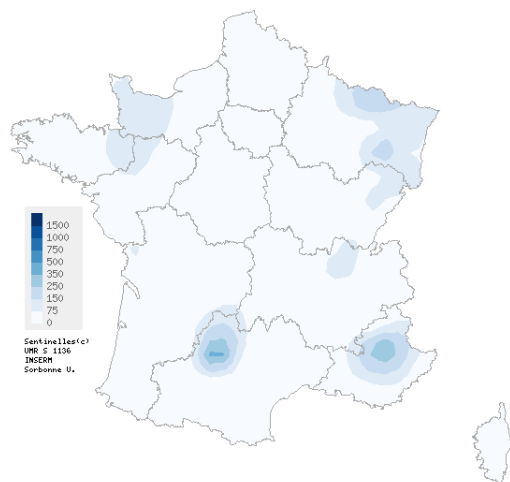
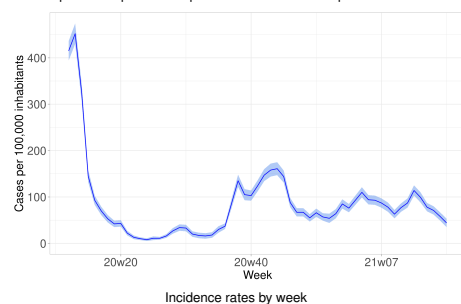


Observed situation for the week 17 of the year 2021, from 04/26/2021 to 05/02/2021

Acute Respiratory Infection (ARI) (COVID-19, Influenza and other respiratory viruses) Continued decline in general practice



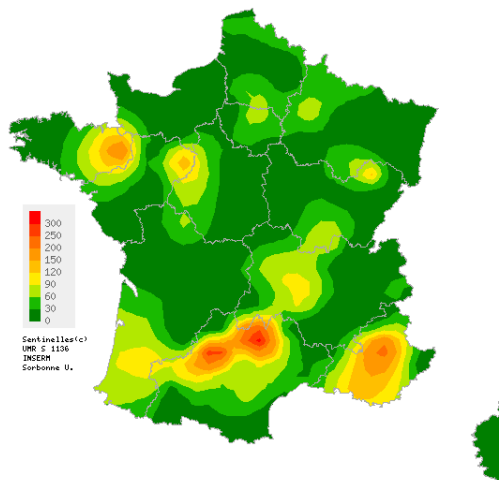
Spatial interpolation map of incidence rates at department level



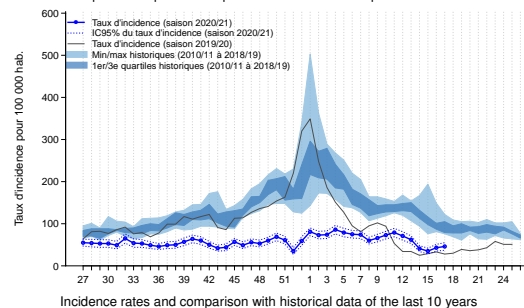
In metropolitan France, last week (2021w17), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 44 cases per 100,000 inhabitants (95% CI [35 ; 53]). This rate is decreasing since week 2021w12 (consolidated data for week 2021w16: 58 [49 ; 67]).

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

Acute diarrhea Low activity in general practice



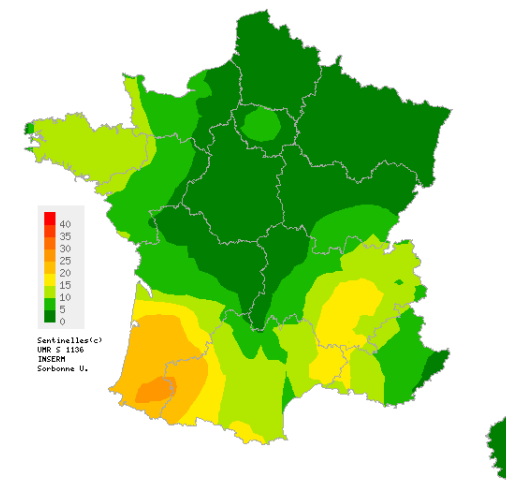
Spatial interpolation map of incidence rates at department level



