



Sentinelles

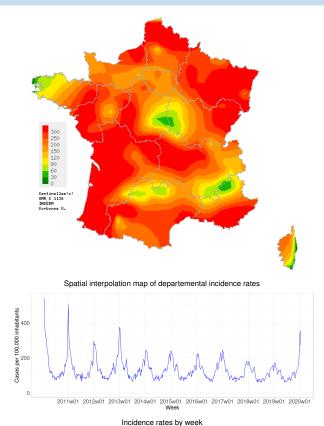




Weekly report on 01/22/2020, 2020w03 (from 01/13/2020 to 01/19/2020)



High activity decreasing in general practice

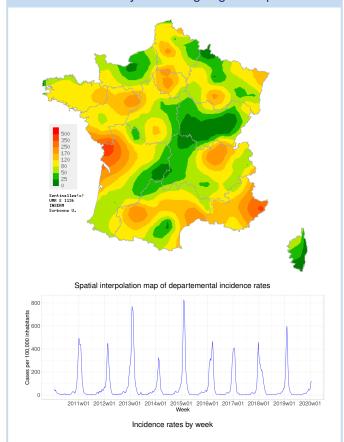


in metropolitan France, last week (2020w03), the incidence rate of acute diarrhea seen in general practice was estimated at 271 cases per 100,000 inhabitants (95% CI [253; 289]).

At the regional level, the highest incidence rates were noted in: Nouvelle-Aguitaine (386 [308; 464]), Hauts-de-France (385 [299; 471]) and Grand Est (355 [276; 434]).

Influenza-like illness

Moderate activity increasing in general practice

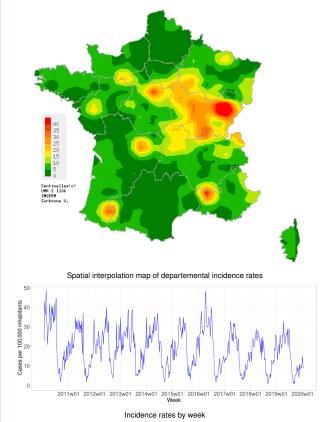


In metropolitan France, last week (2020w03), the incidence rate of influenza-like illness seen in general practice was estimated at 122 cases per 100,000 inhabitants (95% CI [110; 134]).

At the regional level, the highest incidence rates were reported in: Provence-Alpes-Côte d'Azur (169 [106; 232]), llede-France (159 [123; 195]) and Auvergne-Rhône-Alpes (135 [91; 179]).

Chickenpox

Low activity in general practice



In metropolitan France, last week (2020w03), the incidence rate of Chickenpox seen in general practice was estimated at 9 cases per 100,000 inhabitants (95% CI [6; 12]).

At the regional level, the highest incidence rates were observed in Bourgogne-Franche-Comté (40 [3; 77]) and Centre-Val de Loire (15 [0; 30]).









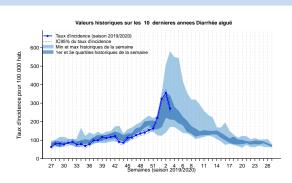


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Acute diarrhea - Additional Data

Comparison with historical data

Decreasing activity level

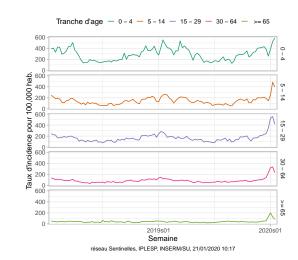


National incidence rate for acute diarrheas and comparison with historical data for the last 10 years, for 100,000 inhabitants

The incidence observed last week (2020w03), although still high, is clearly decreasing. This level of activity is comparable to the data observed for the same week over the last 10 seasons.

After four weeks of high activity (from week 2019w51 to 2020w02), the epidemic peak appears to have been reached in week 2020w02.

Description of reported cases



Age-specific national incidence rate (per 100,000 inhabitants), for the last 2 years

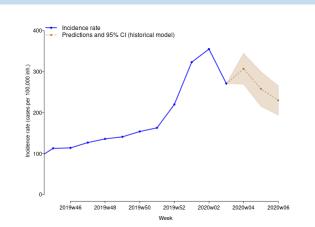
Regarding the cases reported last week, the median age was 26 years old (3 months to 97 years). Males accounted for 49% of the cases.

These cases showed no particular sign of severity : the percentage of hospitalization was estimated at 0.1% (IC95% [0; 0.3]).

Incidence rates are decreasing among all age groups, except among 0-4 age groups, where there is a slight increase (to be confirmed next week).

Incidence rates and forecast

Activity decreasing



Predicted acute diarrhea incidence rate for the next three weeks based on a forecast model on historical data

According to the forecast model based on historical data, the epidemic peak would have been reached. The decrease in activity observed last week is expected to continue in the coming weeks.





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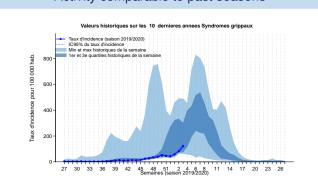




Weekly report on 01/22/2020, 2020w03 (from 01/13/2020 to 01/19/2020)

Influenza-like illness - Additional Data

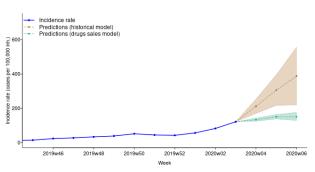
Comparison to historical dataActivity comparable to past seasons



Weekly incidence rate of influenza-like illness seen in General Practice since 1984 (per

The current activity of influenza-like illness is equal to the first quartile of incidences measured in the ten past seasons at the same time period.

