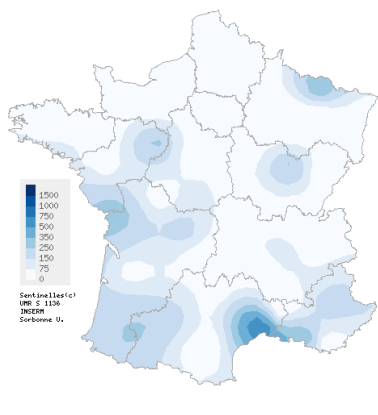


Observed situation in general practice for the week 32 of the year 2022, from 08/08/2022 to 08/14/2022

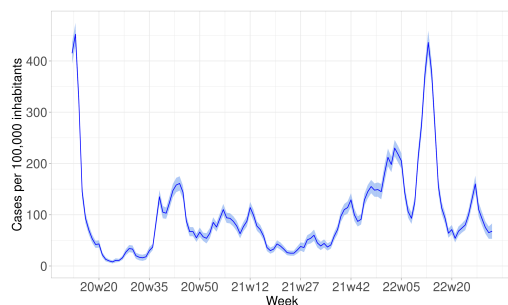
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

In mainland France, last week (2022w32), the incidence rate of ARI cases consulting in general practice was estimated at **68 cases per 100,000 inhabitants (95% CI [53 ; 83])**. This rate is **stable** compared to week 2022w31 (consolidated data: 65 [53 ; 77]).

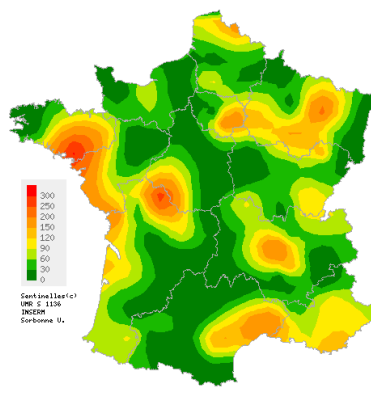
- Data on Covid-19: page 2

- Complete national and regional data: page 3

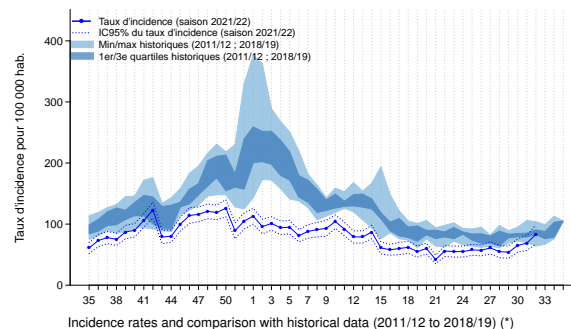
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these viruses.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



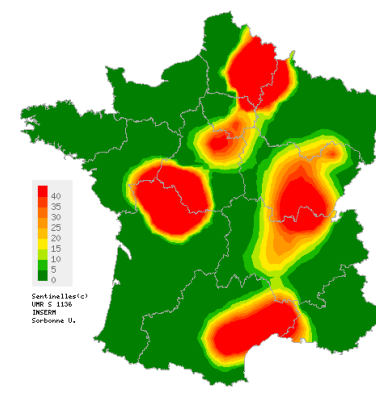
In mainland France, last week (2022w32), the incidence rate of acute diarrhea cases seen in general practice was estimated at **83 cases per 100,000 inhabitants (95% CI [67 ; 99])**. This rate is **stable** compared to week 2022w31 (consolidated data: 69 [57 ; 81]) and at a level of activity similar to those usually observed in this period.

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

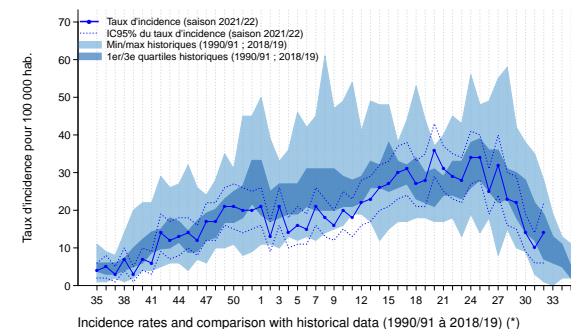
The purpose of acute diarrhea surveillance is to monitor gastroenteritis outbreaks.

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



In mainland France, last week (2022w32), the incidence rate of Chickenpox cases seen in general practice was estimated at **14 cases per 100,000 inhabitants (95% CI [6 ; 22])**. This rate is **stable** compared to week 2022w31 (consolidated data: 10 [6 ; 14]) and at a level of activity similar to those usually observed in this period.

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

Observed situation in general practice for the week 32 of the year 2022, from 08/08/2022 to 08/14/2022

COVID-19

Modalities of Covid-19 monitoring by the Sentinelles Network

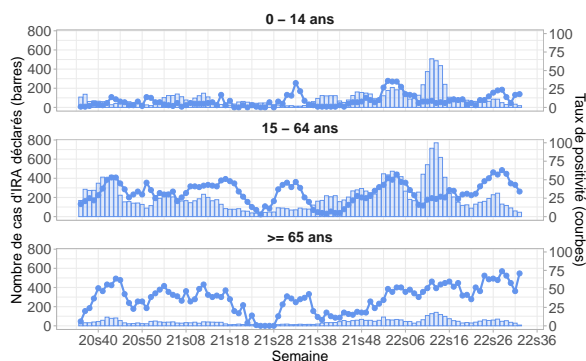
The Sentinel network contributes to the monitoring of the dynamics of the Covid-19 epidemic through the surveillance of cases of acute respiratory infection (ARI) seen in general practice (*defined as a fever or a feeling of fever accompanied by respiratory signs*).

