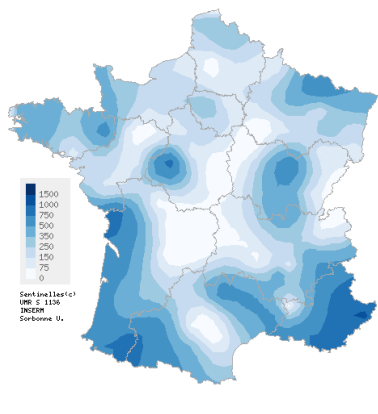


Observed situation in general practice for the week 47 of the year 2022, from 11/21/2022 to 11/27/2022

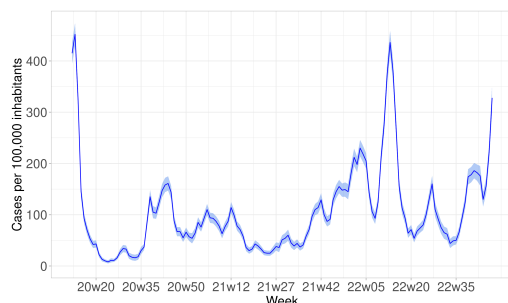
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

High activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates by week

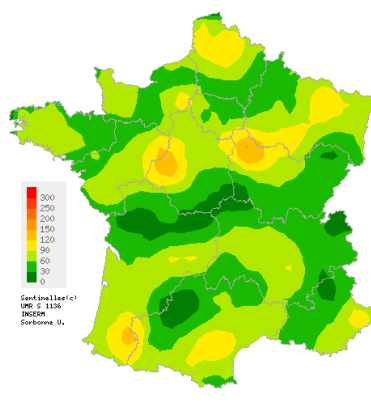
In mainland France, last week (2022w47), the incidence rate of ARI cases consulting in general practice was estimated at **328 cases per 100,000 inhabitants (95% CI [303 ; 353])**. This rate is **increasing** compared to week 2022w46 (consolidated data: 222 [205 ; 239]).

- Additional data on ARI: page 2
- Data on Covid-19: page 3
- Complete national and regional data: page 4

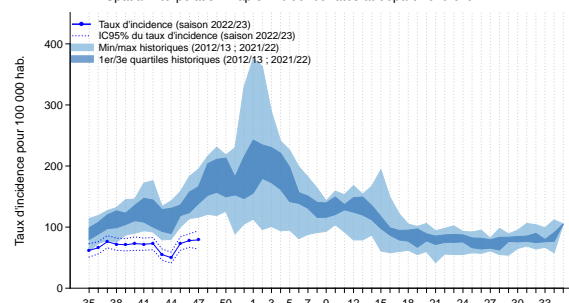
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus. The purpose of ARI surveillance is to monitor outbreaks of these viruses.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (*)

In mainland France, last week (2022w47), the incidence rate of acute diarrhea cases seen in general practice was estimated at **79 cases per 100,000 inhabitants (95% CI [64 ; 94])**. This rate is **stable** compared to week 2022w46 (consolidated data: 78 [67 ; 89]) and at a level of activity below those usually observed in this period.

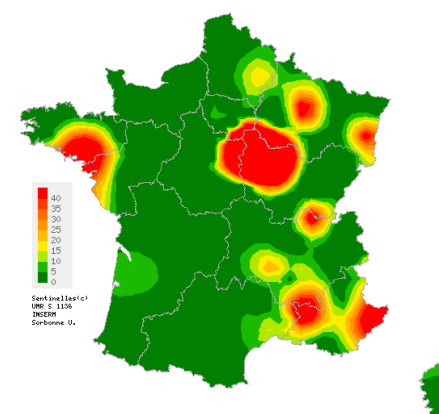
Complete national and regional data are available on the last page of this bulletin.