Forecasting Evolution of Influenza-like illness

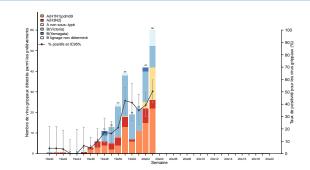


Influenza-like illness forecasting in the upcoming weeks

According to the forecast model based on historical data, and on medication deliveries (IQVIA research partnership), the ILI activity is expected to continue to rise in the upcoming weeks.

Virological monitoring of influenza viruses

Circulation of influenza viruses on the rise



Positive samples and positive rate for influenza viruses from influenza-like ilness cases swabbed by the Sentinelles network practitioners (general practitionners and pediatricians) since week 2019s40

Among the cases of influenza-like illness observed by the Sentinelles practitioners since week 2019s40, date of start of the virological monitoring, 961 nasopharyngeal samples were tested.

Among them, 244 (25.4%) were positive for an influenza virus :134 virus of type A (84 (8.7%) A(H1N1)pdm09, 31 (3.2%) A(H3N2) and 19 (2 %) A viruses not subtyped) and 110 virus of type B (95 (9.9%) lineage Victoria, 4 (0.4%) lineage Yamagata and 11 (1.1%) undetermined lineage).

In week 2020w03, among the 119 swabs tested, 60 (50.4%) were positive for influenza virus (42 for type A viruses and 18 for type B viruses). The positivity rate is increasing.

Other respiratory viruses monitoring

Low circulation of other respiratory viruses

Among samples tested for other respiratory viruses, since the beginning of their monitoring (2019s40), 180 (18.7%) were positive for the rhinovirus (hRV); 108 (11.2%) for the respiratory syncytial virus (RSV), and 56 (5.8%) for the metapneumovirus (hMPV).

In week 2020w03, among the other respiratory viruses tested the rhinovirus was mainly circulating (13.3%).

General conclusion

Influenza surveillance is carried out at different levels (general population, primary care, hospitals, deaths) by different actors, in order to have a global vision on the influenza situation in mainland France. All available data on winter respiratory infections are jointly analysed by Public Health France, the National Reference Centre for Respiratory Viruses (including influenza) and the Sentinel Network.

- Significant increase in indicators of influenza activity
- In mainland France: 5 regions in epidemic phase, 8 regions in pre-epidemic phase
- Overseas : start of the epidemic in the Antilles

More information on Bulletin grippe Santé publique France





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Weekly report on 01/22/2020, 2020w03 (from 01/13/2020 to 01/19/2020)

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2020w03 (unconsolidated) Incidence rate estimations [95% confidence interval]	2020w02 Incidence rate estimations [95% confidence interval]	2020w01 Incidence rate estimations [95% confidence interval]
Influenza-like Illness	122 [110 ; 134]	83 [74; 92]	57 [49; 65]
Acute diarrhea	271 [253; 289]	355 [336; 374]	323 [304; 342]
Chickenpox	9 [6; 12]	10 [7 ; 13]	15 [11 ; 19]

Regional incidence rates for the week 2020w03 (per 100,000 inhabitants)	Influenza-like Illness Incidence rate estimations [95% confidence interval]	Acute diarrhea Incidence rate estimations [95% confidence interval]	Chickenpox Incidence rate estimations [95% confidence interval]
Auvergne-Rhône-Alpes	135 [91 ; 179]	245 [188; 302]	7 [0; 14]
Bourgogne-Franche-Comté	27 [3; 51]	252 [170; 334]	40 [3; 77]
Bretagne	114 [74 ; 154]	214 [160 ; 268]	2 [0; 7]
Centre-Val de Loire	74 [43; 105]	230 [175 ; 285]	15 [0; 30]
Corse	56 [6; 106]	224 [124; 324]	0 [0;0]
Grand Est	85 [44 ; 126]	355 [276; 434]	10 [0; 22]
Hauts-de-France	96 [59 ; 133]	385 [299 ; 471]	7 [0; 18]
Ile-de-France	159 [123; 195]	156 [122; 190]	3 [0; 6]
Normandie	47 [9; 85]	243 [139; 347]	5 [0; 15]
Nouvelle-Aquitaine	119 [70; 168]	386 [308; 464]	11 [0; 23]
Occitanie	129 [90 ; 168]	241 [184; 298]	2 [0; 6]
Pays de la Loire	117 [48; 186]	271 [194; 348]	11 [0; 23]
Provence-Alpes-Côte d'Azur	169 [106; 232]	330 [221 ; 439]	10 [0; 23]

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French Sentinel network

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Since 1984, the "réseau Sentinelles" or Sentinelles network has been a research and health monitoring network in primary care (general medicine and paediatrics) in metropolitan France. The participation of physicians is voluntary. Currently, 642 physicians participate in the continuous surveillance activity (563 general practitioners and 79 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network: Thomas Hanslik, Thierry Blanchon

Publication: Yves Dorléans

Information systems & biostatistics : Corentin Hervé, Titouan Launay, Cécile

Souty, Clément Turbelin, Ana Vilcu

Monitoring manager: Louise Rossignol, Caroline Guerrisi

Regional branch	Heads & Epidemiologists/Animators
Auvergne-Rhône-Alpes,	Marianne Sarazin
Bourgogne-Franche-Comté	Caroline Liotard
Centre-Val de Loire, Pays de la Loire, Bretagne	Thierry Prazuck Charly Kengne-Kuetche, Romain Pons
Corse, PACA	Alessandra Falchi Shirley Masse, Natacha Villechenaud
Grand Est	Daouda Niaré
lle-de-France,	Mathilde François
Hauts-de-France	Camille Bonnet, Jennifer Morice
Normandie	Laetitia Vaillant
Nouvelle-Aquitaine, Occitanie	Marion Debin

Envie de participer à la veille sanitaire?



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