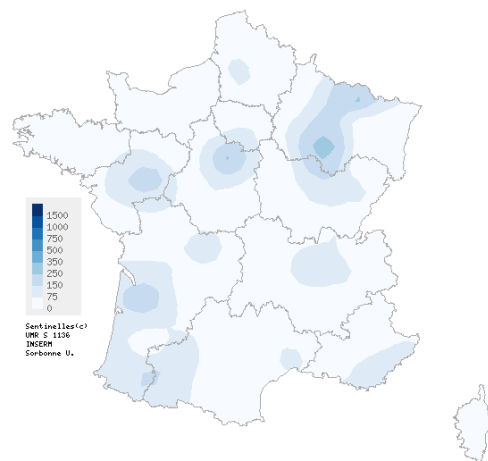
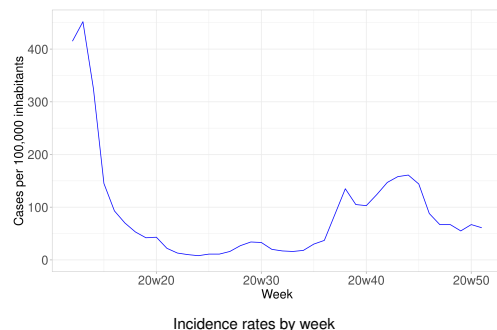


Observed situation for the week 51 of the year 2020, from 12/14/2020 to 12/20/2020

Acute Respiratory Infection (ARI) (COVID-19, INFLUENZA & other respiratory viruses) Stable activity in general practice



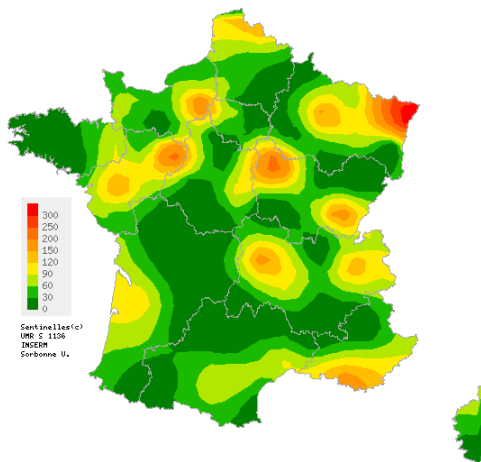
Spatial interpolation map of incidence rates at department level



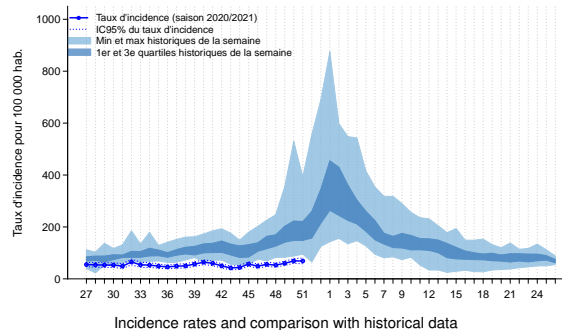
In metropolitan France, last week (2020w51), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 61 cases per 100,000 inhabitants (95% CI [51 ; 71]). This estimate is stable compared to week 2020w50 (consolidated data : 67 [58 ; 76]).

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

Acute diarrhea Low activity in general practice



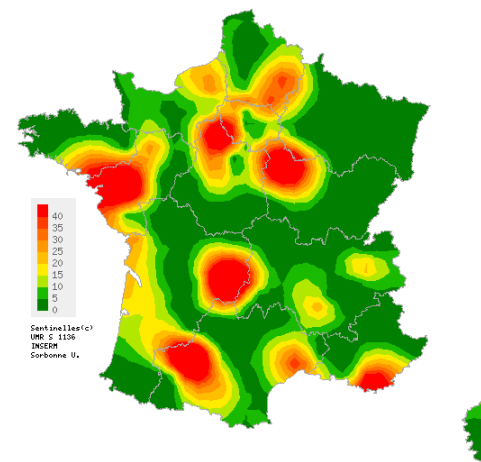
Spatial interpolation map of incidence rates at department level



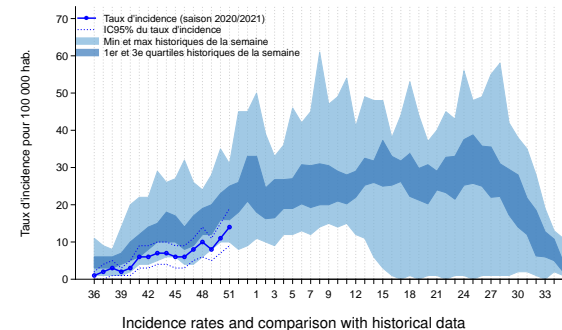
In metropolitan France, last week (2020w51), the incidence rate of acute diarrhea seen in general practice was estimated at 69 cases per 100,000 inhabitants (95% CI [58 ; 80]). This estimate is stable compared to week 2020w50 (consolidated data : 69 [60 ; 78]), and lower than the figures usually observed during this period.

