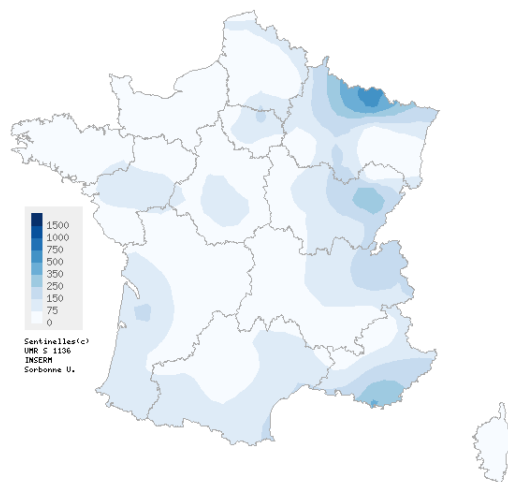
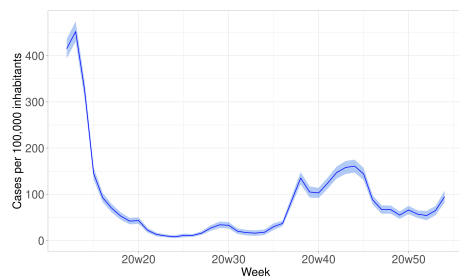


Observed situation for the week 1 of the year 2021, from 01/04/2021 to 01/10/2021

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



Spatial interpolation map of incidence rates at department level

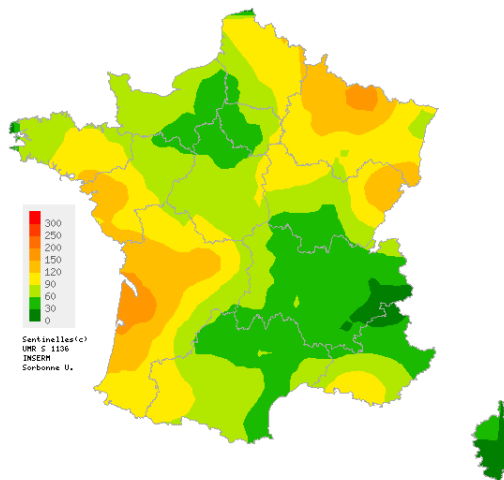


Incidence rates by week

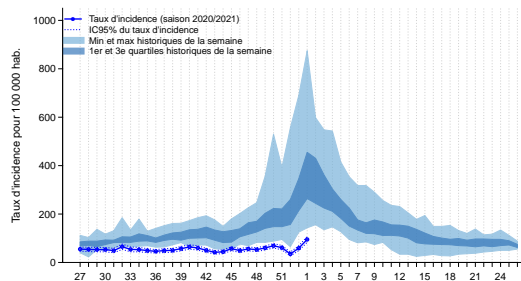
In metropolitan France, last week (2021w01), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 95 cases per 100,000 inhabitants (95% CI [82 ; 108]). This rate is increasing compared to week 2020w53 (consolidated data: 65 [55 ; 75]).