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

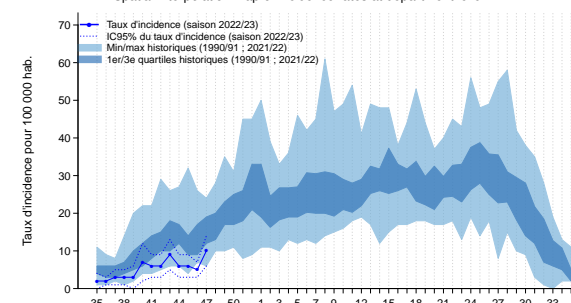
(*) Incidences of acute diarrhea during the 2019/2020 and 2020/2021 seasons were greatly reduced by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (*)

In mainland France, last week (2022w47), the incidence rate of Chickenpox cases seen in general practice was estimated at **10 cases per 100,000 inhabitants (95% CI [6 ; 14])**. This rate is **slightly increasing** compared to week 2022w46 (consolidated data: 5 [3 ; 7]) and is at a low level of activity compared to those usually observed in this period.

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

(*) Incidences of Chickenpox cases during the 2019/2020 and 2020/2021 seasons were greatly reduced by the Covid-19 pandemic containment and health measures. They are not included in historical comparisons.

Observed situation in general practice for the week 47 of the year 2022, from 11/21/2022 to 11/27/2022

Additional data on acute respiratory infections

Modalities of ARI monitoring by the Sentinelles Network

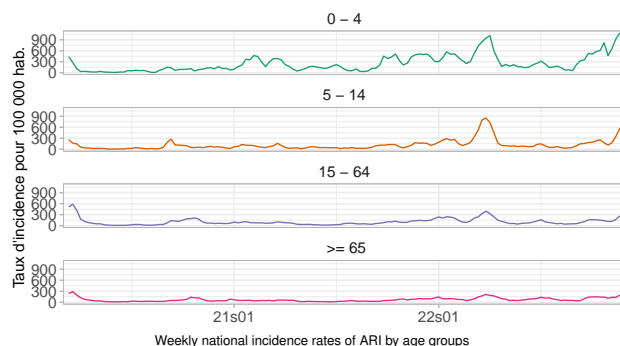
Every year, viruses with respiratory tropism circulate in mainland France causing acute respiratory infections (ARI). These viruses are mainly influenza viruses, and other respiratory viruses such as respiratory syncytial virus (RSV), rhinovirus or metapneumovirus, but also SARS-CoV-2 (COVID-19) since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

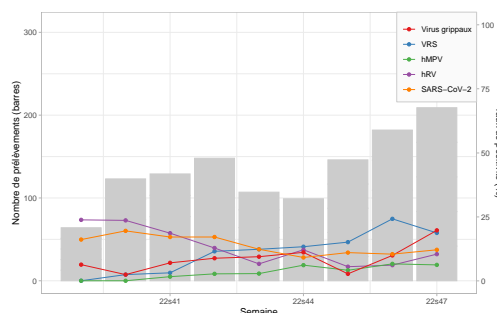
This monitoring is carried out in collaboration with Santé publique France, the National Reference Center (CNR) for respiratory infections (Pasteur Institute in Paris and Hospices Civils de Lyon), and the University of Corsica.

ARI incidence rates by age groups



Last week (2022w47), incidence rates are increasing in all age groups, and particularly among children aged 5-14 years and among the 15-64 years old compared to the previous week.

Circulation of respiratory viruses in general practice and pediatrics



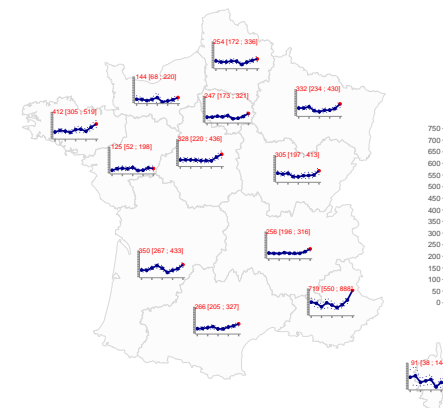
Since week 2022w39 (September 26th 2022), 1,207 patients with ARI seen in GPs and paediatric consultations have been swabbed. The results of the virological tests performed according to the weeks are presented in the graph above.