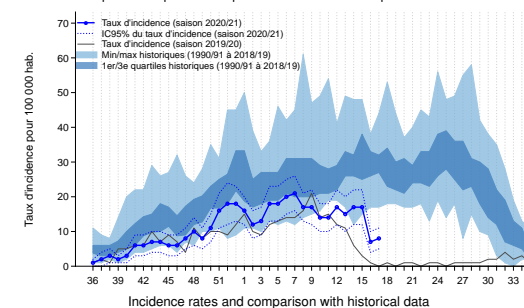
In metropolitan France, last week (2021w17), the incidence rate of acute diarrhea seen in general practice was estimated at 46 cases per 100,000 inhabitants (95% CI [37 ; 55]). This rate is stable compared to week 2021w16 (consolidated data: 43 [35 ; 51]) and below those usually observed in this period.

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



In metropolitan France, last week (2021w17), the incidence rate of Chickenpox seen in general practice was estimated at 8 cases per 100,000 inhabitants (95% CI [5 ; 11]). This rate is stable compared to week 2021w16 (consolidated data: 7 [4 ; 10]) and below the levels usually observed in this period.

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

Observed situation for the week 17 of the year 2021, from 04/26/2021 to 05/02/2021

ARI - COVID-19, INFLUENZA and other respiratory viruses

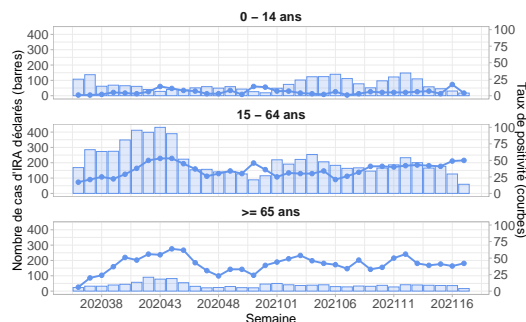
Modality of ARI monitoring by the Sentinelles Network

Since March 17th 2020, Sentinel general practitioners (GPs) report the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation), according to the following definition: sudden onset of fever (or feeling of fever), and respiratory signs. For each reported case of ARI, descriptive data are collected, including the results of antigenic or PCR tests for COVID-19 performed by patients in city laboratories. This clinical surveillance is complemented by virological surveillance of ARI with specific samples swabbed by Sentinel GPs and pediatricians, in order to identify the different respiratory viruses (including influenza) circulating in the population.

Until week 2021w10, the incidence of ARI cases due to COVID-19 seen by GPs was estimated by crossing the data from the Sentinel's clinical and virological surveillances. Due to the various changes in management linked to the COVID-19 pandemic, the data from the Sentinel virological samples are no longer sufficient to constitute a representative random sample, and therefore to accurately estimate the SARS-CoV-2 positivity rate among ARI cases. Henceforth, this positivity rate (presented in the box below) is estimated solely from the clinical surveillance (descriptive data transmitted by Sentinel physicians).

ARI surveillance is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the virology laboratory of the University of Corsica.

Positivity rates for SARS-CoV-2 among ARI cases seen in general practice

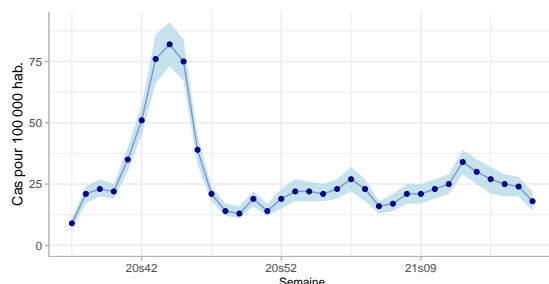


Number of ARI cases reported by Sentinelles physicians and SARS-CoV-2 positivity rate since 2020w37

In week 2021w17, the SARS-CoV-2 positivity rate of patients consulting for ARI was 4%, 50%, and 42%, respectively, in the 0-14, 15-64, and 65 and older age groups. These estimates are stable across all age groups.

ARI cases due to COVID-19 in general practice

Continued decline in general practice



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

In week 2021w17, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 18 cases per 100,000 population (95% CI [14; 22]), corresponding to 11,887 [9,105 ; 14,669] new cases of COVID-19 seen in general practice. This rate has been decreasing since week 2021w12 (consolidated data for 2021w16 : 24 [20; 28]). This represents 15,637 [12,988 ; 18,286] new cases of ARI due to COVID-19 seen in general practice).

