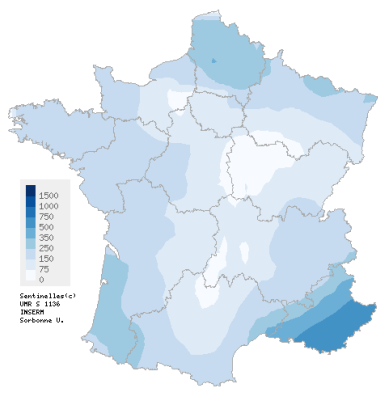
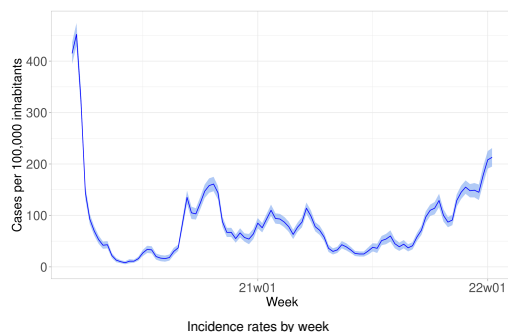


Observed situation in general practice for the week 2 of the year 2022, from 01/10/2022 to 01/16/2022

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



Spatial interpolation map of incidence rates at department level



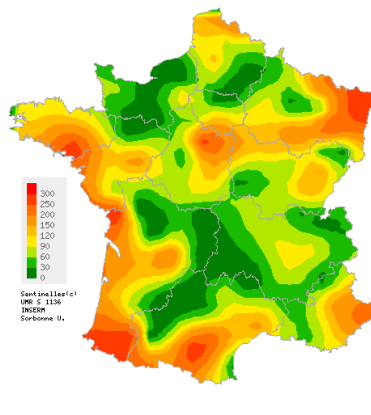
The purpose of ARI surveillance is to monitor outbreaks of influenza, COVID-19 and other seasonal respiratory viruses (RSV, rhinovirus and metapneumovirus).

In metropolitan France, last week (2022w02), the incidence rate of ARI consulting (or teleconsulting) in general practice was estimated at 213 cases per 100,000 inhabitants (95% CI [195 ; 231]). This rate is stable compared to week 2022w01 (consolidated data: 208 [191 ; 225]).

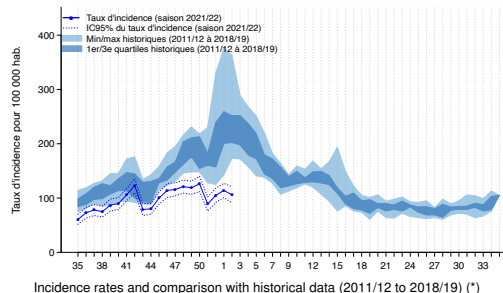
Complete national and regional data are available on the last page of this bulletin.

More information on all surveillance data (ambulatory and hospital) can be found on [the website of Public Health France](https://www.solidarites-sante.gouv.fr/).

Acute diarrhea Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



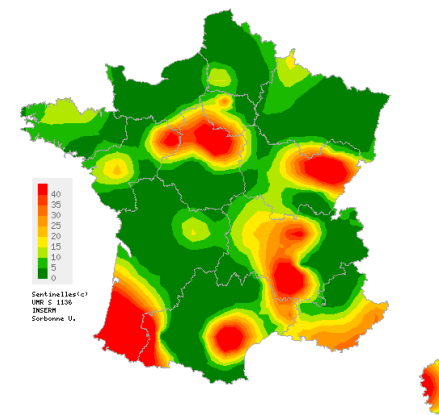
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

In metropolitan France, last week (2022w02), the incidence rate of acute diarrhea seen in general practice was estimated at 106 cases per 100,000 inhabitants (95% CI [91 ; 121]). This rate is stable compared to week 2022w01 (consolidated data: 114 [101 ; 127]) with a lower activity level than those usually observed in this period.

