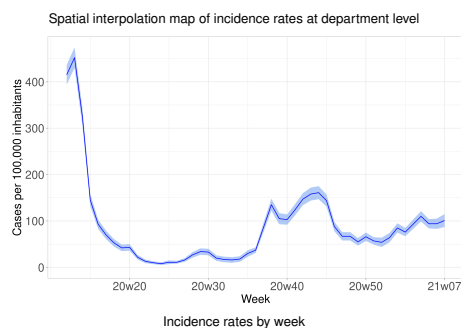
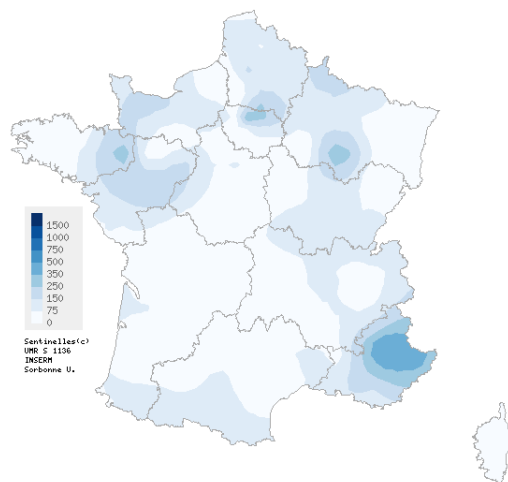


Observed situation for the week 7 of the year 2021, from 02/15/2021 to 02/21/2021

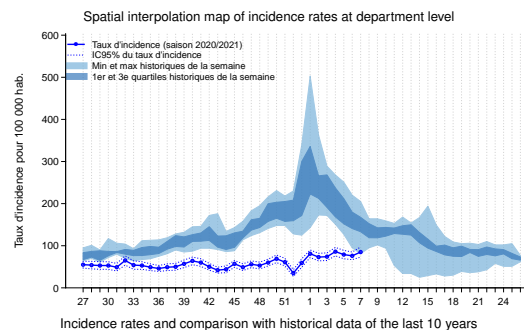
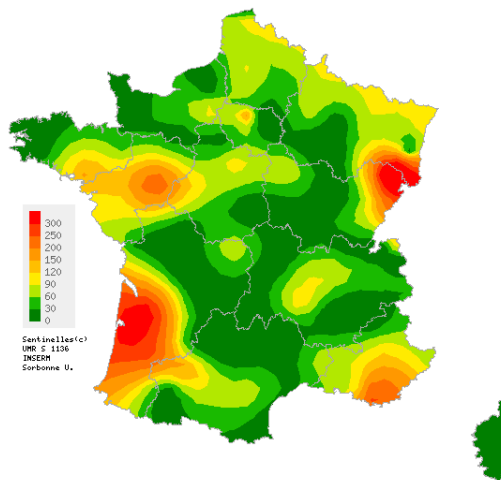
Acute Respiratory Infection (ARI) (COVID-19, INFLUENZA & other respiratory viruses) Stable activity in general practice



In metropolitan France, last week (2021w07), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 101 cases per 100,000 inhabitants (95% CI [87 ; 115]). This rate is stable compared to week 2021w06 (consolidated data: 94 [83 ; 105]).

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

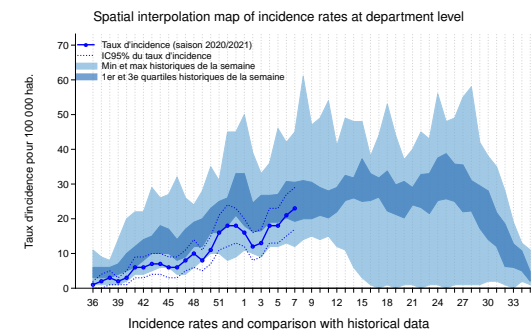
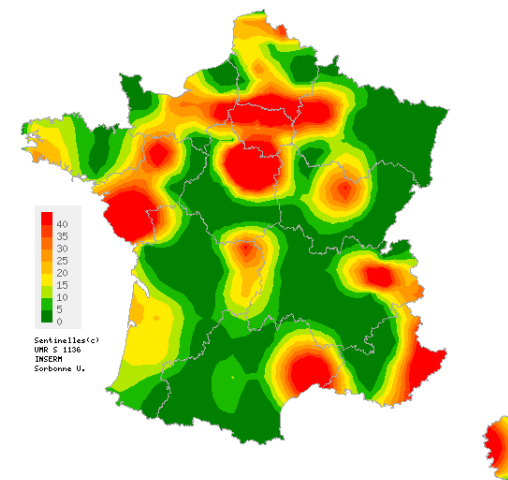
Acute diarrhea Low to moderate activity in general practice



