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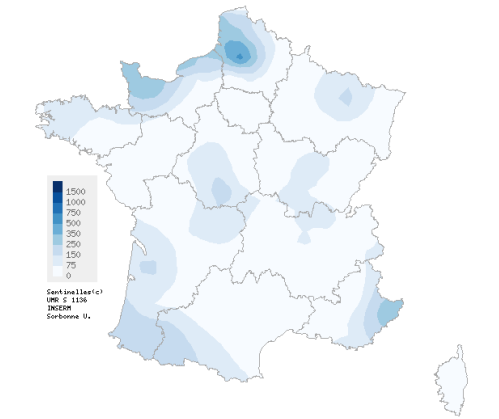
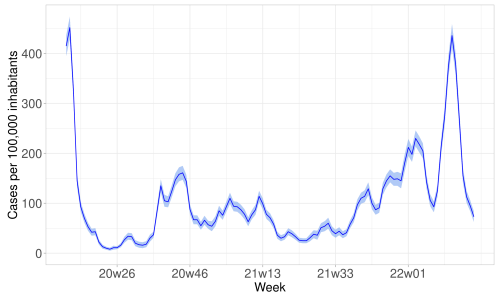
Observed situation in general practice for the week 19 of the year 2022, from 05/09/2022 to 05/15/2022

Acute Respiratory Infection (ARI)

(COVID-19, Influenza and other respiratory viruses)
Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In mainland France, last week (2022w19), the incidence rate of ARI cases consulting in general practice was estimated at **73 cases per 100,000 inhabitants (95% CI [62 ; 84])**. This rate is **decreasing** compared to week 2022w18 (consolidated data: 95 [84 ; 106]).

- Data on influenza: page 2

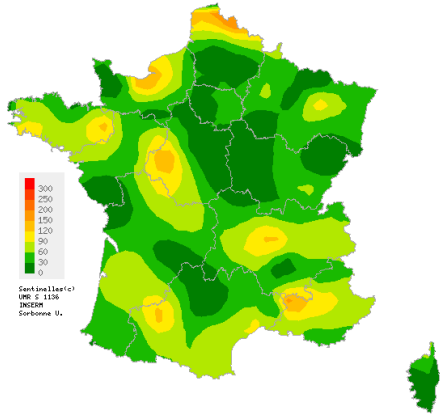
- Data on COVID-19: page 3

- Complete national and regional data: page 5

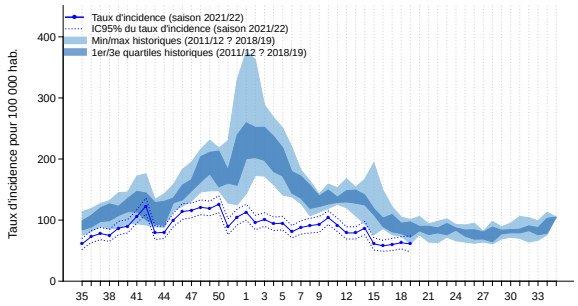
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (COVID-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus, and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these virus.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (2011/12 to 2018/19) (*)

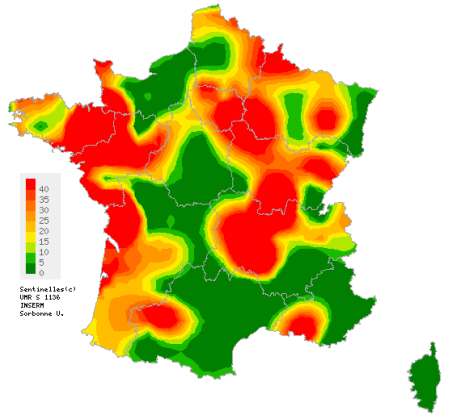
In mainland France, last week (2022w19), the incidence rate of acute diarrhea cases seen in general practice was estimated at **61 cases per 100,000 inhabitants (95% CI [48 ; 74])**. This rate is **stable** compared to week 2022w18 (consolidated data: 63 [53 ; 73]) and at a lower level of activity than those usually observed during this period.