Last week 2022w47, 209 patients with ARI seen in GPs and paediatric consultations had been collected as a part of the Sentinel surveillance (salivary and nasopharyngeal samples). These samples were tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses:

- 38/193 (19.7%) were positive for **influenza virus** (consolidated data for 2022w46: 18/182 (9.9%);
- 21/174 (12.1%) were positive for **SARS-CoV-2 (COVID-19)** (consolidated data in 2022w46: 19/182 (10.4%);
- 20/193 (10.4%) were positive for **rhinovirus (hRV)** (consolidated data in 2022w46: 11/180 (6.1%);
- 36/193 (18.7%) was positive for **respiratory syncytial virus (RSV)** (consolidated data in 2022w46: 44/182 (24.2%);
- 12/193 (6.2%) were positive for **metapneumovirus (hMPV)** (consolidated data in 2022w46: 12/181 (6.6%).

3 co-infections "Influenza+COVID-19" were observed. They were two A(H3N2)/SARS-CoV-2 co-infections observed in weeks 2022w42 and 2022w43, and one A untyped influenza/SARS-CoV-2 co-infection last week (2022w47).

Evolution of ARI incidence by regions



The regional ARI incidence rates estimated for the last week 2022w47 are available on the last page.

In conclusion

The incidence of ARIs seen in general medical consultations has increased significantly over the past three weeks. This increase is observed in all age groups, and especially in children.

This incidence of ARI is linked to the concomitant circulation of different respiratory viruses last week (2022w47), in particular the respiratory syncytial virus (RSV) (see page 5) and influenza viruses (see page 4), but also the SARS-CoV-2 (see page 3), the rhinovirus and the metapneumovirus (see graph opposite).

Observed situation in general practice for the week 47 of the year 2022, from 11/21/2022 to 11/27/2022

Covid-19

Modalities of Covid-19 monitoring by the Sentinelles Network

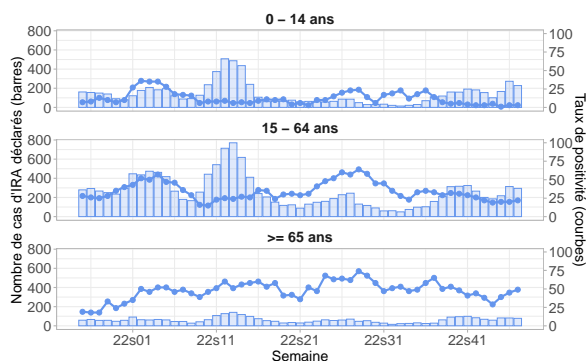
The Sentinel network contributes to the monitoring of the dynamics of the Covid-19 epidemic through the surveillance of cases of acute respiratory infection (ARI) seen in general practice (*defined as a fever or a feeling of fever accompanied by respiratory signs*).

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.

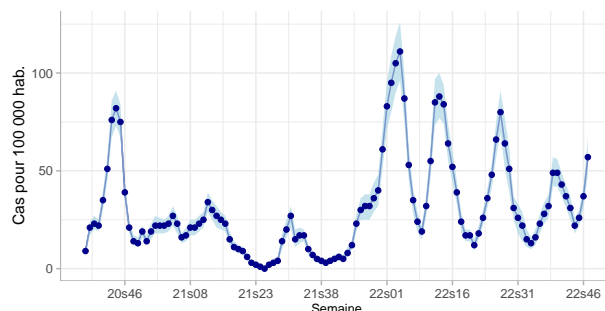
ARI positivity rates to SARS-CoV-2 (Covid-19) by age groups



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

Last week (2022w47), the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were 3%, 22%, and 49% 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

Last week 2022w47, the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at 57 cases per 100,000 population (95% CI [48; 66]), corresponding to 37,772 [31,549; 43,995] new cases of Covid-19 with respiratory signs seen in general practice.