In metropolitan France, last week (2021w07), the incidence rate of acute diarrhea seen in general practice was estimated at 85 cases per 100,000 inhabitants (95% CI [73 ; 97]). This rate is stable compared to week 2021w06 (consolidated data: 76 [67 ; 85]) and 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



In metropolitan France, last week (2021w07), the incidence rate of Chickenpox seen in general practice was estimated at 23 cases per 100,000 inhabitants (95% CI [17 ; 29]). The estimated rate has been increasing since the week 2021w01 with a level of activity similar to those usually observed in this period.

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

Observed situation for the week 7 of the year 2021, from 02/15/2021 to 02/21/2021

ARI - COVID-19, INFLUENZA and other respiratory viruses

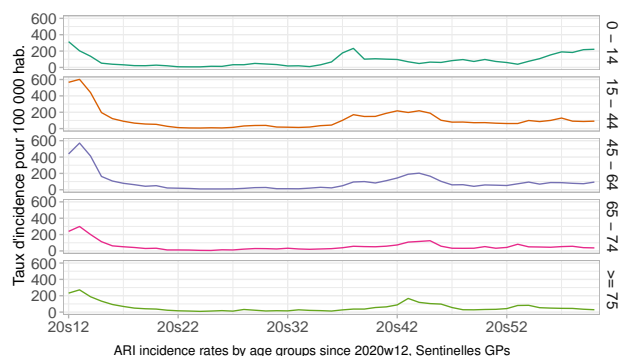
Modality of ARI monitoring by the Sentinelles Network

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.

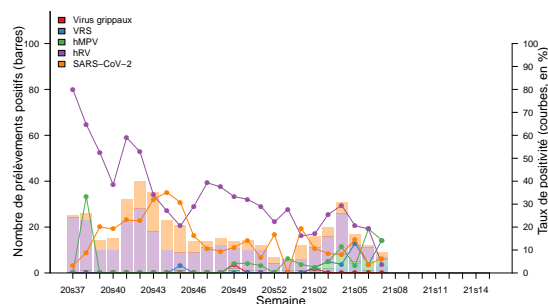
ARI incidence rates by age groups Stable activity



In week 2021w07, incidence rates are stable in all age groups compared to the previous week.

ARI virological surveillance

Circulation of SARS-CoV-2, hRV, RSV and hMPV
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 paediatricians) since week 2020w37

Since week 2020w37 (early September), 822 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.

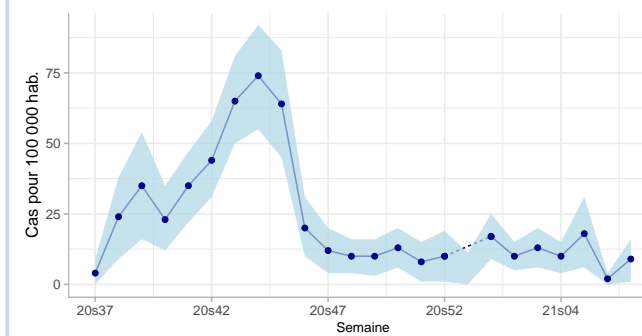
Regarding the COVID-19, the positivity rate for SARS-CoV-2 (COVID-19) is stable compared to the previous week. Four co-infections of rhinovirus and SARS-CoV-2 and, one co-infection of RSV and SARS-CoV-2 were observed during the surveillance period.

Regarding INFLUENZA, two samples were tested positive for an influenza virus since the resumption of surveillance in early September. Both were influenza B viruses (Victoria lineage). The first one was isolated in early December (2020w49) from a patient with an influenza B - rhinovirus co-infection, and the second one in early January (2021w02).

