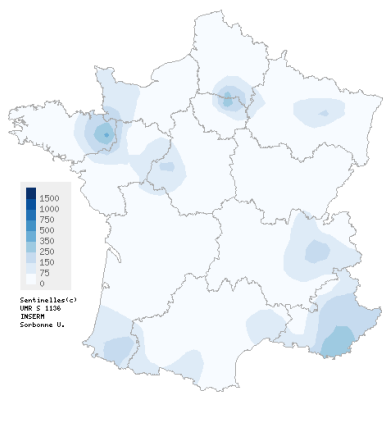
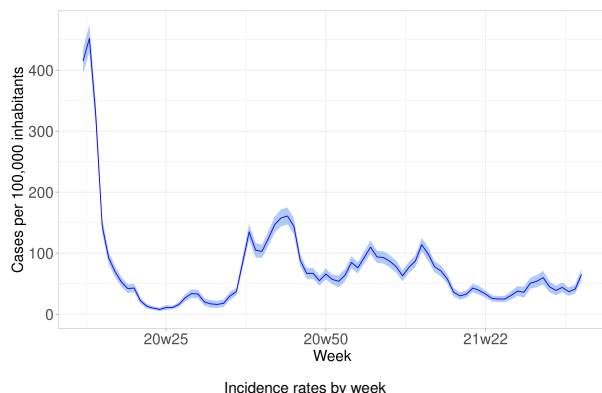


Observed situation for the week 37 of the year 2021, from 09/13/2021 to 09/19/2021

## Acute Respiratory Infection (ARI) (COVID-19, Influenza and other respiratory viruses) Increasing activity in general practice

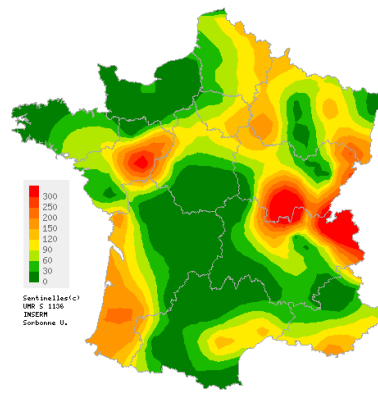


Spatial interpolation map of incidence rates at department level

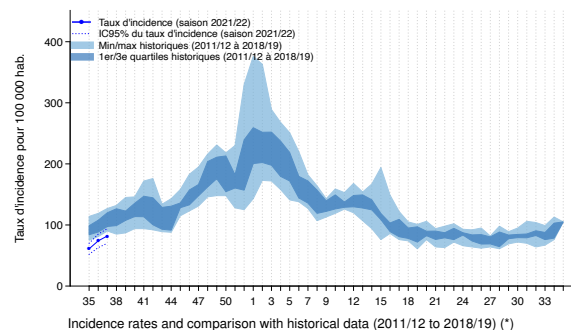


**In metropolitan France**, last week (2021w37), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 65 cases per 100,000 inhabitants (95% CI [55 ; 75]). This rate is increasing compared to week 2021w36 (consolidated data: 41 [34 ; 48]).  
*Complete national and regional data are available on the last page of this bulletin.*

## Acute diarrhea Low to moderate activity in general practice



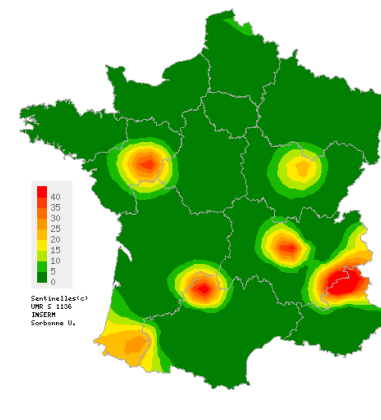
Spatial interpolation map of incidence rates at department level



