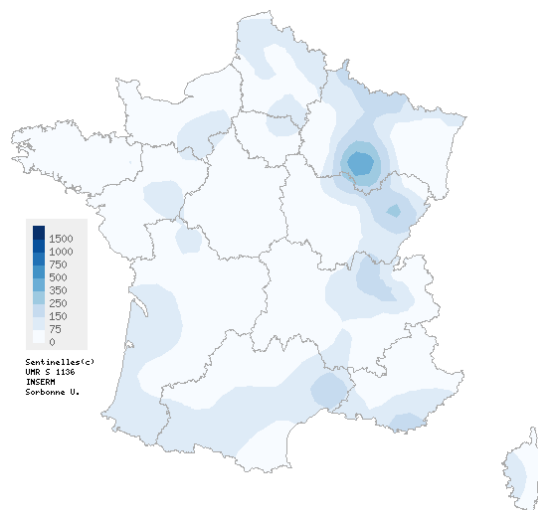


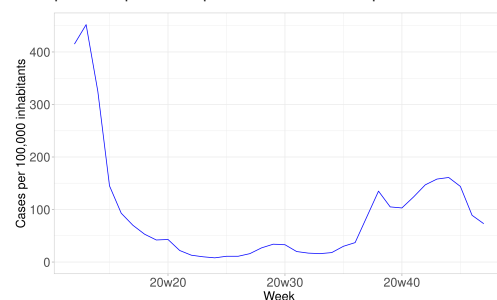
Observed situation for the week 47 of the year 2020, from 11/16/2020 to 11/22/2020

Acute Respiratory Infection (ARI)

Activity slightly decreasing in general practice



Spatial interpolation map of incidence rates at department level



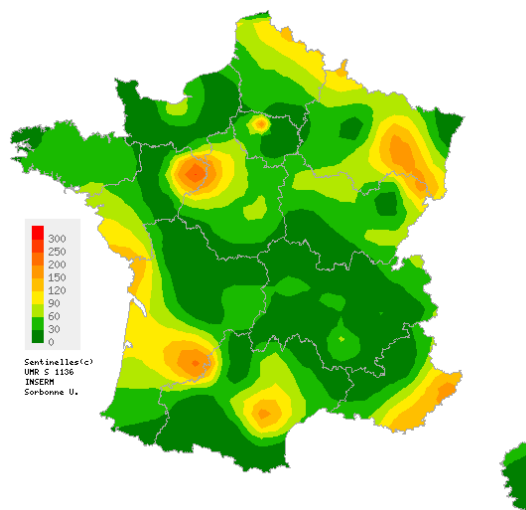
Incidence rates by week

In metropolitan France, last week (2020w47), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 73 cases per 100,000 inhabitants (95% CI [62 ; 84]). This estimate is slightly decreasing compared to week 2020w46 (consolidated data : 89 [79 ; 99]).

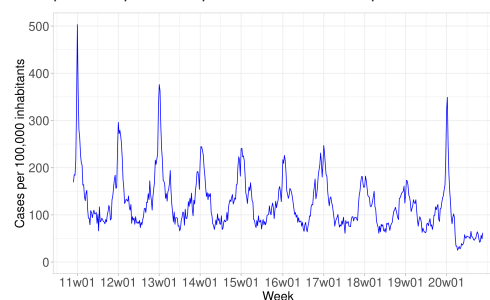
Complete national and regional data are available on the last page of this bulletin.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