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

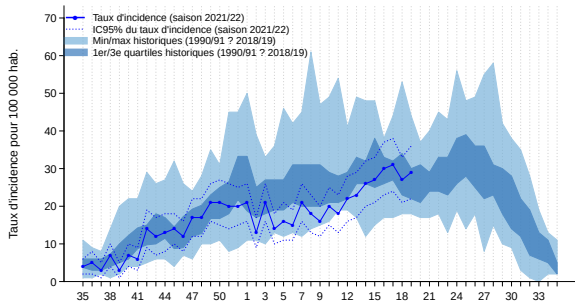
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

Chickenpox

Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (1990/91 à 2018/19) (*)

In mainland France, last week (2022w19), the incidence rate of Chickenpox cases seen in general practice was estimated at **29 cases per 100,000 inhabitants (95% CI [22 ; 36])**. This rate is **stable** compared to week 2022w18 (consolidated data: 27 [21 ; 33]) and at level of activity close to those usually observed during this period.

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

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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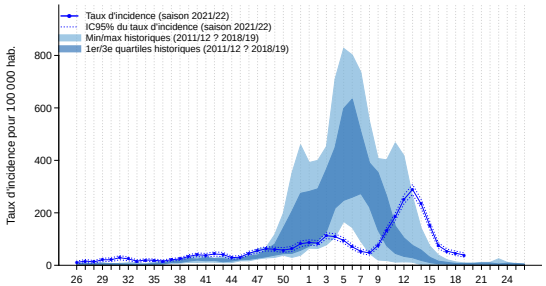
Observed situation in general practice for the week 19 of the year 2022, from 05/09/2022 to 05/15/2022

INFLUENZA

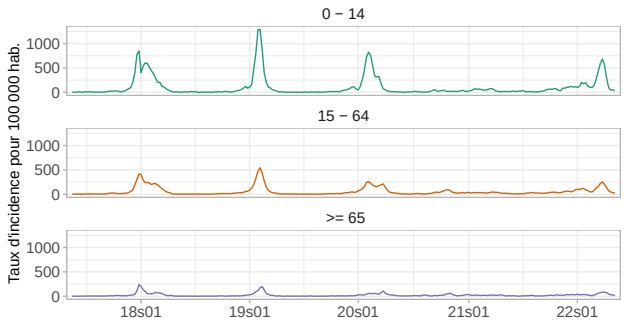
Incidence rates of Influenza-like illness (ILI) and comparison to historical data



Incidence rates and comparison with historical data (2011/12 to 2018/19)

In week 2022w19, the incidence rate of influenza-like illness seen in general practice was estimated at 39 cases per 100,000 inhabitants (95% CI [31; 47]). This rate is stable compared to the previous week.

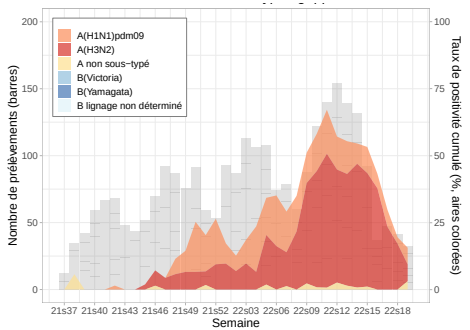
Incidence rates of influenza-like illness by age groups



Weekly incidence rates of influenza-like illness by age group

In week 2022w19, influenza-like illness incidence rates are stable across all age groups compared to the previous week.

Circulation of influenza viruses



Cumulative influenza positivity rate by circulating influenza subtypes from ARI cases swabed by Sentinel physicians since 2021w37

In week 2022w19, 32 patients with ARI seen in general medicine or pediatrics were sampled as part of the Sentinel surveillance (saliva samples). Of these 15.6% (5/32) were positive for at least one influenza virus (consolidated data for the previous week 2022w18: 19.5% (8/41)).