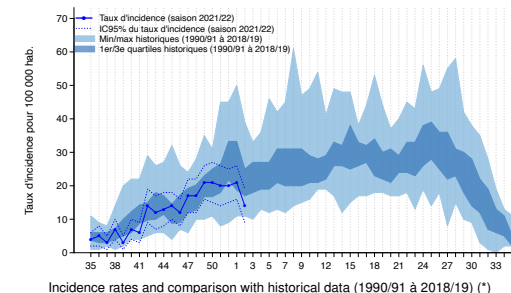
Complete national and regional data are available on the last page of this bulletin.

(*) 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.

Chickenpox Low activity in general practice



Spatial interpolation map of incidence rates at department level



In metropolitan France, last week (2022w02), the incidence rate of Chickenpox seen in general practice was estimated at 14 cases per 100,000 inhabitants (95% CI [9 ; 19]). This rate is decreasing compared to week 2022w01 (consolidated data: 21 [16 ; 26]) with a lower activity level than 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 in general practice for the week 2 of the year 2022, from 01/10/2022 to 01/16/2022

Acute Respiratory Infections (ARI) - Detailed Data

Modalities of ARI monitoring by the Sentinelles Network

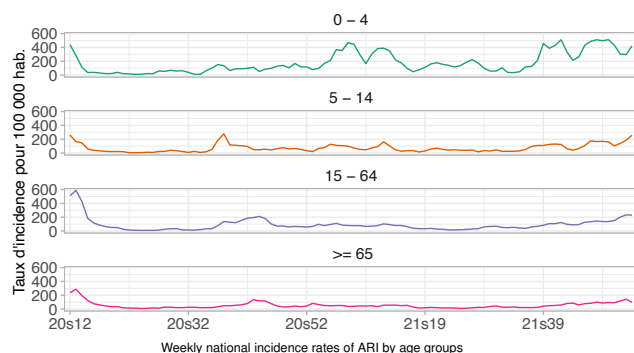
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since 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.

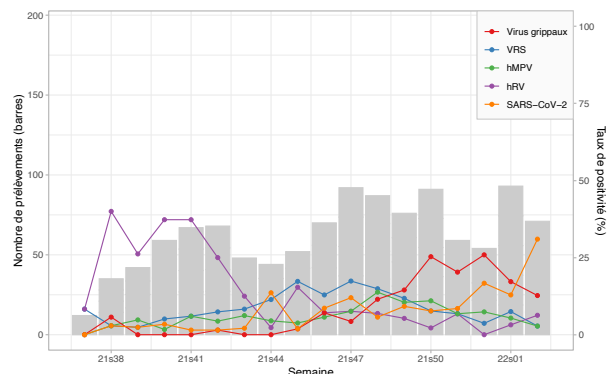
This monitoring is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the University of Corsica.

ARI incidence rates by age groups



In week 2022w02, incidence rates are increasing in the 0-14 age group and are stable in the other age groups compared to the previous week.

Circulation of respiratory viruses



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

Since week 2021w37 (September 13th 2021), 1120 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.

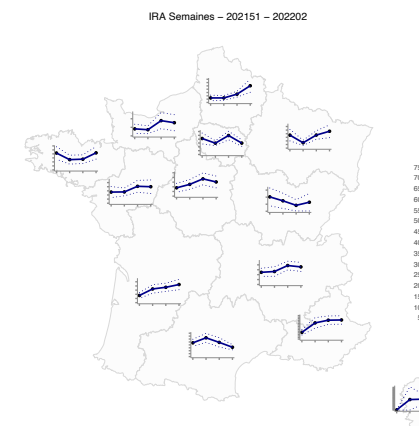
In week 2022w02, 71 patients with ARI seen in GPs and paediatric consultations had been collected :

- 22/71 (31.0%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2022w01 : 12/93 (12.9%)).
- 8/63 (12.7%) were positive for **influenza virus** (consolidated data for 2022w01: 16/93 (17.2%)).
- 4/63 (6.3%) were positive for **rhinovirus (hRV)** (consolidated data in 2022w01 : 3/93 (3.2%)).
- 2/71 (2.8%) were positive for **respiratory syncytial virus (RSV)** (consolidated data in 2022w01 : 7/93 (7.5%)).
- 2/71 (2.8%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2022w01 : 5/93 (5.4%)).