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

Acute diarrhea Increasing activity in general practice



Spatial interpolation map of incidence rates at department level

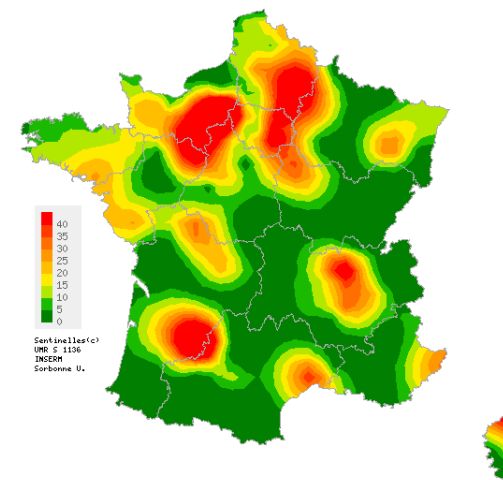


Incidence rates and comparison with historical data

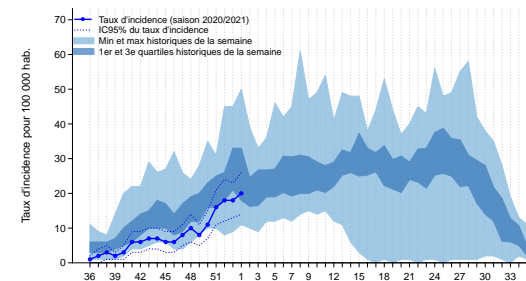
In metropolitan France, last week (2021w01), the incidence rate of acute diarrhea seen in general practice was estimated at 95 cases per 100,000 inhabitants (95% CI [83 ; 107]). This rate is increasing compared to week 2020w53 (consolidated data: 59 [49 ; 69]), but below those usually observed in this period.

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

Chickenpox Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In metropolitan France, last week (2021w01), the incidence rate of Chickenpox seen in general practice was estimated at 20 cases per 100,000 inhabitants (95% CI [14 ; 26]). This rate is stable compared to week 2020w53 (consolidated data: 18 [13 ; 23]), with a level close to those usually observed during this period.

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

Observed situation for the week 1 of the year 2021, from 01/04/2021 to 01/10/2021

ARI - COVID-19, INFLUENZA and other respiratory viruses

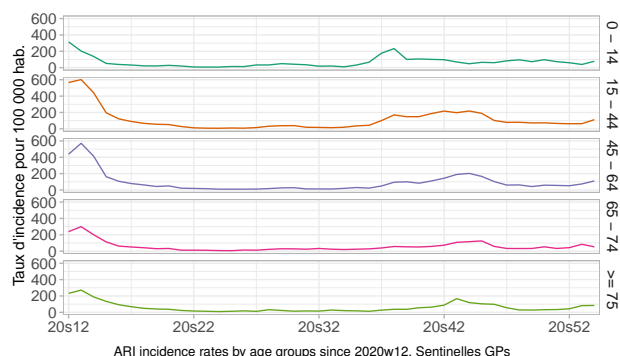
Modality of ARI monitoring by the Sentinelles Network

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, 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 Sentinelles 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.

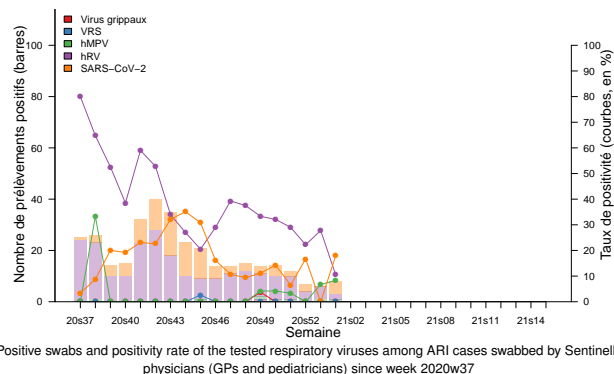
ARI incidence rates by age groups Increasing activity among the 0-64 years



In week 2021s01, incidence rates are increasing in 0-14, 15-44 and 45-64 age groups, and stable among the 65 years old and older compared to the previous week.

ARI virological surveillance

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



Since week 2020w37 (early September), 572 patients with ARI seen in GPs and paediatric consultations have been collected as part of the Sentinel surveillance (mainly from nasopharyngeal swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

Regarding COVID-19, the positivity rate for SARS-CoV-2 (COVID-19) is stable compared to the one of week 2020w52, but no sample was tested positive in week 2020w53. Three co-infections of rhinovirus and SARS-CoV-2 were observed during the surveillance period.