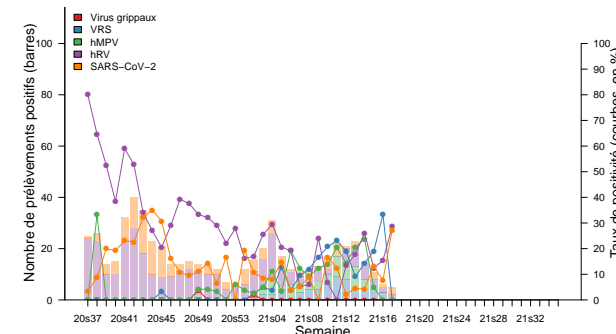
Description of confirmed cases of COVID-19 seen in general practice

Since week 2020w37 (early September), the 3 303 (29.6%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians had the following characteristics :

- Their median age was 47 years (from 1 year to 100 years). There were 42.2% (1,374/3,253) of men and 57.8% (1,879/3,253) of women.
- 27.2% (849/3,126) of them had risk factors for complications.
- 5.2% 5163/3,112) of the cases were hospitalized following the consultation.

Circulation of respiratory viruses

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

Virological surveillance complements the clinical surveillance of ARI cases performed by Sentinel physicians. Despite the limitations described previously, this surveillance is an indicator of the circulation of different respiratory viruses in metropolitan France.

Since week 2020w37 (early September), 1 116 patients with ARI seen in GPs and paediatric consultations have been swabbed 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, five co-infections of rhinovirus and SARS-CoV-2 and, two co-infections 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).

In week 2021w17, 11 patients with ARI seen in GPs and paediatric consultations had been collected :

- 3/11 (27.3%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2021w16 : 1/13 (7.7%)).
- 2/7 (28.6%) were positive for **rhinovirus (hRV)** (consolidated data in 2021w16 : 2/13 (15.4%)).
- None of them was positive for **respiratory syncytial virus (RSV)** (0/3 tested) (consolidated data in 2021w16 : 3/9 (33.3%)).
- None of them was positive for **metapneumovirus (hMPV)** (0/3 tested) (consolidated data in 2021w16 : 0/9 tested).
- None of them was positive for an **influenza virus** (0/7 tested) (consolidated data in 2021w16 : 0/13 tested).

Observed situation for the week 17 of the year 2021, from 04/26/2021 to 05/02/2021

9,387 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.solidarites-santé.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

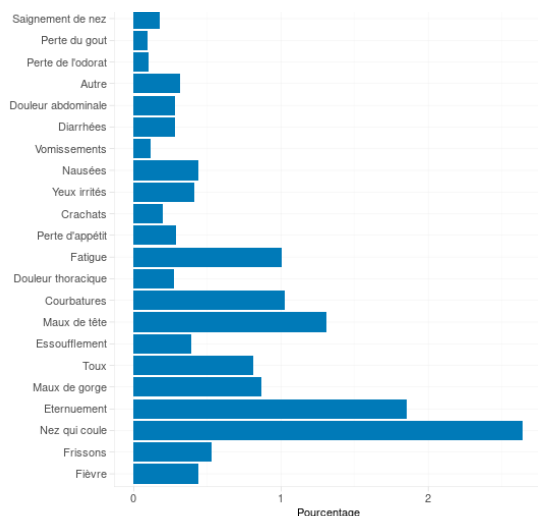


Figure 1. Symptoms reported by participants over the past 8 days, GrippeNet.fr/COVIDnet.fr

Influenza-like illnesses

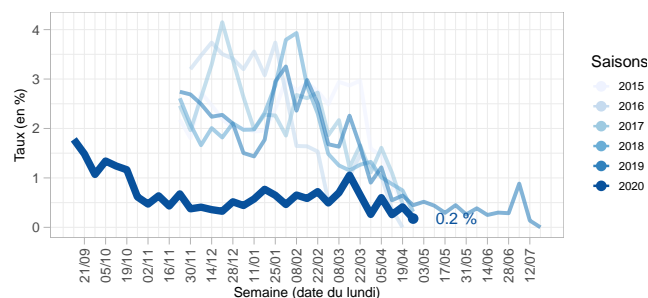


Figure 2. Weekly incidence rates of influenza-like illnesses (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

Last week (2021w17), among the 5,418 participants who completed a weekly questionnaire, 0.2% (95%CI [0.1%; 0.3%]) declared symptoms compatible with an influenza-like illness. This estimate is stable compared to week 2021w16 (consolidated data: 0.4% [0.2%; 0.7%]), however, there has been a decreasing trend since week 2021w11 (Fig. 2).