One influenza A(H1N1)pdm09 and SARS-CoV-2 coinfection has been observed in 2021w48.

The situations concerning COVID-19 and influenza are detailed on pages 3 and 4 of this bulletin respectively.

Evolution of ARI incidence by regions



Weekly ARI incidence rates by regions

In conclusion

In week 2022w02, the increase in the incidence of ARI seen in general practice has slowed down (see page 1). Incidence rates are still high in children aged 0 to 14 years (see graph opposite).

The increase in the ARI incidence rate is linked in particular to the circulation of SARS-CoV-2 (COVID-19) and influenza viruses. To a lesser extent, the circulation of respiratory syncytial virus (RSV), metapneumovirus (hMPV) and rhinovirus (hRV) is also noted (see graph opposite).

Observed situation in general practice for the week 2 of the year 2022, from 01/10/2022 to 01/16/2022

COVID-19

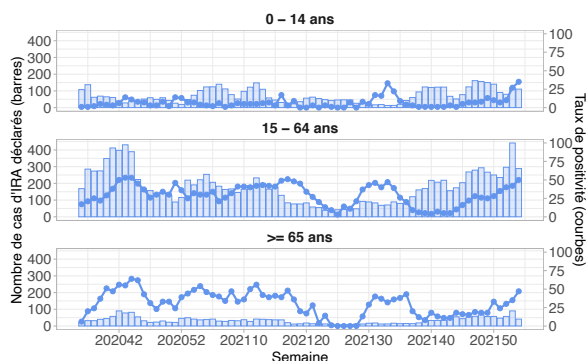
Modality of COVID-19 monitoring by the Sentinelles Network

The surveillance of ARI carried out by the Sentinel network allows to follow the dynamics of the epidemic of COVID-19 in general practice in metropolitan France.

For each patient presenting an ARI reported by Sentinel general practitioners, descriptive data are collected, including the results of diagnostic tests for COVID-19 (search for SARS-CoV-2 by RT-PCR or antigenic test).

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

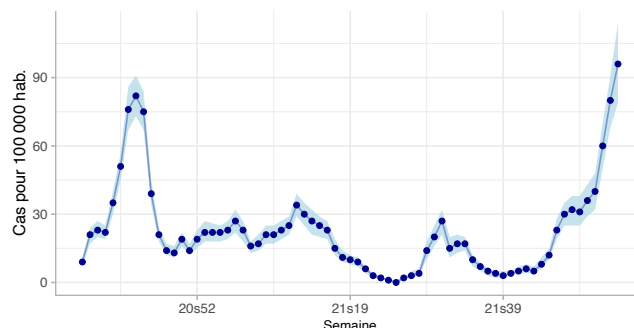
ARI positivity rates to SARS-CoV-2 by age groups



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

In week 2022w02, the SARS-CoV-2 positivity rates of patients consulting for ARI were 35%, 50%, and 47% respectively in the 0-14, 15-64, and 65 and older age groups. These estimates are increasing across all age groups.

Estimated incidence of ARI due to COVID-19



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

In week 2022w02, the incidence rate of ARI due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 96 cases per 100,000 population (95% CI [79; 114]), corresponding to 63,820 [52,232; 75,408] new cases of COVID-19 seen in general practice.

This rate is still increasing compared to those in recent weeks (consolidated data for 2022w01: 80 [68 ; 91], representing 52,879 [45,112; 60,646] 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 (2021w52 - 2022w02), the 593 SARS-CoV-2 (COVID-19) positive ARI cases seen by the Sentinel general practitioners had the following characteristics:

- Their median age was 39 years (range 3 months to 97 years) and 58% (337/582) were women ;
- 40% (229/569) of eligible individuals were not vaccinated against COVID-19 (no vaccine dose received) ;
- 24% (116/475) had risk factors for complications ;
- 2% (8/473) were hospitalized after their consultations.