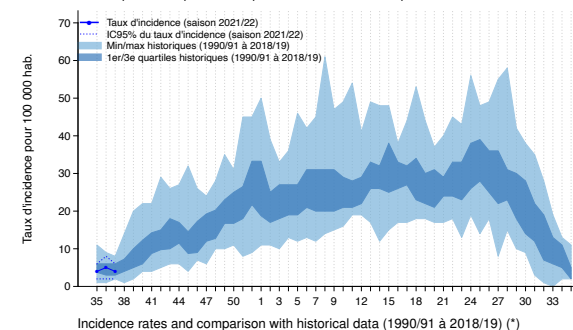
**In metropolitan France**, last week (2021w37), the incidence rate of acute diarrhea seen in general practice was estimated at 82 cases per 100,000 inhabitants (95% CI [70 ; 94]). This rate is slightly increasing compared to week 2021w36 (consolidated data: 74 [63 ; 85]) with an activity level below those usually observed in this period. *Complete national and regional data are available on the last page of this bulletin.*

(\*) As a result of the locks-down and barrier measures implemented during the COVID-19 pandemic, the incidence of acute diarrhea was significantly modified in 2019/20 and 2020/21. Therefore, these seasons are not included in the referent historical data presented here. The full data set (including 2019/20 and 2020/21) is available at [www.sentiweb.fr/?lang=en](http://www.sentiweb.fr/?lang=en).

## Chickenpox Low activity in general practice



Spatial interpolation map of incidence rates at department level



**In metropolitan France**, last week (2021w37), the incidence rate of Chickenpox seen in general practice was estimated at 4 cases per 100,000 inhabitants (95% CI [2 ; 6]). This rate is stable compared to week 2021w36 (consolidated data: 5 [2 ; 8]) and with an activity level close to those usually observed in this period. *Complete national and regional data are available on the last page of this bulletin.*

(\*) As a result of the locks-down and barrier measures implemented during the COVID-19 pandemic, the incidence of chickenpox was significantly modified in 2019/20 and 2020/21. Therefore, these seasons are not included in the referent historical data presented here. The full data set (including 2019/20 and 2020/21) is available at [www.sentiweb.fr/?lang=en](http://www.sentiweb.fr/?lang=en).

Observed situation for the week 37 of the year 2021, from 09/13/2021 to 09/19/2021

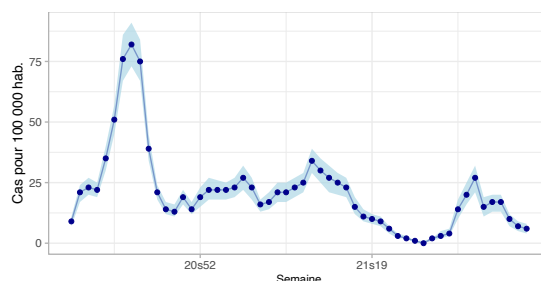
## ARI - COVID-19, INFLUENZA and other respiratory viruses

### 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 (SARS-CoV-2 (COVID-19), influenza viruses, respiratory syncytial virus (RSV), rhinovirus (hRV), and metapneumovirus (hMPV)) circulating in the population.

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.

### ARI cases due to COVID-19 in general practice Continued decline



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 2021w37, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 6 cases per 100,000 population (95% CI [4; 8]), corresponding to 3,688 [2,385; 4,991] new cases of COVID-19 seen in general practice. This rate is slightly decreasing compared to those in recent weeks (consolidated data for 2021w36 : 7 [5; 9], representing 4,815 [3,587; 6,043] 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 3,814 (28.2%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians had the following characteristics :

- Their median age was 45 years (from 2 months to 100 years). There were 43.2% (1,622/3,759) of men and 56.8% (2,137/3,759) of women.
- 26.3% (942/3,583) of them had risk factors for complications.
- 5.3% (191/3,575) of the cases were hospitalized following the consultation.

