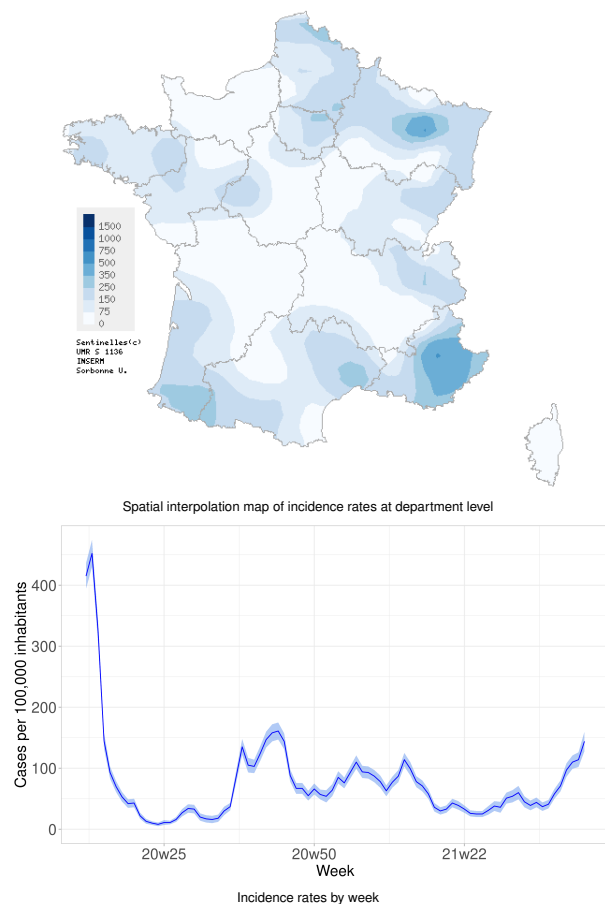


Observed situation for the week 42 of the year 2021, from 10/18/2021 to 10/24/2021

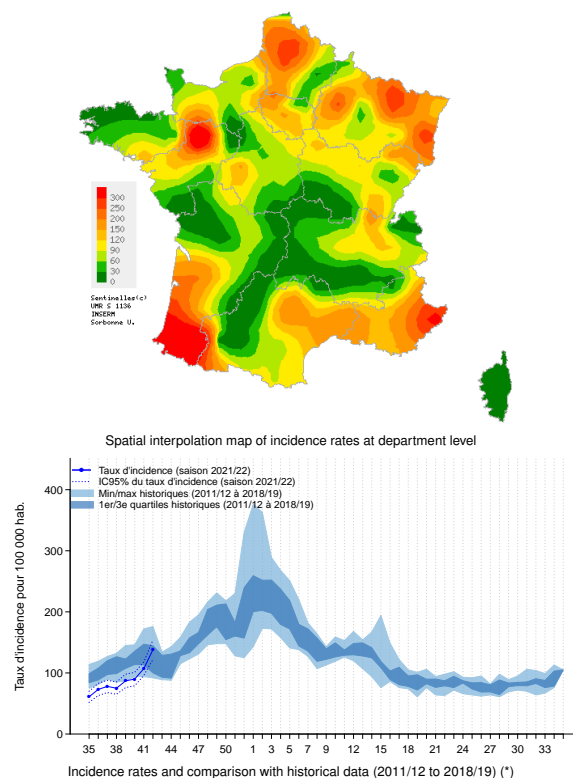
Acute Respiratory Infection (ARI) (COVID-19, Influenza and other respiratory viruses) Moderate activity in general practice



In metropolitan France, last week (2021w42), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 144 cases per 100,000 inhabitants (95% CI [128 ; 160]). This rate is increasing compared to week 2021w41 (consolidated data: 114 [102 ; 126]).