Among the participants who reported symptoms compatible with an influenza-like illness last week (2021w17), 52.8% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w17), 50.8% of the participants with symptoms compatible with an influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and none did 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

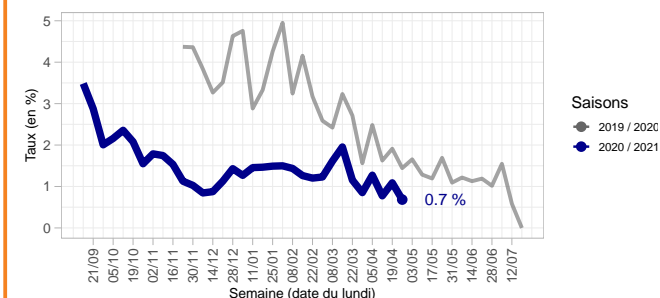


Figure 3. Weekly incidence rates of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

Last week (2021w17), among the 5,418 participants who completed a weekly questionnaire, 0.7% (95%CI [0.3%; 1.1%]) reported symptoms possibly due to SARS-CoV-2. This estimate is stable compared to the week 2021w16 (consolidated data: 1.1% [0.8%; 1.5%]), however, there has been a decreasing trend since week 2021w11 (Fig. 3).

Among the participants who reported symptoms possibly due to SARS-CoV-2 during last week (2021w17), 31.3% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w17), 18.1% of the participants with symptoms possibly due to SARS-CoV-2 performed a PCR test for SARS-CoV-2 (COVID-19) and 6.6% 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.

Observed situation for the week 17 of the year 2021, from 04/26/2021 to 05/02/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w17 (unconsolidated) Incidence rate estimations [95% confidence interval]	2021w16 Incidence rate estimations [95% confidence interval]	2021w15 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	44 [35 ; 53]	58 [49 ; 67]	71 [62 ; 80]
Acute diarrhea	46 [37 ; 55]	43 [35 ; 51]	35 [28 ; 42]
Chickenpox	8 [5 ; 11]	7 [4 ; 10]	17 [12 ; 22]

Regional incidence rates for the week 2021w17 (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	47 [23 ; 71]	28 [7 ; 49]	15 [1 ; 29]
Bourgogne-Franche-Comté	30 [0 ; 86]	43 [7 ; 79]	3 [0 ; 9]
Bretagne	63 [0 ; 132]	88 [0 ; 176]	19 [0 ; 55]
Centre-Val de Loire	6 [0 ; 17]	28 [2 ; 54]	0 [0 ; 0]
Corse	25 [0 ; 56]	13 [0 ; 46]	0 [0 ; 0]
Grand Est	96 [39 ; 153]	19 [1 ; 37]	0 [0 ; 0]
Hauts-de-France	16 [0 ; 42]	40 [5 ; 75]	0 [0 ; 0]
Ile-de-France	44 [24 ; 64]	56 [18 ; 94]	6 [0 ; 14]
Normandie	24 [4 ; 44]	8 [0 ; 40]	3 [0 ; 10]
Nouvelle-Aquitaine	27 [8 ; 46]	37 [14 ; 60]	17 [1 ; 33]
Occitanie	42 [14 ; 70]	72 [35 ; 109]	12 [0 ; 27]
Pays de la Loire	24 [2 ; 46]	35 [0 ; 72]	5 [0 ; 14]
Provence-Alpes-Côte d'Azur	28 [4 ; 52]	92 [37 ; 147]	9 [0 ; 25]

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, 735 physicians participate in the continuous surveillance activity (684 general practitioners and 51 paediatricians), allowing the production of weekly epidemiological reports.

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