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

Chickenpox Low to moderate activity in general practice



Spatial interpolation map of incidence rates at department level



In metropolitan France, last week (2020w51), the incidence rate of Chickenpox seen in general practice was estimated at 14 cases per 100,000 inhabitants (95% CI [9 ; 19]). This estimate is stable compared to week 2020w50 (consolidated data : 11 [7 ; 15]). This is a rather low level compared to the figures usually observed during this period.

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

Observed situation for the week 51 of the year 2020, from 12/14/2020 to 12/20/2020

ARI - COVID-19, INFLUENZA and other respiratory viruses

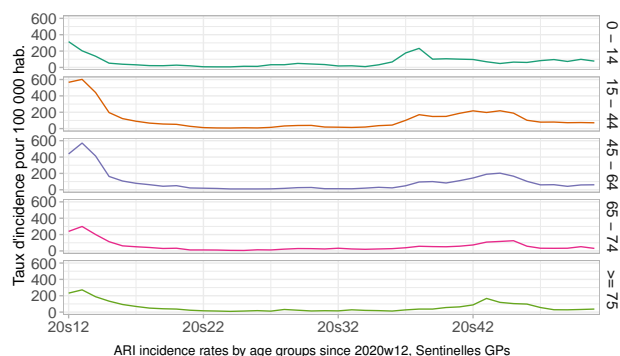
Modality of ARI monitoring by the Sentinelles Network

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, respiratory syncytial virus (RSV), rhinovirus (hRV), metapneumovirus (hMPV)), 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.

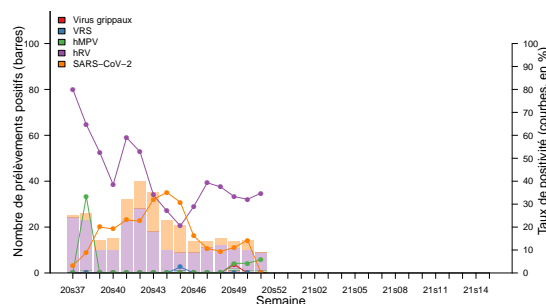
ARI incidence rates by age groups Stable activity



In week **2020w51**, incidence rates are stable in all age groups compared to the previous week.

ARI virological surveillance

SARS-CoV-2 (COVID-19) and rhinovirus circulation
No active 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 (early September)**, 500 patients with ARI seen in GPs and paediatric consultations have been collected as part of the Sentinelles surveillance (mainly nasopharyngeal swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

Regarding the COVID-19, the positivity rate for SARS-CoV-2 (COVID-19) was slightly increasing these last weeks, but no sample was tested positive on week 2020w51, see below. Two co-infections of rhinovirus and SARS-CoV-2 were observed during the surveillance period.

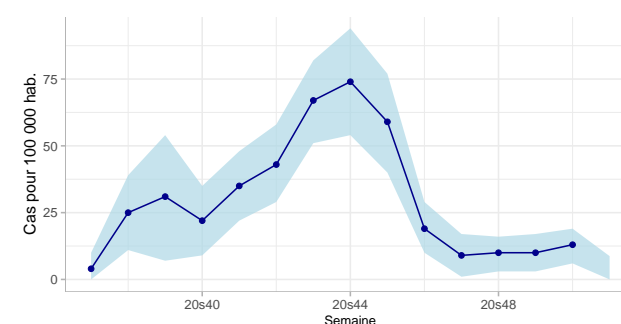
Regarding INFLUENZA, only one sample was positive for influenza virus since surveillance resumed in early September. This type B virus (Victoria lineage) sample was isolated early december (2020w49). The patient was a carrier of influenza B - rhinovirus co-infection.