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

Acute diarrhea Moderate activity in general practice

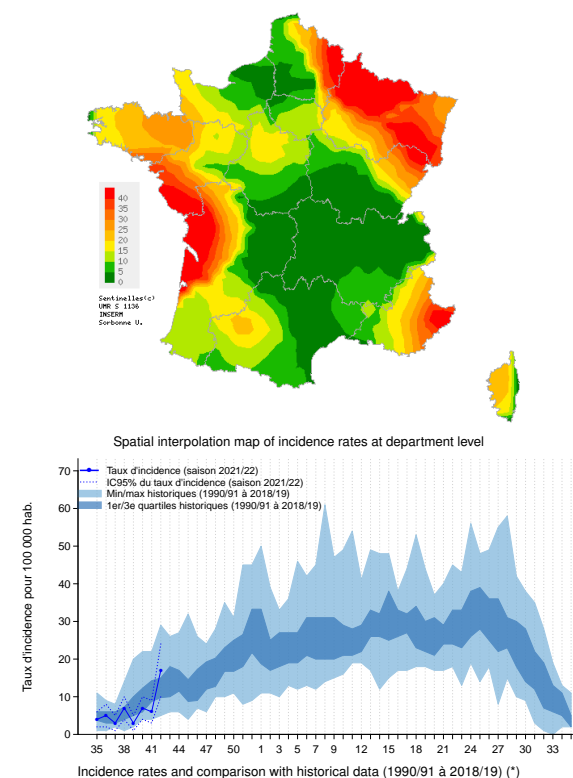


In metropolitan France, last week (2021w42), the incidence rate of acute diarrhea seen in general practice was estimated at 138 cases per 100,000 inhabitants (95% CI [122 ; 154]). This rate is increasing compared to week 2021w41 (consolidated data: 107 [96 ; 118]) with an activity level close to those 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 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.

Chickenpox Low to moderate activity in general practice



In metropolitan France, last week (2021w42), the incidence rate of Chickenpox seen in general practice was estimated at 17 cases per 100,000 inhabitants (95% CI [10 ; 24]). This rate is increasing compared to week 2021w41 (consolidated data: 6 [3 ; 9]) and with an activity level slightly higher than 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.

Observed situation for the week 42 of the year 2021, from 10/18/2021 to 10/24/2021

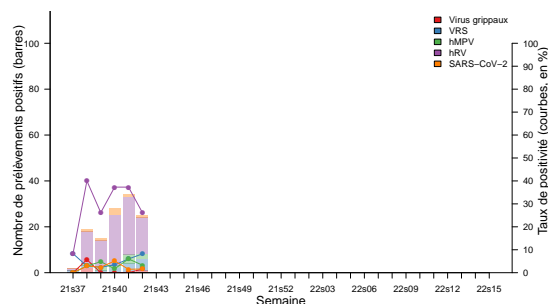
ARI - COVID-19, INFLUENZA and other respiratory viruses

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.

Circulation of respiratory viruses



Positive swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinel physicians (GPs and pediatricians) since week 2021w37

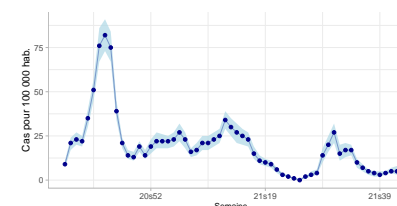
Since week 2021w37 (September 13th 2021), 276 patients with ARI seen in GPs and paediatric consultations have been swabbed as part of the Sentinel surveillance (from saliva swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

Regarding influenza, three samples have been tested positive for influenza A viruses since the beginning of the surveillance. Two of them were detected in week 2021w38 (mid-september), and one in week 42 (mid-october).

In week 2021w42, 61 patients with ARI seen in GPs and paediatric consultations had been collected :

- 1/61 (1.6%) was positive for **SARS-CoV-2 (COVID-19)** (1/67 tested) (consolidated data in 2021w41 : 1/67 (1.5%)).
- 1/61 (1.6%) was positive for **influenza virus** (consolidated data for 2021w41 : 0/67 testés)).
- 16/61 (26.2%) were positive for **rhinovirus (hRV)** (consolidated data in 2021w41 : 25/67 (37.3%)).
- 5/61 (8.2%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2021w41 : 4/67 (6.0%)).
- 2/61 (3.3%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2021w41 : 4/67 (6.0%)).