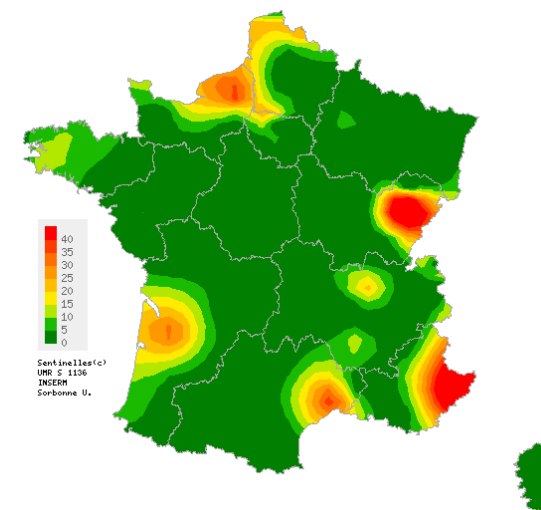
Incidence rates by week

In metropolitan France, last week (2020w47), the incidence rate of acute diarrhea seen in general practice was estimated at 62 cases per 100,000 inhabitants (95% CI [51 ; 73]). This estimate is stable compared to week 2020w46 (consolidated data : 49 [41 ; 57]).

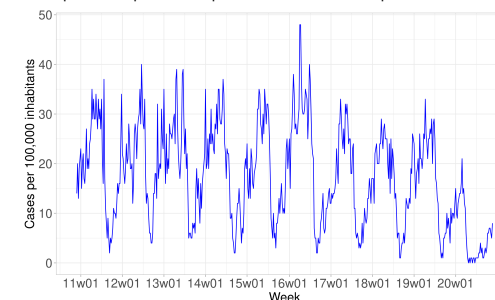
Complete national and regional data are available on the last page of this bulletin.

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In metropolitan France, last week (2020w47), the incidence rate of Chickenpox seen in general practice was estimated at 8 cases per 100,000 inhabitants (95% CI [4 ; 12]). This estimate is stable compared to week 2020w46 (consolidated data : 5 [2 ; 8]).

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

Observed situation for the week 47 of the year 2020, from 11/16/2020 to 11/22/2020

Acute Respiratory Infection (ARI) - Additional Clinical and Virological Data

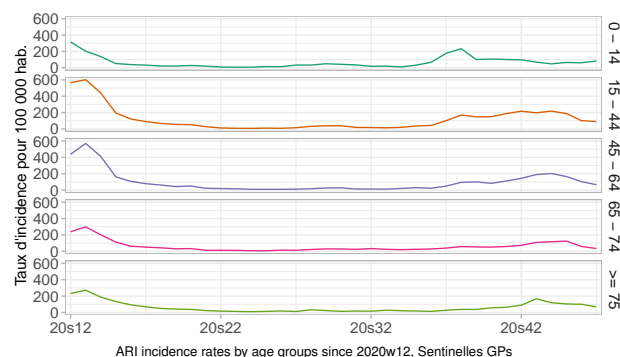
Information about the monitoring of respiratory infections

Since March 17th 2020, the surveillance of respiratory infections has been extended from the syndromic and virological monitoring of "influenza-like illness" to that of "acute respiratory infections (ARI)". This new indicator allows the joint monitoring of seasonal respiratory viruses (influenza, RSV, rhinovirus, metapneumovirus) and SARS-CoV-2 (COVID-19).

Sentinelles GPs report the number of ARI patients seen in consultation (or teleconsultation), according to the following definition : sudden onset of fever (or feeling of fever), and respiratory signs. Virological surveillance is conducted by a sample of Sentinel GPs and paediatricians, in complement to the ARI syndromic surveillance.

This surveillance is implemented in collaboration with Santé Publique France, the National Reference Center (CNR) for respiratory infections (including influenza) (Pasteur Institute, Paris ; Associated Center : Hospices Civils de Lyon), and the virology laboratory of the University of Corsica.