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; 25% with risk factors; 5% hospitalized patients).

In conclusion

ARI positivity rates for SARS-CoV-2 are increasing and high in all age groups.

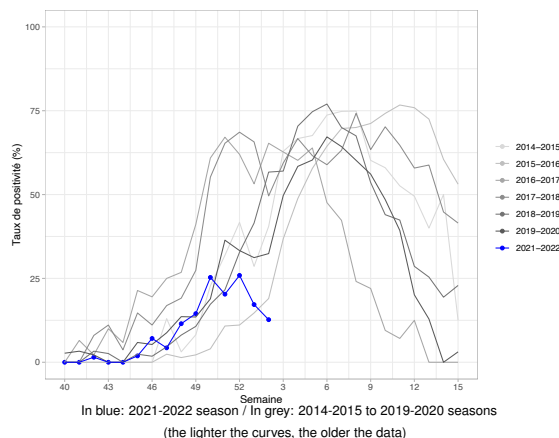
The ARI incidence due to COVID-19 seen in general practice continues the increase observed since week 2021w39, with a very strong acceleration since week 2021s52, exceeding the levels observed in general practice during the second epidemic wave of COVID-19 in autumn 2020 (see graph opposite).

The characteristics of SARS-CoV-2 (COVID-19) positive ARI cases observed over the last three weeks in general practice remain similar to those observed since the beginning of the pandemic.

Observed situation in general practice for the week 2 of the year 2022, from 01/10/2022 to 01/16/2022

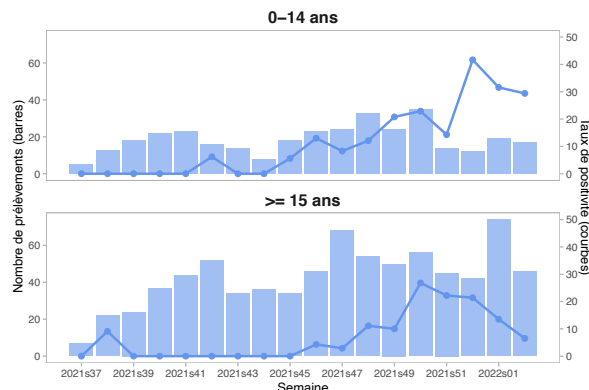
INFLUENZA

ARI positivity rates to influenza



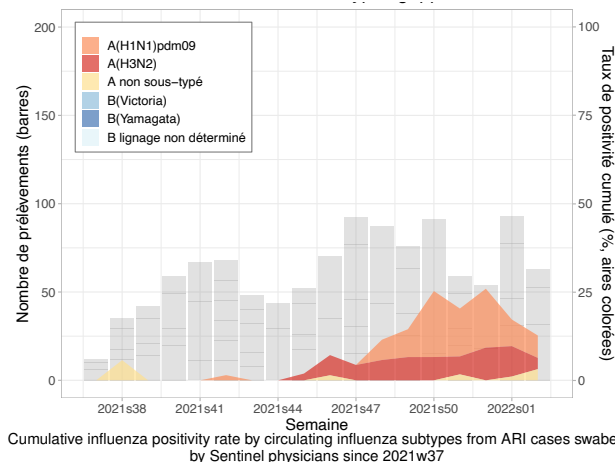
In week 2022w02, the influenza positivity rate of patients consulting for an ARI and sampled by Sentinel physicians was estimated to 12.7%.

ARI positivity rates to influenza by age groups



In week 2022w02, the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 29% and 7% respectively in the 0-15 and 15 and older age groups.

Identification of influenza viruses



The graph above shows the number of samples tested for influenza each week (bars), and the cumulative positivity rates by circulating influenza virus subtypes each week (coloured areas). The sum of these stacked areas represents the overall influenza positivity rate among the samples tested.

Since the beginning of virological surveillance in early September 2021, 9.6% (107/1,112) of the samples tested positive for influenza viruses.

In week 2022w02, 12.7% (8/63) of the samples collected tested positive for an influenza virus (consolidated data for the previous week 2022w01 : 17.2% (16/93)).