Last week (2020w51), 23 patients with ARI seen in general practice or pediatricians have been sampled :

- 8/23 (34.8%) were rhinovirus (hRV) positive (consolidated data for 2020w50 : 9/28 (32.1%)) ;
- None were positive for SARS-CoV-2 (COVID-19)(0/23)(consolidated data for 2020w50 : 4/28 (14.3%)) ;
- None were positive for an influenza virus (0/23) (same as previous week 2020w50) ;
- 1/17 (5.9%) was positive for metapneumovirus (hMPV) (consolidated data for the previous week 2020w50 : 1/24 (4.2%)).

COVID-19

Incidence and description of confirmed cases
in primary care



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

Estimated incidence of COVID-19 cases seen in general practice

Using clinical and virological data collected from ARI cases seen in general practice, it is possible to estimate the proportion of COVID-19 cases seen in general practice.

In week 2020w51, no SARS-CoV-2 (COVID-19) positive sample was found among the samples tested. This suggests that the number of new ARI cases due to SARS-CoV-2 seen in general practice would be less than 5,761 cases, representing less than 9 cases per 100,000 inhabitants. This estimate is slightly decreasing compared to previous weeks.

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

Description of COVID-19 confirmed cases seen in primary care

Since week 2020w37, the 94 (18.8%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians (GPs and paediatricians) had the following characteristics :

- Their median age was 49 years (from 1 year to 90 years). There were 44 men (46.8%) and 50 women (53.2%).
- 22/91 (24.2%) of them had risk factors for complications.
- 1 patient was hospitalized following the consultation (1/89, 1.1%).

Observed situation for the week 51 of the year 2020, from 12/14/2020 to 12/20/2020

8,910 Internet users are currently participating in the GrippeNet.fr/COVIDnet.fr collaborative project

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

Since 2012, GrippeNet.fr has been collecting symptoms felt by Internet users between November and April, thus participating in the surveillance of seasonal respiratory infections.

In March 2020, the modalities of this surveillance changed to take into account the emergence of COVID-19. GrippeNet.fr/COVIDnet.fr now allows the monitoring of influenza syndromes and possible cases of COVID-19.

The definitions used for this monitoring are as follows :

- Definition of the [European Center for Disease Prevention and Control](https://ecdc.europa.eu/en) for influenza syndromes ;
- Clinical manifestations compatible with a diagnosis of COVID-19, according to the recommendations of the [High Council of Public Health](https://www.hc-public-health.fr) for possible cases of COVID-19.

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

Frequency of reported symptoms

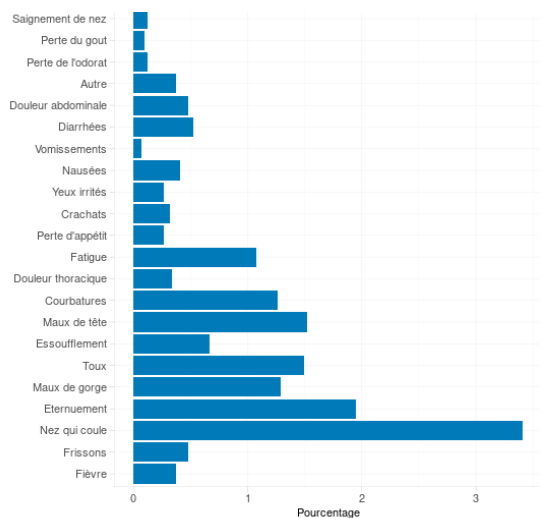


Figure 1. Symptoms reported by participants over the past 8 days, GrippeNet.fr/COVIDnet.fr

Influenza-like illnesses

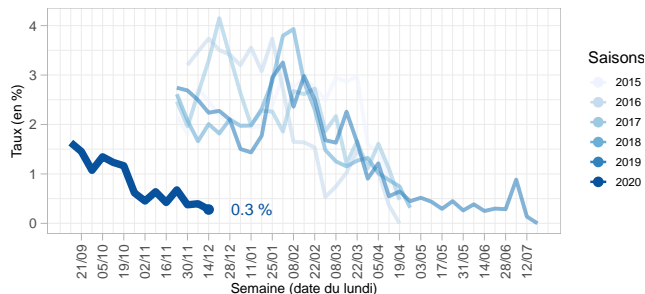


Figure 2. Weekly incidence rate of influenza-like illnesses (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

Last week (2020w51), among the 5,780 participants who completed a weekly questionnaire, 0.3%(95%CI [0.1% ; 0.5%])* declared symptoms compatible with influenza-like illness . This estimate is stable with respect to the week (2020w50) (consolidated data : 0.4% [0.1% ; 0.8%]) (Fig. 2).