This rate is increasing compared to those in recent weeks (consolidated data for 2022w46: 37 [31; 42], representing 24,248 [20,673; 27,823] 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 2,589 Covid-19 cases with respiratory signs seen by the Sentinel general practitioners had the following characteristics:

- Their median age was 52 years (range from 3 month to 105 years) and 57% (1 454/2 551) were women;
- 15% (320/2,194) of cases aged 12 years and older were not vaccinated against Covid-19 (no vaccine dose received);
- 30% (630/2,117) had risk factors for complications;
- 1% (22/2,134) were hospitalized after their consultations.

In conclusion

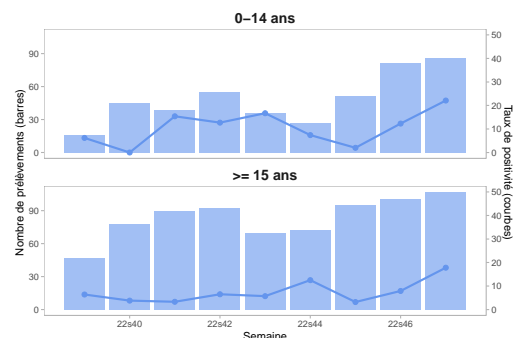
The incidence of Covid-19 cases with respiratory signs seen in general practice continues the increase observed since three weeks (see column opposite).

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 47 of the year 2022, from 11/21/2022 to 11/27/2022

INFLUENZA

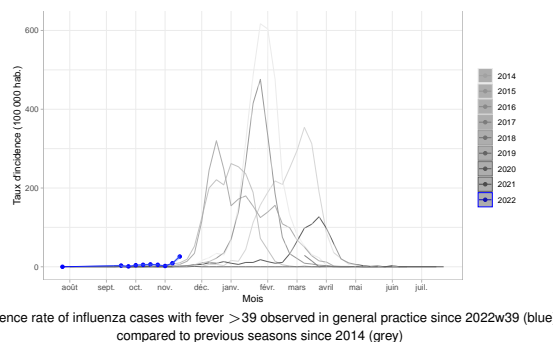
ARI positivity rates to influenza by age groups



Number of samples and influenza positivity rates by age groups from ARI cases sampled by Sentinel physicians since 2022w39

Last week (2022w47), the influenza positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 22% and 18% respectively in the 0-14 and 15 and older age groups.

Estimated incidence of influenza cases with fever >39



Last week (2022w47), the incidence rate of influenza cases with fever >39 seen in general practice was increasing compared to the previous weeks, and at a higher level of activity compared to past seasons at the same time.

Influenza circulation by region

Last week (2022w47), 193 samples were tested for influenza viruses and 38 were positive (19.74%) for at least one influenza virus. Cases of influenza were found in all mainland regions, and more particularly in:

- Centre-Val-de Loire (4/7 tested samples, or 57%),
- Bretagne (5/15 tested samples, or 33%),
- PACA (4/11 tested samples, or 36%),
- Ile-de-France (12/40 tested samples, or 30%),
- Normandie (2/7 tested samples, or 29%),
- Nouvelle-Aquitaine (2/8 tested samples, or 25%),
- Pays de la Loire (2/9 tested samples, or 22%).

Estimated influenza incidence cases seen in general practice

Last week (2022w47), the incidence rate of influenza cases seen in general practice was estimated at 53 cases per 100,000 population (95% CI [41; 65]), corresponding to 35,219 [27,014; 43,424] new cases of influenza seen in general practice.

This rate is clearly increasing compared to those in recent weeks (consolidated data for 2022w46 : 18 [13; 24], representing 12,119 [8,539; 15,699] new cases of influenza seen in general practice).