They were exclusively influenza A viruses, distributed as follows:

- 4/63 (6,3%) cases of influenza A(H1N1)pdm09
- 2/63 (3,2%) cases of influenza A(H3N2)
- 2/63 (3,2%) non-subtyped influenza A cases.

Clinical description of confirmed influenza cases

Since the beginning of virological surveillance in early September, the 107 confirmed influenza cases seen by Sentinel general practitioners and pediatricians had the following characteristics:

- Their median age was 22 years (from 6 months to 82 years);
- 54% (57/105) were women;
- 98% (99/101) were not vaccinated against influenza;
- 10% (10/104) had risk factors for complications;
- No patient (0/103) was hospitalized at the end of the consultation.

These characteristics are similar to those of positive influenza cases observed in past seasons in general practice (median age: 24 years; 50% women; 92% unvaccinated against influenza; 14% with risk factors; 0.4% hospitalized patients).

In conclusion

The circulation of influenza viruses is tending to decrease, whereas the dynamics observed in recent weeks (weeks 40 to 52) were comparable to the start of the influenza epidemics usually observed (see graph opposite). One of the hypotheses that may explain this stabilization may be linked to the sanitary measures put in place to fight the COVID-19 pandemic.

For the moment, the predominant circulating virus are the influenza virus subtype A(H1N1)pdm09 and A (H3N2).

Observed situation in general practice for the week 2 of the year 2022, from 01/10/2022 to 01/16/2022

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2022w02 (unconsolidated) Incidence rate estimations [95% confidence interval]	2022w01 Incidence rate estimations [95% confidence interval]	2021w52 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	213 [195 ; 231]	208 [191 ; 225]	179 [162 ; 196]
Acute diarrhea	106 [91 ; 121]	114 [101 ; 127]	105 [92 ; 118]
Chickenpox	14 [9 ; 19]	21 [16 ; 26]	20 [15 ; 25]

Regional incidence rates for the week 2022w02 (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	179 [133 ; 225]	66 [37 ; 95]	21 [3 ; 39]
Bourgogne-Franche-Comté	64 [2 ; 126]	93 [2 ; 184]	26 [0 ; 71]
Bretagne	213 [135 ; 291]	148 [87 ; 209]	5 [0 ; 13]
Centre-Val de Loire	152 [89 ; 215]	128 [51 ; 205]	28 [0 ; 66]
Corse	422 [216 ; 628]	103 [39 ; 167]	27 [0 ; 85]
Grand Est	234 [145 ; 323]	176 [91 ; 261]	2 [0 ; 6]
Hauts-de-France	252 [153 ; 351]	126 [65 ; 187]	6 [0 ; 17]
Ile-de-France	149 [107 ; 191]	55 [36 ; 74]	16 [4 ; 28]
Normandie	77 [30 ; 124]	35 [0 ; 72]	0 [0 ; 0]
Nouvelle-Aquitaine	217 [155 ; 279]	137 [81 ; 193]	17 [0 ; 35]
Occitanie	160 [116 ; 204]	95 [56 ; 134]	10 [0 ; 23]
Pays de la Loire	200 [118 ; 282]	104 [44 ; 164]	19 [0 ; 40]
Provence-Alpes-Côte d'Azur	610 [476 ; 744]	94 [47 ; 141]	25 [0 ; 51]

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, 658 physicians participate in the continuous surveillance activity (612 general practitioners and 46 paediatricians), allowing the production of weekly epidemiological reports.

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Publication : Yves Dorléans

Information systems & biostatistics : Ibrahima Camara, Olivier Garcia, Titouan Launay, Clément Turbelin, Ana Vilcu

Monitoring manager : Thomas Hanslik, Caroline Guerrisi, Louise Rossignol

Regional branch	Heads & Epidemiologists/Animators
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Centre-Val de Loire, Pays de la Loire, Bretagne	Thierry Prazuck Charly Kengne-Kuetché, Marie Pouquet
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	Justine Ducher
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