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

From this information, it is possible to estimate the number of Covid-19 cases with respiratory signs seen in general practice. These cases represent a majority share of all Covid-19 cases seen in general practice. However, it is important to note that Covid-19 cases without respiratory signs are not included in our estimates (such as those with only isolated ageusia or anosmia).

This indicator provides comparable estimates over time to monitor the dynamics of the epidemic.

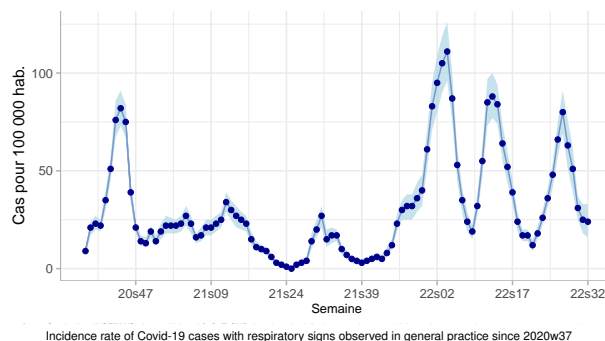
ARI positivity rates to SARS-CoV-2 (Covid-19) by age groups



Number of ARI cases reported by Sentinelles physicians and SARS-CoV-2 (Covid-19) positivity rate since 2020w37

In week 2022w32, the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were 18%, 34%, and 71% respectively in the 0-14, 15-64, and 65 and older age groups.

Estimated incidence of Covid-19 cases with respiratory signs



Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

In week 2022w32, the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at 24 cases per 100,000 population (95% CI [16; 33]), corresponding to 16,072 [10,564; 21,580] new cases of Covid-19 with respiratory signs seen in general practice.

This rate has been stable compared to those in recent weeks (consolidated data for 2022w31: 25 [18; 33], representing 16,744 [11,807; 21,681] new cases of Covid-19 with respiratory signs seen in general practice).

Clinical description of Covid-19 cases with respiratory signs

Since week 2022w21 (date of the beginning of the seventh wave due to infections by the BA.4 and BA.5 sublineages of the Omicron variant), the 1,123 Covid-19 cases with respiratory signs seen by the Sentinel general practitioners had the following characteristics:

- Their median age was 51 years (range from 3 months to 105 years) and 58% (703/1,203) were women;
- 16% (173/1,089) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- 30% (299/1,003) had risk factors for complications;
- 0.7% (7/1,003) were hospitalized after their consultations.

In conclusion

The incidence of Covid-19 cases with respiratory signs seen in general practice has decreased significantly since week 2022s27, currently still at a moderate level of intensity.

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](#).

Observed situation in general practice for the week 32 of the year 2022, from 08/08/2022 to 08/14/2022

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2022w32 (unconsolidated) Incidence rate estimations [95% confidence interval]	2022w31 Incidence rate estimations [95% confidence interval]	2022w30 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	68 [53 ; 83]	65 [53 ; 77]	75 [63 ; 87]
Acute diarrhea	83 [67 ; 99]	69 [57 ; 81]	65 [54 ; 76]
Chickenpox	14 [6 ; 22]	10 [6 ; 14]	14 [9 ; 19]

Regional incidence rates for the week 2022w32 (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	37 [8 ; 66]	69 [34 ; 104]	18 [0 ; 38]
Bourgogne-Franche-Comté	66 [17 ; 115]	34 [6 ; 62]	30 [0 ; 69]
Bretagne	43 [8 ; 78]	137 [48 ; 226]	1 [0 ; 7]
Centre-Val de Loire	46 [8 ; 84]	34 [2 ; 66]	15 [0 ; 96]
Corse	108 [0 ; 228]	95 [0 ; 241]	29 [0 ; 64]
Grand Est	75 [29 ; 121]	83 [41 ; 125]	0 [0 ; 0]
Hauts-de-France	31 [0 ; 67]	111 [52 ; 170]	32 [0 ; 78]
Ile-de-France	18 [0 ; 36]	56 [25 ; 87]	4 [0 ; 12]
Normandie	9 [0 ; 25]	25 [0 ; 55]	0 [0 ; 0]
Nouvelle-Aquitaine	104 [37 ; 171]	89 [27 ; 151]	32 [0 ; 76]
Occitanie	200 [107 ; 293]	78 [21 ; 135]	29 [0 ; 64]
Pays de la Loire	98 [20 ; 176]	50 [10 ; 90]	0 [0 ; 0]
Provence-Alpes-Côte d'Azur	184 [0 ; 425]	87 [0 ; 208]	0 [0 ; 0]

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, 608 physicians participate in the continuous surveillance activity (567 general practitioners and 41 paediatricians), allowing the production of weekly epidemiological reports.

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