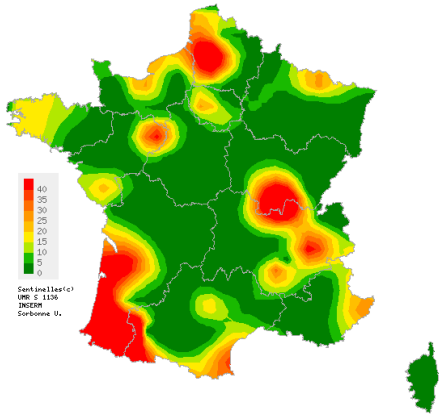
Complete national and regional data are available on the last page of this bulletin.

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

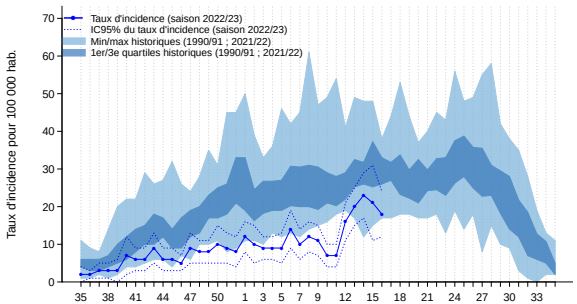
(*) Incidences of acute diarrhea during the 2019/2020 and 2020/2021 seasons were greatly reduced by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

Chickenpox

Low 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 (2023w16), the incidence rate of Chickenpox cases seen in general practice was estimated at **18 cases per 100,000 inhabitants (95% CI [12 ; 24])**. This rate is **stable** compared to week 2023w15 (consolidated data: 21 [11 ; 31])) and is at a **low activity level** 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 16 of the year 2023, from 04/17/2023 to 04/23/2023

Additional data on acute respiratory infections

Modalities of ARI monitoring by the Sentinelles Network

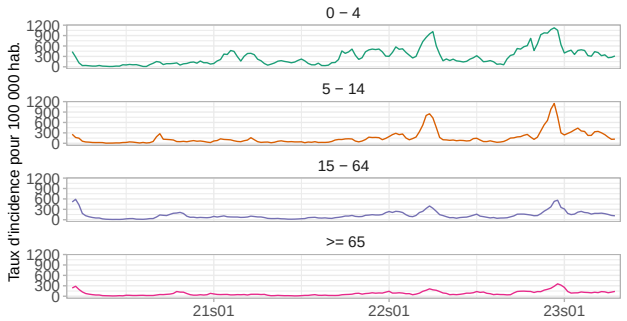
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since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

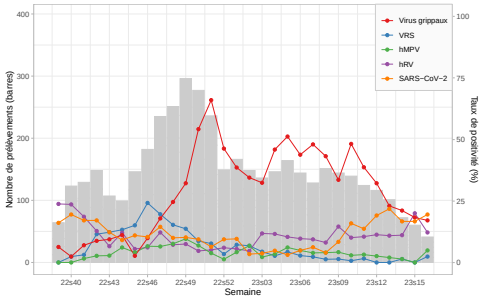
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week **2023w16**, 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

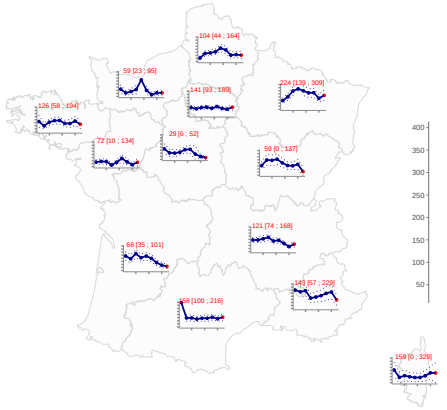
Last week **(2023w16)**, 41 patients with ARI seen in GPs and paediatric consultations had been collected as a part of the Sentinel surveillance (salivary and nasopharyngeal samples). These samples were tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses. The results of the virological tests performed according to the weeks are presented in the graph above and detailed below:

- 7/41 (17,1%) were positive for **influenza virus** (consolidated data for 2023w15: 11/60 (18.3%));
- 8/41 (19.5%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2023w15: 110/60 (16.7%));
- 1/41 (2.4%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2023w15: 0/60 (0%));
- 5/41 (12.2%) were positive for **rhinovirus (hRV)** (consolidated data in 2023w15: 12/60 (20%));
- 2/41 (4.9%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2023w15: 0/60 (0%)).

Since week 2022w39 (September 26th 2022), 4,422 patients with ARI seean in GPs and paediatric consultations have been swabbed.