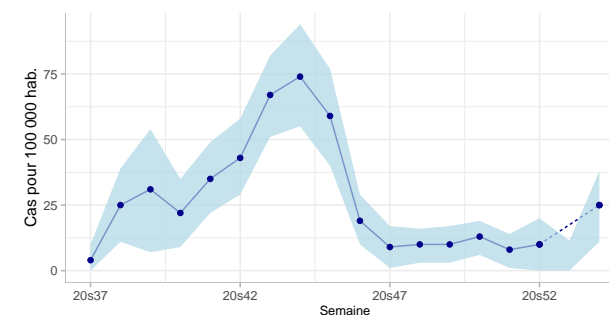
Regarding INFLUENZA, only one sample was positive for influenza virus type B (Victoria lineage). It was isolated in early december (2020w49). The patient was a carrier of a co-infection influenza B - rhinovirus.

On week 2021w01, 28 patients with ARI seen in GPs and paediatric consultations had been collected :

- 2/19 (10.5%) were positive for hRV (consolidated data in 2020w53: 5/18 (27.8%).)
- 5/28 (17.9%) were positive for SARS-CoV-2 (COVID-19) (consolidated data in 2020w53: 0/18 tested).
- None of them were positive for an influenza virus (0/19 tested) (données consolidées pour 2020w53 : 0/18 tested).

COVID-19

Increasing activity in primary care



The number of samples analysed in 2020w53 does not provide an accurate estimate of the number of COVID-19 cases seen in primary care.

Estimated incidence of COVID-19 cases seen in in consultation in general practice

From the clinical and virological data on ARI cases seen in general practice, it is possible to estimate the proportion of these cases due to COVID-19.

In week 2021w01, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 24 cases per 100,000 population (IC95% [11 ; 38]), corresponding to 16,109 [7,203 ; 25,015] new cases of COVID-19 seen in general practice. This rate is increasing compared to those in recent 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 consultation in primary care

Since week 2020w37 (early September), the 104 (18.2%) 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). They were 48 men (46.6%) and 55 women (53.4%).
- 23/99 (23.2%) of them had risk factors for complications.
- Only one patient was hospitalized following the consultation (1/96, 1.0%).

Observed situation for the week 1 of the year 2021, from 01/04/2021 to 01/10/2021

9,034 Internet users are currently participating in the GrippeNet.fr/COVIDnet.fr collaborative project

Information on the [GrippeNet.fr/COVIDnet.fr](https://grippe-net.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-like illnesses 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-like illnesses;

- Clinical manifestations compatible with a diagnosis of COVID-19, according to the recommendations of the [High Council of Public Health](https://www.hcpg.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

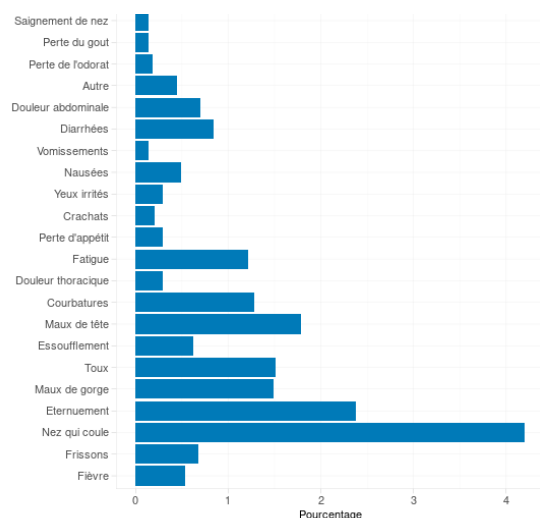


Figure 1. Symptoms reported by participants over the past 8 days, GrippeNet.fr/COVIDnet.fr

Influenza-like illnesses Stable incidence

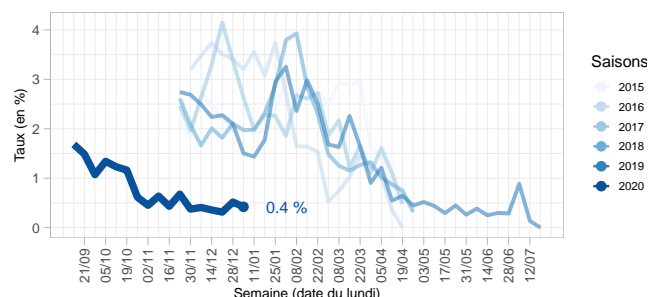


Figure 2. Weekly incidence rate of influenza-like illnesses (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

Last week (2021w01), among the 5,891 participants who completed a weekly questionnaire, 0.4% (95%CI [0.2%; 0.7%])* declared symptoms compatible with an influenza-like illness. This estimate is stable compared to week 2020w53 (consolidated data: 0.5% [0.3%; 0.8%]) (Fig. 2).