Description of confirmed influenza cases

Since the beginning of virological surveillance in week 2022s39 (26th September), the 110 confirmed influenza cases have been sampled by Sentinel general practitioners and pediatricians.

Clinical description of confirmed influenza cases:

- Their median age was 17 years (from 7 months to 85 years);
- 57/110 (51.8%) were women;
- 102/109 (93.6%) were not vaccinated against influenza;
- 13/101 (12.9%) had risk factors for complications;
- None patient ere hospitalized at the end of the consultation (0/97).

Identification of influenza circulating viruses

The 110 influenza viruses identified since the beginning of the virological surveillance were distributed as follows:

- 13/110 (11.8%) cases of influenza A(H1N1)pdm09;
- 82/110 (74.5%) cases of influenza A(H3N2);
- 10/110 (9.1%) non-subtyped influenza A cases.
- 1/110 (0.9%) cases of influenza B of Victoria lineage.
- 4/110 (3.6%) cases of influenza B of unknown lineage detected in week 2022s47.

To conclusion

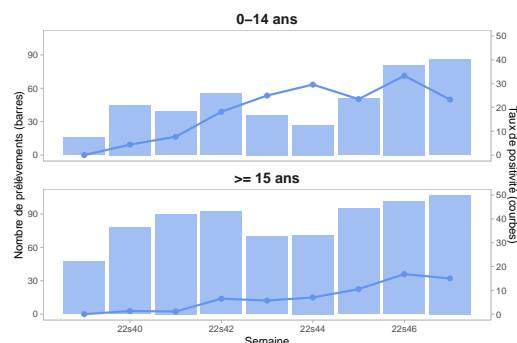
Last week (2022s47), the circulation of influenza viruses was increasing compared to the previous weeks, reaching higher levels of activity than past seasons at the same period. This circulation spread all over French mainland regions (see graphs opposite and text above).

For now, the predominant circulating influenza viruses are of type A with the subtype A(H3N2) predominating. The characteristics of influenza cases 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; 0.3% hospitalized patients).

Observed situation in general practice for the week 47 of the year 2022, from 11/21/2022 to 11/27/2022

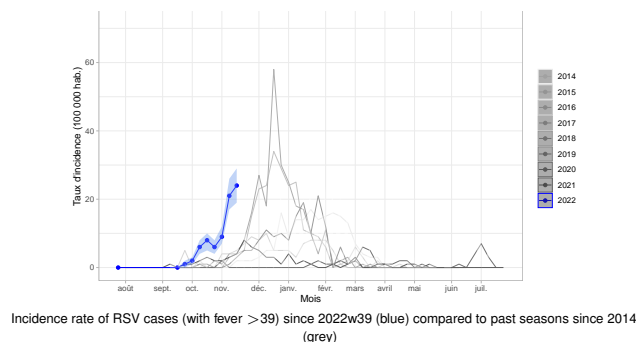
RSV

ARI positivity rates to VRS by age groups



Last week (2022w47), the RSV positivity rates of patients consulting for an ARI and sampled by Sentinel physicians were 24% and 15% respectively in the 0-14 and 15 and older age groups.

Estimated incidence of RSV cases with fever >39



Last week (2022w47), the incidence rate of RSV cases with fever >39 seen in general practice was still increasing compared to the previous weeks, and early compared to past seasons at the same time.

RSV circulation by region

Last week (2022w47), 193 samples were tested for RSV virus and 36 were positive (18.7%). RSV cases were found in all metropolitan regions, and more particularly in :

- Pays de la Loire (3/9 tested samples, or 33%),
- Bretagne (5/15 tested samples, or 33%),
- Centre-Val-de-Loire (2/7 tested samples, or 29%),
- Normandie (2/7 tested samples, or 29%),
- Hauts-de-France (3/11 tested samples, or 27%),
- Grand Est (7/26 tested samples, or 27%).