ARI cases due to COVID-19 in general practice Stable activity



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 2021w42, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 5 cases per 100,000 population (95% CI [3; 8]), corresponding to 3,606 [2,018; 5,194] new cases of COVID-19 seen in general practice. This rate is stable compared to those in recent weeks (consolidated data for 2021w41 : 5 [4; 7], representing 3,437 [2,474; 4,400] new cases of ARI due to COVID-19 seen in general practice).

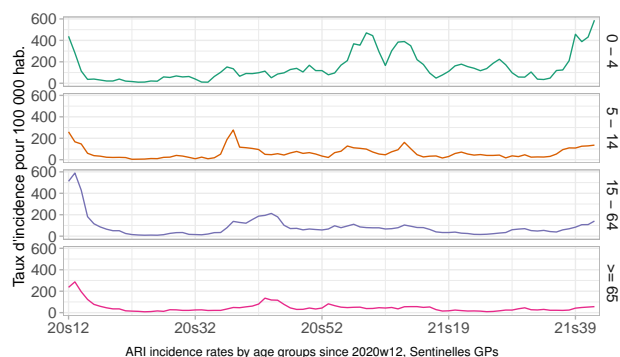
To conclude

The observed increase in ARI activity (see page 1) might be explained by the circulation of other respiratory viruses than SARS-CoV-2 (COVID-19). This increase is mainly observed in children between 0 and 4 years old.

According to the samples provided by Sentinel physicians in this beginning of season, we observe the circulation of rhinovirus (hRV), respiratory syncytial virus (RSV), metapneumovirus (hMPV) and the detection of three type A influenza viruses (two in week 38 in Ile-de-France and Bourgogne-Franche-Comté, and one in week 42 in Nouvelle-Aquitaine).

ARI incidence rates by age groups

Significant increasing activity in the 0-4 age group



ARI incidence rates by age groups since 2020w12, Sentinelles GPs

In week 2021w42, incidence rates increase in the 0-4 age group and are stable in other age groups compared to the previous week.

Observed situation for the week 42 of the year 2021, from 10/18/2021 to 10/24/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w42 (unconsolidated) Incidence rate estimations [95% confidence interval]	2021w41 Incidence rate estimations [95% confidence interval]	2021w40 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	144 [128 ; 160]	114 [102 ; 126]	110 [99 ; 121]
Acute diarrhea	138 [122 ; 154]	107 [96 ; 118]	90 [79 ; 101]
Chickenpox	17 [10 ; 24]	6 [3 ; 9]	7 [4 ; 10]

Regional incidence rates for the week 2021w42 (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]	81 [49 ; 113]	2 [0 ; 6]
Bourgogne-Franche-Comté	94 [0 ; 196]	76 [27 ; 125]	7 [0 ; 20]
Bretagne	163 [87 ; 239]	54 [7 ; 101]	37 [0 ; 74]
Centre-Val de Loire	103 [46 ; 160]	94 [40 ; 148]	10 [0 ; 21]
Corse	31 [0 ; 66]	7 [0 ; 24]	19 [0 ; 66]
Grand Est	183 [115 ; 251]	200 [121 ; 279]	38 [2 ; 74]
Hauts-de-France	188 [121 ; 255]	179 [112 ; 246]	8 [0 ; 24]
Ile-de-France	178 [127 ; 229]	140 [104 ; 176]	12 [3 ; 21]
Normandie	31 [0 ; 66]	71 [27 ; 115]	5 [0 ; 14]
Nouvelle-Aquitaine	93 [49 ; 137]	137 [79 ; 195]	33 [0 ; 72]
Occitanie	126 [85 ; 167]	115 [69 ; 161]	8 [0 ; 20]
Pays de la Loire	111 [51 ; 171]	103 [51 ; 155]	6 [0 ; 16]
Provence-Alpes-Côte d'Azur	234 [133 ; 335]	175 [97 ; 253]	29 [5 ; 53]

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, 654 physicians participate in the continuous surveillance activity (610 general practitioners and 44 paediatricians), allowing the production of weekly epidemiological reports.

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Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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