On week 2021w07, 32 patients with ARI seen in GPs and paediatric consultations had been collected :

- 2/32 (6.2%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2021w06: 1/26 (3.8%)).
- 1/27 (3.7%) were positive for **rhinovirus (hRV)** (consolidated data in 2021w06: 5/26 (19.2%)).
- 3/21 (14.3%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2021w06: 1/26 (3.8%)).
- 3/21 (14.3%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2021w06: 5/26 (19.2%)).
- None of them were positive for an **influenza virus** (0/27 tested) (consolidated data in 2021w06: 0/26 tested).

ARI cases due to COVID-19 in primary care



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

Estimated incidence of ARI cases due to COVID-19 seen 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 2021w07, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in consultation in general practice was estimated at 9 cases per 100,000 population (95% CI [1 ; 16]), corresponding to 5,769 [671 ; 10,867] new cases of COVID-19 seen in general practice. This trend has been fairly stable since mid-November (2020w47).

These estimates need to be read carefully, the number of weekly swabs does not always allow for an accurate estimate of the number of ARI cases due to COVID-19 seen in primary care consultation. These estimates need to be consolidated in the coming weeks.

Description of confirmed cases of COVID-19 seen in primary care

Since week 2020w37 (early September), the 127 (15.5%) 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 56 men (44.8%) and 69 women (55.2%).
- 31/120 (25.8%) of them had risk factors for complications.
- One patient was hospitalized following the consultation (1/115, 0.9%).

Observed situation for the week 7 of the year 2021, from 02/15/2021 to 02/21/2021

9,217 Internet users are currently participating in the GrippeNet.fr/COVIDnet.fr collaborative project

Information on the [GrippeNet.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-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](#) for influenza-like illnesses;

- Clinical manifestations compatible with a diagnosis of COVID-19, according to the recommendations of the [High Council of Public Health](#) 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

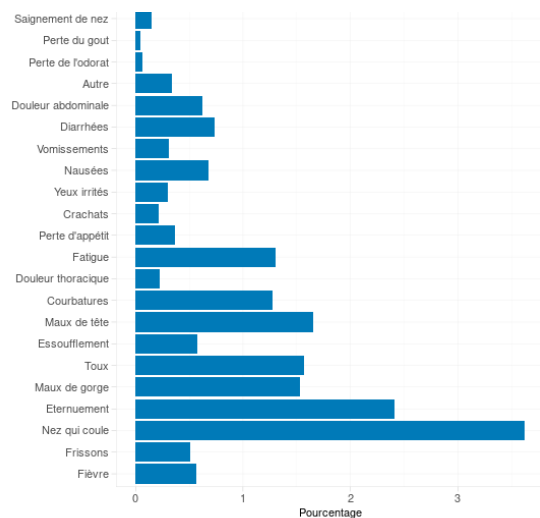


Figure 1. Symptoms reported by participants over the past 8 days, GrippeNet.fr/COVIDnet.fr

Influenza-like illnesses Stable incidence

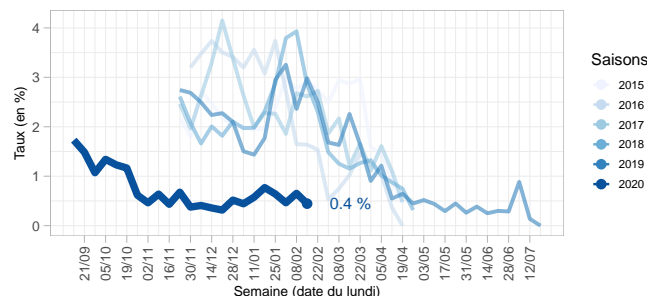


Figure 2. Weekly incidence rates of influenza-like illnesses (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

Last week (2021w07), among the 5,648 participants who completed a weekly questionnaire, 0.4% (95%CI [0.2%; 0.8%])* declared symptoms compatible with an influenza-like illness. This estimate is stable compared to week 2021w06 (consolidated data: 0.7% [0.3%; 1.1%]) (Fig. 2).

Among the participants who reported symptoms compatible with an influenza-like illness last week (2021w07), 48.2% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w07), 7.0% of the participants with symptoms compatible with an influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and no PCR test for an influenza virus was done.