Among the participants who reported flu-like symptoms on week 2020w51, 28.2% consulted a general practitioner (in person or remotely). This figure decreased compared to last week (consolidated data : 62.0%).

Regarding the use of tests on weekdays 2020w51, 28.2% of participants with symptoms compatible with influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and no PCR test for influenza virus was done.

Given the small number of people who have reported flu-like symptoms, these percentages should be interpreted with caution.

Possible cases of COVID-19

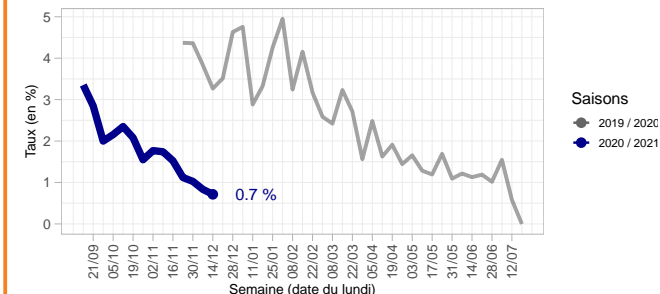


Figure 3. Weekly incidence rate of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

Last week (2020w51), among the 5,780 participants who completed a weekly questionnaire, 0.7%(95%CI [0.5% ; 1.0%])* declared symptoms compatible with influenza-like illness . This estimate is stable with respect to the week (2020w50) (consolidated data : 0.8% [0.5% ; 1.2%]) (Fig. 2).

Among the participants who reported flu-like symptoms on week 2020w51, 25.4% consulted a general practitioner (in person or remotely). This figure decreased compared to last week (consolidated data : 42.5%).

Regarding the use of tests on weekdays 2020w51, 21.8% of participants with symptoms compatible with influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and 1.2% an antigen test.

Given the small number of people who have reported flu-like symptoms, these percentages should be interpreted with caution.

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

Observed situation for the week 51 of the year 2020, from 12/14/2020 to 12/20/2020

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2020w51 (unconsolidated) Incidence rate estimations [95% confidence interval]	2020w50 Incidence rate estimations [95% confidence interval]	2020w49 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	61 [51 ; 71]	67 [58 ; 76]	55 [47 ; 63]
Acute diarrhea	69 [58 ; 80]	69 [60 ; 78]	60 [52 ; 68]
Chickenpox	14 [9 ; 19]	11 [7 ; 15]	8 [5 ; 11]

Regional incidence rates for the week 2020w51 (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	65 [37 ; 93]	59 [30 ; 88]	4 [0 ; 10]
Bourgogne-Franche-Comté	60 [8 ; 112]	58 [14 ; 102]	11 [0 ; 32]
Bretagne	19 [0 ; 49]	40 [0 ; 81]	9 [0 ; 22]
Centre-Val de Loire	104 [46 ; 162]	26 [0 ; 55]	18 [3 ; 33]
Corse	15 [0 ; 39]	69 [13 ; 125]	7 [0 ; 24]
Grand Est	85 [42 ; 128]	110 [0 ; 229]	0 [0 ; 2]
Hauts-de-France	54 [26 ; 82]	98 [56 ; 140]	7 [0 ; 17]
Ile-de-France	30 [12 ; 48]	49 [17 ; 81]	10 [0 ; 22]
Normandie	19 [0 ; 39]	80 [28 ; 132]	15 [0 ; 40]
Nouvelle-Aquitaine	89 [52 ; 126]	41 [20 ; 62]	15 [2 ; 28]
Occitanie	43 [20 ; 66]	45 [20 ; 70]	16 [2 ; 30]
Pays de la Loire	109 [41 ; 177]	133 [0 ; 281]	34 [9 ; 59]
Provence-Alpes-Côte d'Azur	59 [9 ; 109]	115 [42 ; 188]	13 [0 ; 38]

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 (689 general practitioners and 76 paediatricians), allowing the production of weekly epidemiological reports.

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Publication : Yves Dorléans

Information systems & biostatistics : Corentin Hervé, Titouan Launay, Cécile Souty, Clément Turbelin, Ana Vilcu

Monitoring manager : Louise Rossignol, Caroline Guerrisi

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Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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