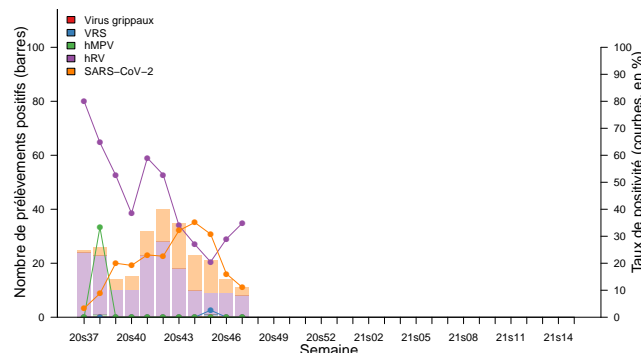
ARI incidence rates by age groups Slightly decreasing activity



In week 2020w47, incidence rates are slightly decreasing for the 45 years old and over, and stable in the other age groups compared to the previous week.

ARI virological surveillance

Circulation of rhinovirus and SARS-CoV-2 (COVID-19)
No circulation of influenza virus



Positive swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2020w37

Since week 2020w37, among the ARI cases seen in consultation and having a nasopharyngeal swab :

- 170/384 (44.3%) were positive for the rhinovirus (hRV),
- 84/389 (21.6%) were positive for the SARS-CoV-2 (COVID-19),
- 1/235 (0.4%) was positive for the metapneumovirus (hMPV),
- 1/322 (0.3%) was positive for RSV,
- None was positive for an influenza virus (0/384).

Two co-infections of rhinovirus and SARS-CoV-2 were observed during the surveillance period.

On week 2020w47, 27 patients had a nasopharyngeal swab tested for the various respiratory viruses, and of these :

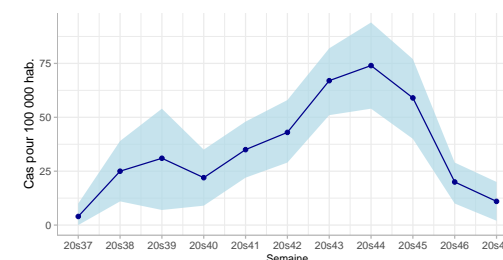
- 8/23 (34.8%) were positive for hRV (consolidated data in 2020w46 : 9/31 (29.0%)).
- 3/27 (11.1%) were positive for SARS-CoV-2 (COVID-19) (consolidated data in 2020w46 : 5/31 (16.1%)).
- None of them were positive for an influenza virus.

Description of COVID-19 confirmed cases seen in primary care

Since week 2020w37, the 84 (21.6%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians (GPs and paediatricians) had the following characteristics :

- Their median age was 50 years (from 1 year to 90 years). There were 37 men (44.0%) and 47 women (56.0%).
- 20/82 (24.4%) of them had risk factors for complications.
- A single patient was hospitalized following the consultation (1/79, 1.3%).

Estimated incidence of COVID-19 cases seen in general practice



ARI incidence rate due to SARS-CoV-2 (COVID-19) observed in general practice since 2020w37

In week 2020w47, the ARI incidence rate due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 11 cases per 100,000 population (IC95% [2 ; 20]), representing 7,310 [1,235 ; 13,385] new cases of COVID-19 seen by a GP, decreasing compared to previous weeks.

These estimates need to be read carefully and will need to be consolidated in the coming weeks.

Observed situation for the week 47 of the year 2020, from 11/16/2020 to 11/22/2020

8,760 people are currently involved in the surveillance of influenza-like syndrome and COVID-19 epidemics in the general population

Information on the [GrippeNet.fr/COVIDnet.fr](https://grippe-net.fr/COVIDnet.fr) surveillance

Since 2012, GrippeNet.fr has been collecting the symptoms felt by its participants, which makes it possible each year to monitor the evolution of influenza-like syndromes between November and April-May directly from the general population. In March 2020, GrippeNet.fr was adapted to monitor COVID-19 by becoming GrippeNet.fr/COVIDnet.fr, allowing joint monitoring of influenza-like syndromes and possible cases of COVID-19. The definitions used correspond to : for influenza-like syndromes, to that of the [European Centre for Disease Prevention and Control](https://ecdc.europa.eu/en/flu/weekly) (sudden onset of symptoms, with at least one general symptom and at least one respiratory symptom); for possible cases of COVID-19, to the recommendations of the [High Council of public health](https://www.solidarites-santé.fr/) for the ordering of a diagnostic test by a physician.