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

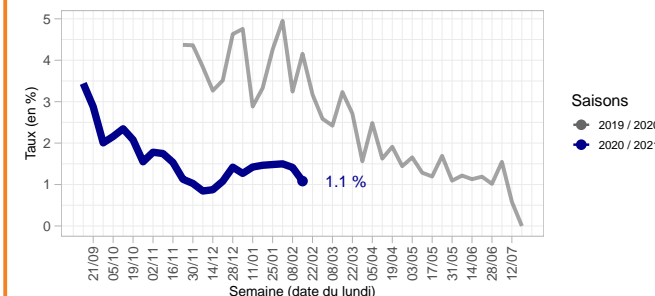


Figure 3. Weekly incidence rates of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

Last week (2021w07), among the 5,648 participants who completed a weekly questionnaire, 1.1% (95%CI [0.7%; 1.6%])* reported symptoms possibly due to SARS-CoV-2. This estimate is stable compared to the week 2021w06 (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 (2021w07), 24.0% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w07), 20.5% of the participants with symptoms possibly due to SARS-CoV-2 performed a PCR test for SARS-CoV-2 (COVID-19) and 4.0% an antigenic test.

Given the low number of people who have 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 7 of the year 2021, from 02/15/2021 to 02/21/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w07 (unconsolidated) Incidence rate estimations [95% confidence interval]	2021w06 Incidence rate estimations [95% confidence interval]	2021w05 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	101 [87 ; 115]	94 [83 ; 105]	94 [84 ; 104]
Acute diarrhea	85 [73 ; 97]	76 [67 ; 85]	79 [69 ; 89]
Chickenpox	23 [17 ; 29]	21 [15 ; 27]	18 [13 ; 23]

Regional incidence rates for the week 2021w07 (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	57 [15 ; 99]	41 [20 ; 62]	8 [0 ; 17]
Bourgogne-Franche-Comté	61 [3 ; 119]	78 [21 ; 135]	9 [0 ; 29]
Bretagne	131 [72 ; 190]	65 [30 ; 100]	12 [0 ; 29]
Centre-Val de Loire	60 [16 ; 104]	69 [20 ; 118]	42 [0 ; 90]
Corse	46 [3 ; 89]	8 [0 ; 33]	30 [0 ; 82]
Grand Est	70 [36 ; 104]	74 [26 ; 122]	8 [0 ; 16]
Hauts-de-France	90 [47 ; 133]	91 [49 ; 133]	21 [2 ; 40]
Ile-de-France	188 [130 ; 246]	91 [58 ; 124]	48 [20 ; 76]
Normandie	95 [43 ; 147]	36 [8 ; 64]	18 [0 ; 38]
Nouvelle-Aquitaine	41 [19 ; 63]	124 [89 ; 159]	9 [0 ; 18]
Occitanie	69 [18 ; 120]	43 [17 ; 69]	22 [2 ; 42]
Pays de la Loire	159 [79 ; 239]	137 [62 ; 212]	39 [6 ; 72]
Provence-Alpes-Côte d'Azur	190 [101 ; 279]	122 [52 ; 192]	19 [0 ; 46]

French Sentinel network

Pierre Louis Institute of Epidemiology and Public Health

UMR-S 1136 (Inserm - Sorbonne Université)

Phone : +33 144 738 435 | E-mail : sentinelles@upmc.fr

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, 773 physicians participate in the continuous surveillance activity (701 general practitioners and 72 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, Bourgogne-Franche-Comté	Marianne Sarazin Caroline Liotard
Centre-Val de Loire, Pays de la Loire, Bretagne	Thierry Prazuck Charly Kengne-Kuetché, Marie Pouquet, Morgane Swital
Corse, PACA	Alessandra Falchi Shirley Masse, Julie Sevila
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

Need more information?

Visit our website :

<https://www.sentiweb.fr/>

You are a french GP ?

Contact us

<https://www.sentiweb.fr/france/fr/inscrire>

Envie de participer à la veille sanitaire ?

covidnet.fr

Devenez acteur de la surveillance du Covid-19 !

Pas besoin d'être malade pour participer !

Inscrivez-vous sur <https://www.covidnet.fr/>