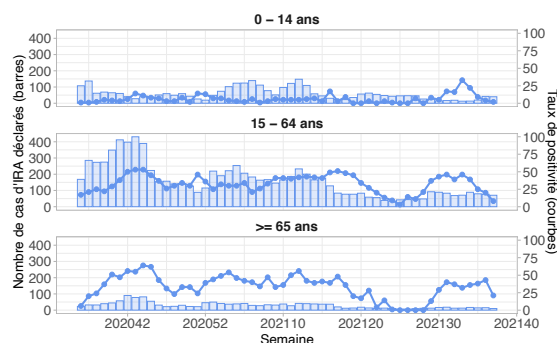
### Circulation of respiratory viruses

Virological surveillance of acute respiratory infections (ARI) conducted by the Sentinel general practitioners and pediatricians has started on September 13, 2021, for the monitoring of the 2021/2022 winter season.

In week 2021w37, 6 patients with ARI seen the Sentinel physicians were sampled:

- 1/6 (16.7%) was positive for **SARS-CoV-2 (COVID-19)**.
- None was positive for **rhinovirus (hRV)** (0/6 tested)
- None was positive for **influenza viruses** (0/6 tested)
- None was positive for the **respiratory syncytial virus (RSV)** (0/1 tested)
- None was positive for **metapneumovirus (hMPV)** (0/1 tested)

### 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 2021w37, the SARS-CoV-2 positivity rate of patients consulting for ARI was 2%, 8%, and 21%, respectively, in the 0-14, 15-64, and 65 and older age groups.

### To conclude

The observed increase in ARI activity (see page 1) is probably explained by the circulation of other respiratory viruses than SARS-CoV-2 (COVID-19), whose activity is decreasing (see column opposite).

As the virological surveillance of ARI in the Sentinel network has just begun for the 2021/2022 season, few samples have been collected to date. This low number of samples does not allow for the moment to identify precisely the circulating respiratory viruses in metropolitan France.

Observed situation for the week 37 of the year 2021, from 09/13/2021 to 09/19/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w37 (unconsolidated) Incidence rate estimations [95% confidence interval]	2021w36 Incidence rate estimations [95% confidence interval]	2021w35 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	65 [55 ; 75]	41 [34 ; 48]	37 [30 ; 44]
Acute diarrhea	82 [70 ; 94]	74 [63 ; 85]	61 [52 ; 70]
Chickenpox	4 [2 ; 6]	5 [2 ; 8]	4 [2 ; 6]

Regional incidence rates for the week 2021w37 (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	80 [48 ; 112]	121 [58 ; 184]	5 [0 ; 12]
Bourgogne-Franche-Comté	19 [0 ; 46]	197 [54 ; 340]	5 [0 ; 18]
Bretagne	143 [80 ; 206]	57 [21 ; 93]	1 [0 ; 3]
Centre-Val de Loire	56 [15 ; 97]	52 [14 ; 90]	0 [0 ; 0]
Corse	12 [0 ; 35]	9 [0 ; 28]	0 [0 ; 0]
Grand Est	45 [18 ; 72]	91 [37 ; 145]	1 [0 ; 4]
Hauts-de-France	31 [7 ; 55]	104 [59 ; 149]	4 [0 ; 12]
Ile-de-France	104 [56 ; 152]	66 [39 ; 93]	1 [0 ; 3]
Normandie	16 [1 ; 31]	10 [0 ; 22]	0 [0 ; 0]
Nouvelle-Aquitaine	26 [4 ; 48]	80 [43 ; 117]	4 [0 ; 13]
Occitanie	47 [23 ; 71]	53 [24 ; 82]	2 [0 ; 13]
Pays de la Loire	47 [0 ; 119]	143 [26 ; 260]	13 [0 ; 40]
Provence-Alpes-Côte d'Azur	150 [82 ; 218]	100 [41 ; 159]	2 [0 ; 7]

## 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, 672 physicians participate in the continuous surveillance activity (625 general practitioners and 47 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	<b>Marianne Sarazin</b> Caroline Liotard
Centre-Val de Loire, Pays de la Loire, Bretagne	<b>Thierry Prazuck</b> Charly Kengne-Kuetché, Marie Pouquet, Morgane Swital
Corse, PACA	<b>Alessandra Falchi</b> Shirley Masse, Julie Sevila
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	<b>Mathilde François</b> Camille Bonnet, Hayat Benamar
Normandie	Pol Prevot-Monsacré
Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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