[Do not hesitate to become an actor in this surveillance](#) ! You can register at any time, no need to be sick !

Focus on reported syndromes

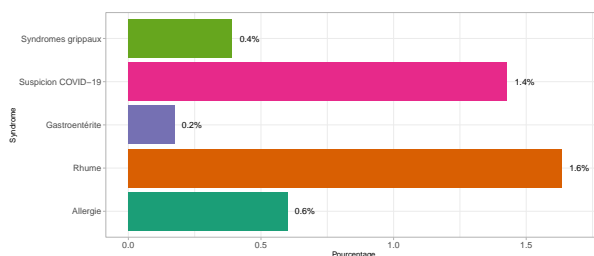


Figure 1. Syndromes corresponding to the symptoms declared by the participants for the week 2020w47, GrippeNet.fr/COVIDnet.fr

During the week 2020w47, among the 5 983 participants, the syndrome that most frequently corresponds to the symptoms reported was the common cold 1.6%, followed by the suspicion of COVID-19 (1.4%). Only 0.4% of participants reported symptoms of an influenza-like syndrome (Fig.1).

influenza-like syndromes Stable activity

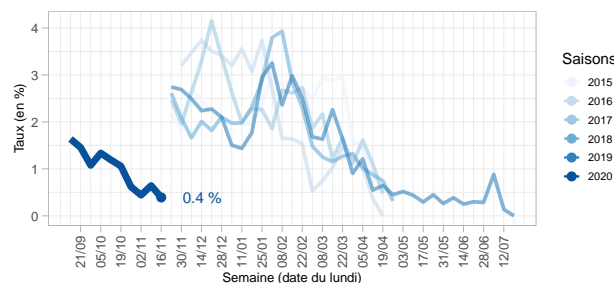


Figure 2. Weekly incidence rate of influenza-like illness (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

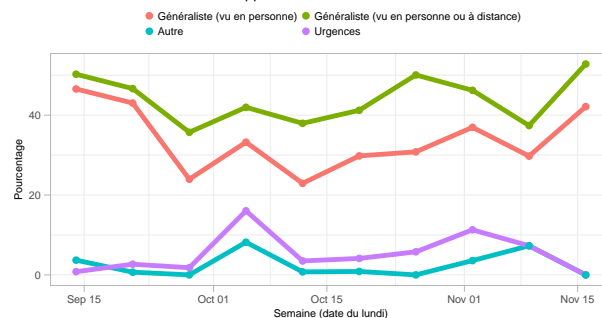


Figure 3. Evolution of the use of healthcare service during influenza-like illness since week 2020s38, GrippeNet.fr/COVIDnet.fr

During the week 2020w47, among the 5,983 participants who completed a weekly questionnaire, 0.4% (95%CI [0.2% ; 0.7%])* had declared symptoms compatible with influenza-like illness (Fig. 2).

Among the participants who reported ILI symptoms during week 2020w47, 52.8% consulted a general practitioner (in person or remotely) (Fig. 3).

Given the low number of people who have reported influenza-like symptoms, these percentages of medical care should be interpreted with caution.

Possible cases of COVID-19 Stable activity

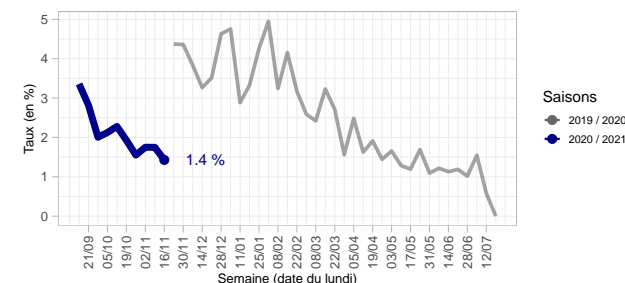


Figure 4. Weekly incidence rate of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