20 "Influenza A+COVID-19" co-infections, 6 "Influenza B+Covid-19" co-infections, 1 "Influenza A+Influenza B" co-infection and **1 "Influenza A+COVID-19+RSV" co-infection** were observed. A(H3N2)/SARS-CoV-2 co-infections were observed between weeks 2022w42 and 2023w04. B (lineage not determined)/SARS-CoV-2 co-infection were observed between weeks 2023w05 and 2023w13. A(H3N2)/B lineage Victoria co-infection was observed in week 2023w04. Triple A(H3N2)/SARS-CoV-2/VRS co-infection was observed in week 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 2023w16 are available on the last page.

In conclusion

Last week (2023w16), the incidence of ARI cases seen in general practice was **stable** in all age groups and regions compared to the previous week. We can note however a decreasing trend in the ARI activity since the end of March (2023w12) (see graph opposite).

This ARI incidence is linked to the concomitant circulation of various respiratory viruses the past week (2023w16), in particular the influenza viruses (see page 3) and the SARS-CoV-2 (Covid-19) (see page 4), but also the RSV (see page 5), the rhinovirus (hRV) and the metapneumovirus (hMPV) (see graph opposite).

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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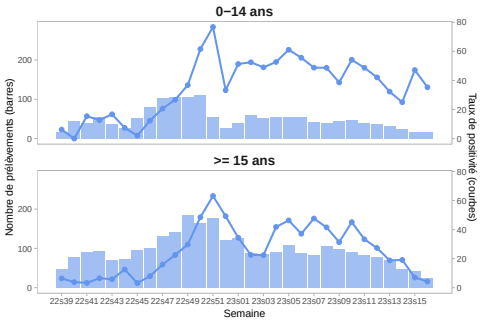
Observed situation in general practice for the week 16 of the year 2023, from 04/17/2023 to 04/23/2023

INFLUENZA

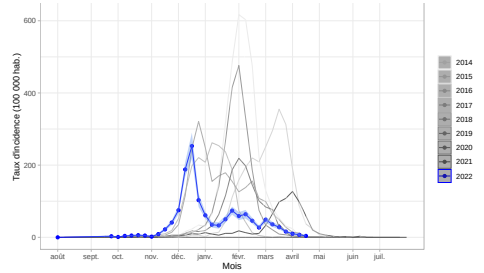
ARI positivity rates to influenza by age groups



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

Last week **(2023w16),** the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were **35%** and **4%** respectively in the 0-14 and 15 and older age groups.

Estimated incidence of influenza cases seen in general practice

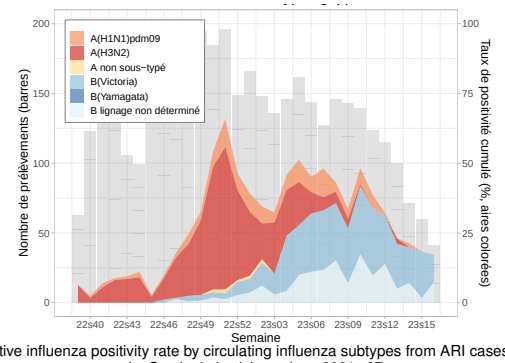


Incidence rate of influenza cases with fever >39 observed in general practice since 2022w39 (blue) compared to previous seasons since 2014 (grey)

Last week **(2023w16)**, the incidence rate of influenza cases seen in general practice was estimated at **12 cases per 100,000 population** (95% CI [5; 19]), representing 8,007 [3,535; 12,479] new cases of influenza seen in general practice.

This rate is **stable** compared to those in recent weeks (consolidated data for 2023w15 : 16 [11; 22], representing 10,914 [7,091; 14,737] new cases of influenza seen in general practice).

Circulation of influenza viruses



Cumulative influenza positivity rate by circulating influenza subtypes from ARI cases swabed by Sentinel physicians since 2021w37

Last week **(2023w16)**, among the 41 patients with ARI who were sampled, **7 were positive for influenza virus (17.1%)**. The majority of circulating influenza viruses were type B (7/7 or 100%), and more precisely type B Victoria.

Since the beginning of virological surveillance in week 2022s39 (26th September), the 1,395 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 24 years (from 1 month to 89 years);
- 52% (715/1,389) were women;
- 93% (1249/1,346) were not vaccinated against influenza;
- 14% (181/1,275) had risk factors for complications;
- 0.6% (8/1,231) were hospitalized at the end of the consultation.