The influenza viruses isolated in these 5 patients were exclusively of type A.

In total:

- 2/5 were tested positive for influenza virus A(H1N1)pdm09;
- 2/5 for influenza virus A(H3N2) ;
- 1/5 for influenza A virus not yet subtyped.

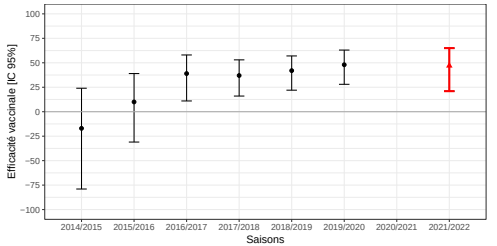
Three A(H1N1)pdm2009 and A(H3N2) co-infections were observed in weeks 2022s14, 2022s15 and 2022s16.

Description of influenza cases:

A total of 799 influenza cases have been confirmed as part of Sentinel virological surveillance. They had the following characteristics:

- The median age was 20 years (from 1 month to 86 years);
- 51% (400/790) were women;
- 13% (103/781) had risk factors for complications;
- Two patients (2/756) were hospitalized at the end of the consultation.

Vaccine effectiveness against seasonal flu



In red: 2021-2022 season / In black: 2014-2015 to 2019-2020 seasons

Influenza vaccine effectiveness this season is estimated at **47% (95% CI [21%; 65%])**. This effectiveness is close to that of recent seasons.

The vaccine effectiveness by type of influenza virus circulating in France is estimated at 33% [-4%; 57%] against influenza virus subtype A(H3N2), and 81% [54%; 92%] against A(H1N1)pdm09.

These estimates will be refined in the upcoming weeks.

**Absence of active circulation of influenza viruses during the 2020/2021 season*

In conclusion

Referring to the usual dynamics of seasonal flu epidemic, trends in the incidence of influenza-like illnesses seen in general practice and in the influenza positivity rate are in favor of a transition to the post-epidemic phase in mainland France. The week 2022w13 seems to correspond to the epidemic peak of this season. This influenza epidemic is late and of moderate intensity compared to past seasons.

Since the beginning of the season, circulating influenza viruses are of type A with subtypes A(H1N1)pdm09 and A(H3N2). In recent weeks, the A(H3N2) virus has been circulating in the majority.

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on influenza by clicking here.

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COVID-19

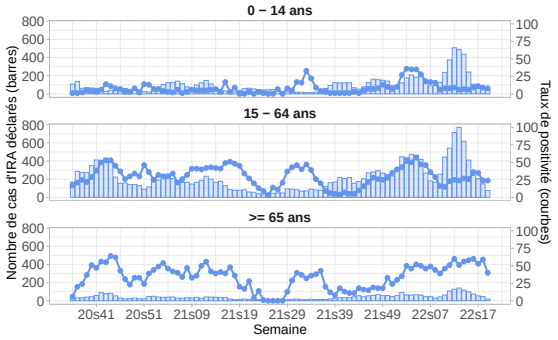
Modalities of COVID-19 monitoring by the Sentinelles Network

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.

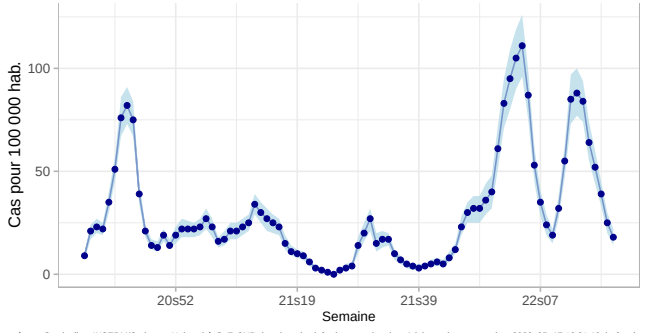
ARI positivity rates to SARS-CoV-2 by age groups



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

In week 2022w19, the SARS-CoV-2 positivity rates of patients consulting for ARI were 8%, 24%, and 40% respectively in the 0-14, 15-64, and 65 and older 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 2022w19, the incidence rate of ARI 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 11,858 [9,373; 14,343] new cases of COVID-19 seen in general practice.

