









Observed situation for the week 47 of the year 2021, from 11/22/2021 to 11/28/2021



The purpose of ARI surveillance is to monitor outbreaks of influenza, COVID-19 and other seasonal respiratory viruses (RSV, rhinovirus and metapneumovirus).

In metropolitan France, last week (2021w47), the incidence rate of ARI consultating (or teleconsulting) in general practice was estimated at 164 cases per 100,000 inhabitants (95% CI [148 ; 180]). This rate is increasing compared to week 2021w46 (consolidated data: 130 [118 ; 142]). *Complete national and regional data are available on the last page of this bulletin.*



(*) The incidences of acute diarrhea, greatly reduced in 2019/2020 and 2020/2021 by COVID-19 pandemic health measures, are not included in the historical baseline values.





In metropolitan France, last week (2021w47), the incidence rate of Chickenpox seen in general practice was estimated at 19 cases per 100,000 inhabitants (95% CI [14 ; 24]). This rate is increasing compared to week 2021w46 (consolidated data: 13 [9 ; 17]) 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.

(*) The chickenpox incidences, greatly reduced in 2019/2020 and 2020/2021 by COVID-19 pandemic health measures, are not included in the historical baseline values.











Observed situation for the week 47 of the year 2021, from 11/22/2021 to 11/28/2021

ARI due to COVID-19

Modality of COVID-19 monitoring by the Sentinelles Network

Surveillance of ARI by the Sentinel network allows to monitor the dynamics of the COVID-19 epidemic in metropolitan France.

For each patient presenting an ARI reported by Sentinel general practitioners, descriptive data are collected, including the results of the COVID-19 diagnostic tests (RT-PCR or antigenic tests).

The ARI incidence due to COVID-19 seen in general practice is estimated from the ARI incidence and the positivity rate of ARI due to SARS-CoV-2.

This estimate provides a trend observed in general practice to better understand the impact of the COVID-19 pandemic in primary care.

ARI positivity rates to SARS-CoV-2 by age groups



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

In week 2021w47, the SARS-CoV-2 positivity rates of patients consulting for ARI were 8%, 23%, and 17% respectively in the 0-14, 15-64, and 65 and older age groups. These estimates are stable across all age groups.



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

In week 2021w47, the incidence rate of ARI due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 32 cases per 100,000 population (95% CI [26; 38]), corresponding to 20,868 [16,885; 24,851] new cases of COVID-19 seen in general practice.

This rate is clearly increasing since 2021w45 (consolidated data for 2021w46: 23 [19; 28], representing 15,361 [12,401; 18,321] new cases of ARI due to COVID-19 seen in general practice).

Clinical description of ARI due to COVID-19

In the last three weeks (2021w45 - 2021w47), the 178 SARS-CoV-2 (COVID-19) positive ARI cases seen by the Sentinel general practitioners had the following characteristics:

- Their median age was 43 years (range 3 years to 94 years) and 57% (100/174) were women ;
- 46% (79/173) were not vaccinated against COVID-19 ;
- 15% (23/150) had risk factors for complications ;
- 1% (2/143) were hospitalized after the consultation.

These characteristics are close to those of ARI due to COVID-19 seen in general practice since the beginning of the pandemic (median age: 45 years; 57% female; 26% with risk factors; 5% hospitalized patients).

To conclude

The incidence of ARI cases due to COVID-19 seen in general practice continues the increase observed since week 2021w39, with a clear increase observed in the two last weeks (2021w46 and 2021w47).

Additional information on ARI monitoring by the Sentinelles network is available on the next page of this bulletin.

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the COVID-19 epidemic











Observed situation for the week 47 of the year 2021, from 11/22/2021 to 11/28/2021

ARI - Additional information

Modality of ARI monitoring by the Sentinelles Network

Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since 2020. They require close monitoring because they can be the cause of more or less severe epidemics.

In order to carry out this surveillance in general practice, Sentinel general practitioners have been reporting the number of cases of acute respiratory infection (ARI) seen in consultation (or teleconsultation) since March 17, 2020, according to the following definition: sudden onset of fever (or feeling of fever) and respiratory signs.

Virological surveillance is also carried out by Sentinel general practitioners and pediatricians, with the collection of a sample of ARI cases seen in consultation in order to identify the circulating viruses.

This monitoring 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 University of Corsica.

ARI incidence rates



In week 2021w47, incidence rates are increansing in all age groups and particularly in the 0-14 age groups compared to the previous week.



Since week 2021w37 (September 13th 2021), 583 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.

In week 2021w47, 86 patients with ARI seen in GPs and paediatric consultations had been collected :

- 10/86 (11.6%) were positive for SARS-CoV-2 (COVID-19) (consolidated data in 2021w46 : 6/69 (8.7%)).