Identification of influenza circulating viruses:

The 1,395 influenza viruses identified since the beginning of the virological surveillance were distributed as follows:

-12% (173/1,395) influenza A(H1N1)pdm09 virus;
- 48% (671/1,395) influenza A(H3N2) virus;
- 1% (11/1,395) non-subtyped influenza A virus;
- 26% (357/1,395) influenza B of Victoria lineage virus;
- 14% (188/1,395) B lineage influenza virus not yet identified.

Influenza circulation by region

Last week **(2023w16)**, among the 41 tested samples, 7 (17.1%) were positive for at least one influenza virus. Influenza cases were identified in five French metropolitan regions:

- Pays de la Loire (1/1 tested samples, or 100%),
- Occitanie (1/2 tested samples, or 50%),
- Normandie (1/3 tested samples, or 33%),
- Bretagne (2/7 tested samples, or 29%),
- Auvergne-Rhône-Alpes (2/7 tested samples, or 29%).

In conclusion

Last week (**2023w16**), the circulation of influenza viruses was **stable** compared to the previous week, but we can note the **epidemic decline since mid-March** (see graphs opposite and text above).

Overall, the predominantly circulating influenza viruses are of type A, with the subtype A(H3N2) in the majority. We note however a predominant cirulation of influenza viruses of type B (Victoria lineage) since the beginning of the year 2023.

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; 52% women; 93% unvaccinated against influenza; 14% with risk factors; 0.6% 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.

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 16 of the year 2023, from 04/17/2023 to 04/23/2023

Covid-19

Modalities of Covid-19 monitoring by the Sentinelles Network

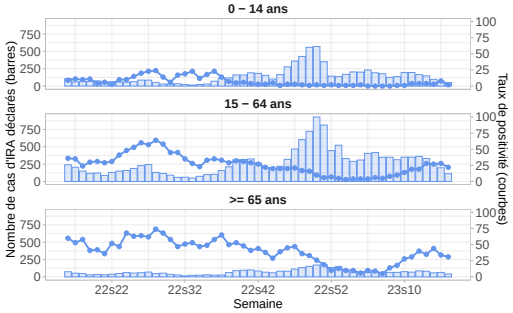
The Sentinel network contributes to the monitoring of the dynamics of the Covid-19 epidemic through the surveillance of cases of acute respiratory infection (ARI) seen in general practice (*defined as a fever or a feeling of fever accompanied by respiratory signs*).

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.

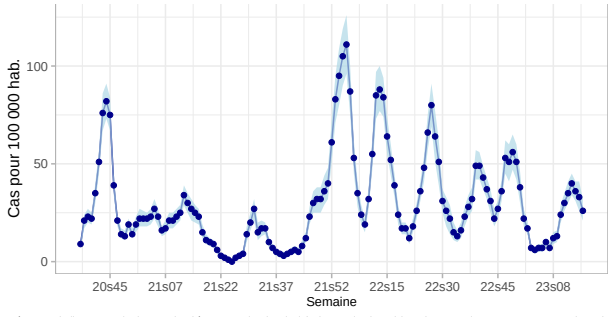
ARI positivity rates to SARS-CoV-2 (Covid-19) by age groups



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

Last week **(2023w16)**, the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were **2%, 22%,** and **31%** 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 (2023w16), the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at 26 cases per 100,000 population (95% CI [21; 32]), corresponding to 17,566 [13,994; 21,138] 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 2023w15: 33 [26; 41], representing 22,015 [17,062; 26,968] 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 **466 Covid-19 confirmed cases** with respiratory signs sampled by the Sentinel general practitioners and paediatricians had the following characteristics:

- Their median age was 49 years (range from 3 months to 91 years);
- 58% (267/464) were women;
- 18% (80/436) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- 31% (127/410) had risk factors for complications;
- None were hospitalized after their consultations (0/383).

In conclusion

Last week (**2023w16**), the incidence of Covid-19 cases with respiratory signs seen in general practice is **stable** compared to the previous week, but we can note a decreasing incidence trend that has to be confirmed in the coming weeks (see graph opposite).