This rate has been decreasing since week 2022w13 (consolidated data for 2022w18: 25 [20; 30], representing 16,370 [13,107; 19,633] new cases of ARI due to COVID-19 seen in general practice).

Clinical description of ARI due to COVID-19

Since week 2021w52 (when the Omicron variant became the majority in metropolitan France), the 3,814 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 1 month to 104 years) and 57% (2,135/3,750) were women;
- 25% (797/3,208) of cases aged 12 years and older were not vaccinated against COVID-19 (no vaccine dose received);
- 24% (718/2,954) had risk factors for complications;
- 1% (39/2,950) 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 and until week 2021w51 (median age: 45 years; 57% female; 25% with risk factors; 5% hospitalized patients).

In conclusion

The incidence of ARI due to COVID-19 seen in general practice is decreasing since week 2022w13.

You can find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the COVID-19 pandemic by clicking here.

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Additional data on acute respiratory infections

Modalities of ARI monitoring by the Sentinelles Network

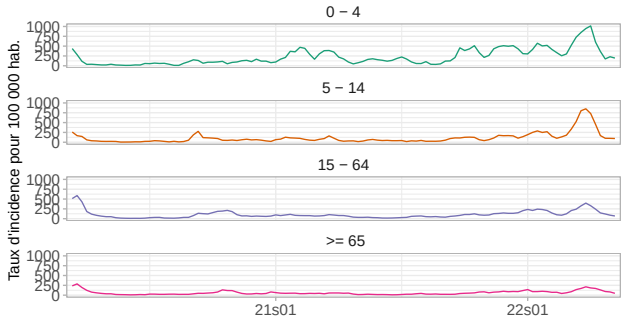
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since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

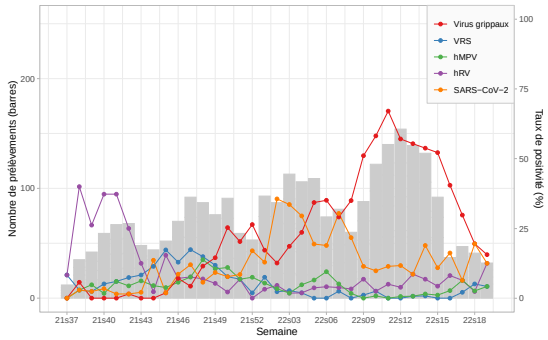
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

In week 2022w19, incidence rates are decreasing in all 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

In week 2022w19, 32 patients with ARI seen in GPs and paediatric consultations had been collected as a part of the Sentinel surveillance (salivary samples). These samples were tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses:

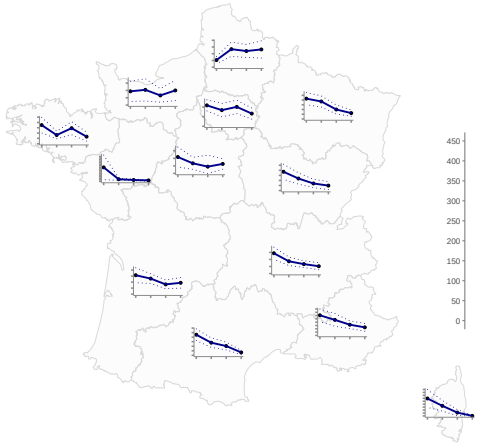
- 5/32 (15.6%) were positive for **influenza virus** (consolidated data for 2022w18: 8/41 (19.5%));
- 4/32 (12.5%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2022w18: 8/41 (19.5%));
- 4/32 (12.5%) were positive for **rhinovirus (hRV)** (consolidated data in 2022w18: 1/41 (2,4%));
- 1/24 (4.2%) was positive for **respiratory syncytial virus (RSV)** (consolidated data in 2022w18: 2/39 (5,1%));
- 1/24 (4.2%) was positive for **metapneumovirus (hMPV)** (consolidated data in 2022w18: 1/39 (2,6%)).