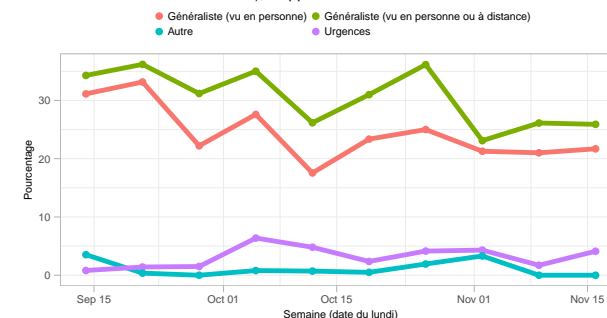


Figure 5. Evolution of the use of healthcare service during a suspected COVID-19 since week 2020s38, GrippeNet.fr/COVIDnet.fr

During the week 2020w47, among the 5,983 participants who completed a weekly questionnaire, 1.4% (95%CI [1.0% ; 2.0%])* had reported symptoms possibly due to SARS-CoV-2 (Fig.4).

Among the participants who reported symptoms possibly due to SARS-CoV-2 during the week 2020w47, 25.9% consulted a general practitioner (in person or remotely) (Fig. 5).

Given the small number of people who have reported symptoms possibly due to SARS-CoV-2, these percentages of healthcare requests should be interpreted with caution.

* The incidence computation method has been published in [Guerrisi et al, 2018](#).

Observed situation for the week 47 of the year 2020, from 11/16/2020 to 11/22/2020

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2020w47 (unconsolidated) Incidence rate estimations [95% confidence interval]	2020w46 Incidence rate estimations [95% confidence interval]	2020w45 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	73 [62 ; 84]	89 [79 ; 99]	144 [131 ; 157]
Acute diarrhea	62 [51 ; 73]	49 [41 ; 57]	57 [49 ; 65]
Chickenpox	8 [4 ; 12]	5 [2 ; 8]	6 [3 ; 9]

Regional incidence rates for the week 2020w47 (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	96 [60 ; 132]	24 [0 ; 52]	7 [0 ; 17]
Bourgogne-Franche-Comté	104 [16 ; 192]	40 [13 ; 67]	16 [0 ; 56]
Bretagne	42 [6 ; 78]	46 [13 ; 79]	5 [0 ; 13]
Centre-Val de Loire	29 [2 ; 56]	69 [27 ; 111]	0 [0 ; 0]
Corse	65 [0 ; 139]	32 [0 ; 79]	0 [0 ; 0]
Grand Est	84 [33 ; 135]	74 [39 ; 109]	1 [0 ; 3]
Hauts-de-France	86 [40 ; 132]	96 [47 ; 145]	12 [0 ; 28]
Ile-de-France	70 [37 ; 103]	64 [29 ; 99]	5 [0 ; 12]
Normandie	53 [3 ; 103]	20 [3 ; 37]	20 [0 ; 53]
Nouvelle-Aquitaine	69 [38 ; 100]	70 [37 ; 103]	9 [0 ; 18]
Occitanie	100 [60 ; 140]	47 [19 ; 75]	9 [0 ; 19]
Pays de la Loire	58 [0 ; 129]	85 [28 ; 142]	2 [0 ; 9]
Provence-Alpes-Côte d'Azur	83 [24 ; 142]	87 [28 ; 146]	16 [0 ; 40]

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, 765 physicians participate in the continuous surveillance activity (688 general practitioners and 77 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
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Centre-Val de Loire, Pays de la Loire, Bretagne	Thierry Prazuck Charly Kengne-Kuetche, Marie Pouquet
Corse, PACA	Alessandra Falchi Shirley Masse, Louis Longo
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	Mathilde François Camille Bonnet, Hayat Benamar
Normandie	Jeanne Pergeline, Sarah Mir
Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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