Among the participants who reported symptoms compatible with an influenza-like illness during last week (2021w01), 38.1% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w01), 58.2% of the participants with symptoms compatible with an influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and 6.2% a PCR test for an influenza virus.

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

Possible cases of COVID-19 Stable incidence

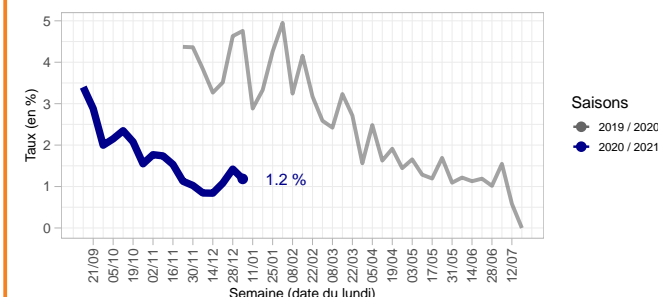


Figure 3. Weekly incidence rate of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

Last week (2021w01), among the 5,891 participants who completed a weekly questionnaire, 1.2% (95%CI [0.8%; 1.6%])* reported symptoms possibly due to SARS-CoV-2. This estimate is stable compared to the week 2020w53 (consolidated data: 1.4% [1.0%; 1.9%]) (Fig. 3).

Among the participants who reported symptoms possibly due to SARS-CoV-2 during last week (2021w01), 30.3% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w01), 27.1% of the participants with symptoms possibly due to SARS-CoV-2 performed a PCR test for SARS-CoV-2 (COVID-19) and 4.3% an antigenic test.

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

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

Observed situation for the week 1 of the year 2021, from 01/04/2021 to 01/10/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w01 (unconsolidated) Incidence rate estimations [95% confidence interval]	2020w53 Incidence rate estimations [95% confidence interval]	2020w52 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	95 [82 ; 108]	65 [55 ; 75]	54 [44 ; 64]
Acute diarrhea	95 [83 ; 107]	59 [49 ; 69]	35 [27 ; 43]
Chickenpox	20 [14 ; 26]	18 [13 ; 23]	18 [12 ; 24]

Regional incidence rates for the week 2021w01 (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	81 [52 ; 110]	46 [24 ; 68]	22 [7 ; 37]
Bourgogne-Franche-Comté	159 [55 ; 263]	91 [23 ; 159]	5 [0 ; 13]
Bretagne	54 [21 ; 87]	104 [60 ; 148]	16 [0 ; 33]
Centre-Val de Loire	55 [26 ; 84]	71 [33 ; 109]	6 [0 ; 13]
Corse	48 [7 ; 89]	31 [0 ; 68]	34 [3 ; 65]
Grand Est	179 [85 ; 273]	114 [55 ; 173]	10 [0 ; 28]
Hauts-de-France	67 [28 ; 106]	123 [63 ; 183]	22 [0 ; 48]
Ile-de-France	110 [71 ; 149]	56 [32 ; 80]	18 [5 ; 31]
Normandie	32 [9 ; 55]	50 [23 ; 77]	32 [5 ; 59]
Nouvelle-Aquitaine	70 [44 ; 96]	128 [89 ; 167]	15 [0 ; 31]
Occitanie	79 [39 ; 119]	68 [37 ; 99]	12 [0 ; 25]
Pays de la Loire	78 [37 ; 119]	115 [66 ; 164]	16 [0 ; 36]
Provence-Alpes-Côte d'Azur	187 [99 ; 275]	117 [43 ; 191]	6 [0 ; 18]

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, 759 physicians participate in the continuous surveillance activity (683 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

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