The characteristics of SARS-CoV-2 (Covid-19) positive ARI cases observed since week 2022s21 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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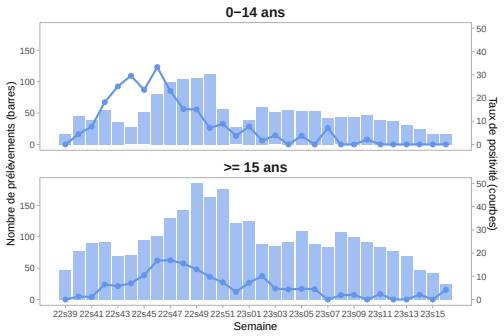
Observed situation in general practice for the week 16 of the year 2023, from 04/17/2023 to 04/23/2023

RSV

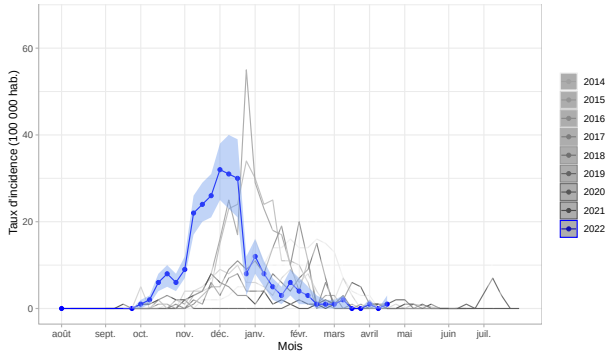
ARI positivity rates to RSV by age groups



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

Last week **(2023w16),** the RSV positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were **0%** and **4%** 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 **(2023w16)**, the incidence rate of RSV cases with fever >39 seen in general practice was **stable** compared to the previous weeks, and at a similar level of activity compared to past seasons at the same time.

RSV circulation by region

Last week **(2023w16)**, among the **41 tested samples, 1 (2.4%) was positive** for the respiratory syncytial virus (RSV). The case was identified in the Ile-de-France region (1/11 tested samples, or 9%).

Estimated incidence of RSV cases seen in general practice

Last week **(2023w16)**, the incidence rate of VRS cases seen in general practice was estimated at **3 cases per 100,000 population** (95% CI [0; 7]), corresponding to 2,051 [0; 4,645 new cases of VRS seen in general practice.

This rate is **stable** compared to those in recent weeks (consolidated data for 2023w15 : 0 [0; 0]).

Description of RSV cases

Since the beginning of virological surveillance in week 2022w39 (26th September), the **341** confirmed RSV cases seen by Sentinel general practitioners and pediatricians had the following characteristics:

- Their median age was 22 years (from 3 months to 96 years);
- 59% (200/338) were women;
- 20% (66/323) had risk factors for complications;
- 0.7% (2/309) were hospitalized at the end of the consultation.

These characteristics are **similar** to those of positive RSV cases observed in past seasons in general practice (historical data : median age: 3 years; 52% women; 23% with risk factors; 0.6% hospitalized patients).

In conclusion

Last week (**2023w16**), the incidence of RSV cases among patients consulting for ARI in general practice was **very low** and **stable** compared to the previous weeks.

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 16 of the year 2023, from 04/17/2023 to 04/23/2023

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2023w16 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2023w15** Incidence rate estimations [95% confidence interval]	**2023w14** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	128 [111 ; 145]	128 [113 ; 143]	148 [132 ; 164]
Acute diarrhea	74 [61 ; 87]	73 [62 ; 84]	75 [64 ; 86]
Chickenpox	18 [12 ; 24]	21 [11 ; 31]	23 [17 ; 29]

Regional incidence rates for the week 2023w16 (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	121 [74 ; 168]	45 [20 ; 70]	19 [3 ; 35]
Bourgogne-Franche-Comté	59 [0 ; 137]	54 [0 ; 126]	20 [0 ; 60]
Bretagne	126 [58 ; 194]	50 [7 ; 93]	7 [0 ; 18]
Centre-Val de Loire	29 [6 ; 52]	86 [0 ; 251]	0 [0 ; 0]
Corse	159 [0 ; 329]	22 [0 ; 49]	0 [0 ; 0]
Grand Est	224 [139 ; 309]	71 [26 ; 116]	7 [0 ; 23]
Hauts-de-France	104 [44 ; 164]	89 [34 ; 144]	19 [0 ; 40]
Ile-de-France	141 [93 ; 189]	124 [67 ; 181]	18 [7 ; 29]
Normandie	59 [23 ; 95]	13 [0 ; 29]	7 [0 ; 17]
Nouvelle-Aquitaine	68 [35 ; 101]	45 [15 ; 75]	30 [8 ; 52]
Occitanie	158 [100 ; 216]	78 [36 ; 120]	6 [0 ; 17]
Pays de la Loire	72 [10 ; 134]	23 [0 ; 54]	13 [0 ; 34]
Provence-Alpes-Côte d'Azur	143 [57 ; 229]	70 [18 ; 122]	7 [0 ; 19]

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, 558 physicians participate in the continuous surveillance activity (511 general practitioners and 47 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

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