Estimated incidence of RSV cases seen in general practice

Last week (2022w47), the incidence rate of VRS cases seen in general practice was estimated at 50 cases per 100,000 population (95% CI [39; 60]), corresponding to 32,856 [25,807; 39,905] new cases of VRS seen in general practice.

This rate is increasing compared to those in recent weeks (consolidated data for 2022w46 : 44 [35 ; 53], representing 29,432 [23,488; 35,376] new cases of VRS seen in general practice).

Description of RSV cases

Since the beginning of virological surveillance in week 2022w39 (26th September), the 152 confirmed RSV cases seen by Sentinel general practitioners and pediatricians had the following characteristics:

- Their median age was 5 years (from 3 months to 83 years);
- 60% (90/151) were women;
- 18% (25/139) had risk factors for complications;
- 0.8% (1/134) was hospitalized at the end of the consultation.

These characteristics are similar to those of positive RSV cases observed in past seasons in general practice (median age: 3 years; 52% women; 17% with risk factors; 0.6% hospitalized patients).

To conclude

Last week (2022w47), the incidence of RSV among patients consulting a general practitioner for ARI increased compared to previous weeks, reaching levels higher than those usually encountered at this time of the year.

Observed situation in general practice for the week 47 of the year 2022, from 11/21/2022 to 11/27/2022

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	2022w47 (unconsolidated) Incidence rate estimations [95% confidence interval]	2022w46 Incidence rate estimations [95% confidence interval]	2022w45 Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	328 [303 ; 353]	222 [205 ; 239]	156 [141 ; 171]
Acute diarrhea	79 [64 ; 94]	78 [67 ; 89]	73 [62 ; 84]
Chickenpox	10 [6 ; 14]	5 [3 ; 7]	6 [3 ; 9]

Regional incidence rates for the week 2022w47 (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	256 [196 ; 316]	55 [26 ; 84]	7 [0 ; 15]
Bourgogne-Franche-Comté	305 [197 ; 413]	60 [8 ; 112]	40 [0 ; 85]
Bretagne	412 [305 ; 519]	56 [21 ; 91]	19 [0 ; 44]
Centre-Val de Loire	328 [220 ; 436]	96 [33 ; 159]	0 [0 ; 0]
Corse	91 [38 ; 144]	11 [0 ; 30]	5 [0 ; 18]
Grand Est	332 [234 ; 430]	86 [32 ; 140]	9 [0 ; 20]
Hauts-de-France	254 [172 ; 336]	111 [56 ; 166]	2 [0 ; 8]
Ile-de-France	247 [173 ; 321]	54 [34 ; 74]	3 [0 ; 6]
Normandie	144 [68 ; 220]	60 [5 ; 115]	0 [0 ; 0]
Nouvelle-Aquitaine	350 [267 ; 433]	78 [34 ; 122]	3 [0 ; 9]
Occitanie	266 [205 ; 327]	63 [30 ; 96]	4 [0 ; 11]
Pays de la Loire	125 [52 ; 198]	85 [17 ; 153]	0 [0 ; 0]
Provence-Alpes-Côte d'Azur	719 [550 ; 888]	66 [17 ; 115]	23 [2 ; 44]

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, 607 physicians participate in the continuous surveillance activity (555 general practitioners and 52 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Olivier Steichen, Thierry Blanchon

Publication : Yves Dorléans

Information system & biostatistics : Clément Turbelin

Monitoring manager : Marion Debin, Caroline Guerrisi

Regional branches	Heads
Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté	Marianne Sarazin
Centre-Val de Loire, Pays de la Loire	Thierry Prazuck
Corse	Alessandra Falchi
PACA	David Darmon
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	Mathilde François
Bretagne, Normandie	Marie Pouquet
Nouvelle-Aquitaine, Occitanie	Maryse Lapeyre-Mestre

[See all the team](#)

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