Since week 2021w37 (September 13th 2021), 2,699 patients with ARI seen in GPs and paediatric consultations have been swabbed. The results of the virological tests performed according to the weeks are presented in the graph above.

Twelve co-infections "Influenza+COVID-19" were observed:

- Five A(H1N1)pdm09/SARS-CoV-2 co-infections in weeks 2021w48, 2022w03, 2022w05, 2022w08 and 2022w14;
- Seven A(H3N2)/SARS-CoV-2 co-infections in weeks 2022w03, 2022w07, 2022w08, 2022w10, 2022w13, 2022w15 and 2022w16.

Evolution of ARI incidence by regions



Weekly ARI incidence rates by regions

In conclusion

The incidence of ARIs seen in general practice is decreasing since week 2022w13.

The circulation of influenza viruses and SARS-CoV-2 (COVID-19) is decreasing. The circulation of other respiratory viruses monitored remains low (metapneumovirus (hMPV), respiratory syncytial virus (RSV) and rhinovirus (hRV)) (see graph opposite).

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Observed situation in general practice for the week 19 of the year 2022, from 05/09/2022 to 05/15/2022

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2022w19 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2022w18** Incidence rate estimations [95% confidence interval]	**2022w17** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	73 [62 ; 84]	95 [84 ; 106]	113 [101 ; 125]
Acute diarrhea	61 [48 ; 74]	63 [53 ; 73]	60 [50 ; 70]
Chickenpox	29 [22 ; 36]	27 [21 ; 33]	31 [24 ; 38]

Regional incidence rates for the week 2022w19 (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	52 [27 ; 77]	60 [33 ; 87]	25 [7 ; 43]
Bourgogne-Franche-Comté	49 [9 ; 89]	21 [0 ; 45]	49 [11 ; 87]
Bretagne	66 [24 ; 108]	89 [32 ; 146]	129 [48 ; 210]
Centre-Val de Loire	63 [28 ; 98]	50 [17 ; 83]	9 [0 ; 21]
Corse	1 [0 ; 9]	47 [0 ; 110]	0 [0 ; 0]
Grand Est	62 [29 ; 95]	49 [16 ; 82]	21 [1 ; 41]
Hauts-de-France	132 [68 ; 196]	108 [61 ; 155]	23 [2 ; 44]
Ile-de-France	66 [37 ; 95]	32 [15 ; 49]	38 [15 ; 61]
Normandie	100 [31 ; 169]	46 [1 ; 91]	0 [0 ; 0]
Nouvelle-Aquitaine	94 [50 ; 138]	44 [16 ; 72]	45 [1 ; 89]
Occitanie	32 [9 ; 55]	39 [13 ; 65]	8 [0 ; 22]
Pays de la Loire	33 [9 ; 57]	47 [10 ; 84]	36 [0 ; 73]
Provence-Alpes-Côte d'Azur	122 [63 ; 181]	70 [20 ; 120]	30 [2 ; 58]

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, 621 physicians participate in the continuous surveillance activity (579 general practitioners and 42 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Olivier Steichen, Thierry Blanchon
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
Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté	**Marianne Sarazin** Caroline Liotard
Centre-Val de Loire, Pays de la Loire, Bretagne	**Thierry Prazuck** Charly Kengne-Kuetche, 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
Nouvelle-Aquitaine, Occitanie	**Maryse Lapeyre-Mestre** Marion Debin, Yves Dorléans

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