- 3/74 (4.1%) were positive for influenza virus (consolidated data for 2021w46: 5/69 (7.2%)).

- 5/74 (6.8%) were positive for <code>rhinovirus</code> (hRV) (consolidated data in 2021w46 : 5/69 (7.2%)).

- 9/51 (17.6%) were positive for **respiratory syncytial virus** (**RSV**) (consolidated data in 2021w46 : 8/68 (11.8%)).

- 4/51 (7.8%) were positive for metapneumovirus~(hMPV) (consolidated data in 2021w46 : 4/68 (5.9%)).

Regarding influenza, twelve samples have been tested positive for type A influenza virus since the beginning of the surveillance. Eight of them were subtyped as A(H3N2), one as A(H1N1)pdm09 and three were non-subtyped influenza A viruses.



To conclude

ARI activity continues the increase observed in the previous weeks (see page 1), and particularly among the 0-14 age groups (see opposite).

According to samples taken by Sentinel physicians, the increase in the ARI incidence rate is mainly due to the circulation of different viruses with respiratory tropism: respiratory syncy-tial virus (RSV), SARS-CoV-2 (COVID-19), rhinovirus (hRV) and metapneumovirus (hMPV).

In the two last weeks (2021w46 and 2021w47), eight samples tested positive for an influenza A virus, five of them were sub-typed as A(H3N2) and three were not subtyped.

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the COVID-19 epidemic





Sentinelles





Observed situation for the week 47 of the year 2021, from 11/22/2021 to 11/28/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2021w47 (unconsolidated) Incidence rate estimations [95% confidence interval]	2021w46 Incidence rate estimations [95% confidence interval]	2021w45 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	164 [148 ; 180]	130 [118 ; 142]	91 [81 ; 101]
Acute diarrhea	123 [109 ; 137]	115 [102 ; 128]	100 [89 ; 111]
Chickenpox	19 [14 ; 24]	13 [9 ; 17]	14 [10 ; 18]

Regional incidence rates for the week 2021w47 (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	130 [90 ; 170]	92 [55 ; 129]	12 [2 ; 22]
Bourgogne-Franche-Comté	79 [30 ; 128]	127 [61 ; 193]	0 [0 ; 0]
Bretagne	208 [123 ; 293]	105 [50 ; 160]	8 [0 ; 17]
Centre-Val de Loire	134 [71 ; 197]	102 [50 ; 154]	26 [0 ; 54]
Corse	144 [46 ; 242]	83 [9 ; 157]	0 [0 ; 0]
Grand Est	179 [124 ; 234]	132 [77 ; 187]	23 [3 ; 43]
Hauts-de-France	68 [29 ; 107]	183 [121 ; 245]	22 [2 ; 42]
lle-de-France	152 [97 ; 207]	87 [52 ; 122]	18 [5 ; 31]
Normandie	70 [29 ; 111]	81 [22 ; 140]	14 [0 ; 30]
Nouvelle-Aquitaine	151 [105 ; 197]	134 [90 ; 178]	55 [26 ; 84]
Occitanie	206 [149 ; 263]	92 [51 ; 133]	15 [0 ; 35]
Pays de la Loire	152 [86 ; 218]	103 [51 ; 155]	2 [0 ; 8]
Provence-Alpes-Côte d'Azur	462 [346 ; 578]	117 [61 ; 173]	17 [0 ; 42]

Need more information?	You are a french GP ?	
Visit our website :	Contact us	
https://www.sentiweb.fr/	https://www.sentiweb.fr/france/fr/inscrire	

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, 651 physicians participate in the continuous surveillance activity (608 general practitioners and 43 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Thomas Hanslik, Thierry Blanchon Publication : Yves Dorléans

Information systems & biostatistics : Ibrahima Camara, Titouan Launay, Cécile Souty, Clément Turbelin, Ana Vilcu

Monitoring manager : Louise Rossignol, Caroline Guerrisi

Regional branch	Heads & Epidemiologists/Animators	
Auvergne-Rhône-Alpes,	Marianne Sarazin	
Bourgogne-Franche-Comté	Caroline Liotard	
Centre-Val de Loire,	Thierry Prazuck Charly Kengne-Kuetche, Marie Pouquet	
Pavs de la Loire.		
Protogno		
Bretagne		
Caraa BACA	Alessandra Falchi	
Corse, FACA	Shirley Masse, Julie Sevila	
Grand Est	Daouda Niaré	
lle-de-France,	Mathilde François	
Hauts-de-France	Camille Bonnet, Hayat Benamar	
Normandie	Pol Prevot-Monsacré	
Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans	

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/