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Sentinelles

Santé publique France

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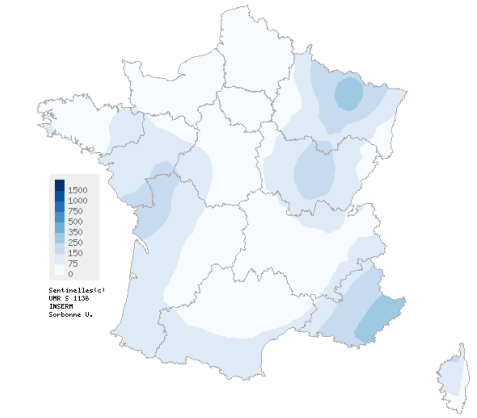
RÉPUBLIQUE FRANÇAISE
MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

Observed situation in general practice for the week 21 of the year 2023, from 05/22/2023 to 05/28/2023

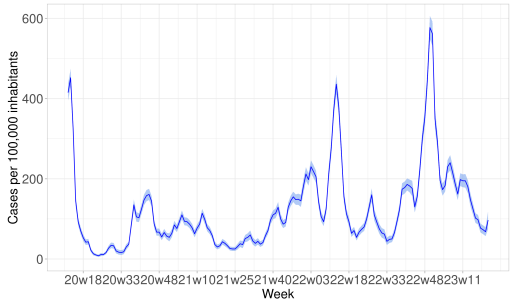
Acute Respiratory Infection (ARI)

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 (2023w21), the incidence rate of ARI cases consulting in general practice was estimated at **97 cases per 100,000 inhabitants (95% CI [75 ; 119])**. This rate is **stable** compared to week 2023w20 (consolidated data: 68 [57 ; 79]).

The virological surveillance of ARI, which allows the monitoring of influenza and RSV epidemics, ended on May 14 (for the 2022-2023 winter season). It will resume next fall.

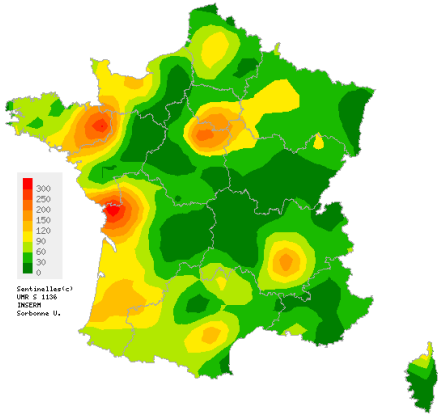
You will continue to find more detailed information on ARI and Covid-19 on page 2.

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

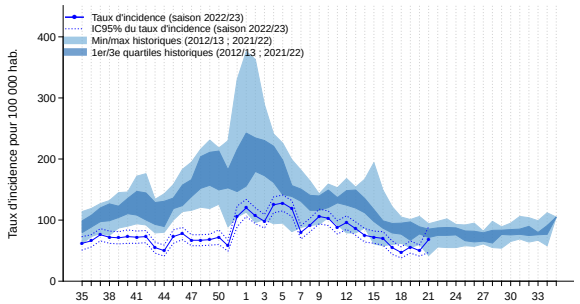
ARI are caused by a variety of respiratory viruses including SARS-CoV-2 (Covid-19), influenza viruses, and other respiratory viruses such as RSV, rhinovirus and metapneumovirus.The purpose of ARI surveillance is to monitor outbreaks of these virus.

Acute diarrhea

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data (*)

In mainland France, last week (2023w21), the incidence rate of acute diarrhea cases seen in general practice was estimated at **68 cases per 100,000 inhabitants (95% CI [47 ; 89])**. This rate is **stable** compared to week 2023w20 (consolidated data: 50 [41 ; 59]) and is at a **low level of activity** compared to those usually observed in this period.

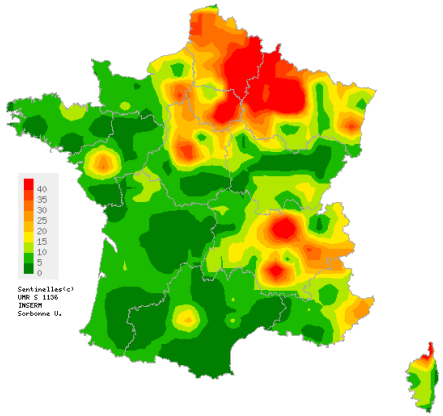
Complete national and regional data are available on the last page of this bulletin.

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

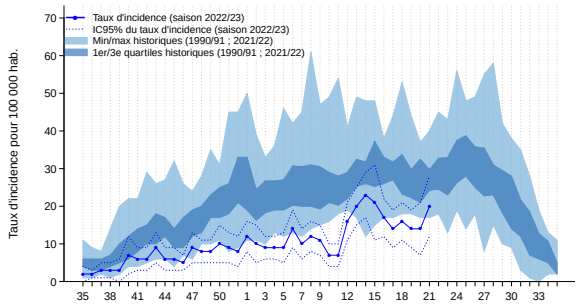
(*) Incidences of acute diarrhea during the 2019/2020 and 2020/2021 seasons were greatly reduced by containment and sanitary measures to control the Covid-19 pandemic. They are not included in historical comparisons.

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 (2023w21), the incidence rate of Chickenpox cases seen in general practice was estimated at **20 cases per 100,000 inhabitants (95% CI [12 ; 28])**. This rate is **slightly increasing** compared to week 2023w20 (consolidated data: 14 [7 ; 21]) 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.

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

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Additional data on acute respiratory infections

Modalities of ARI and Covid-19 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.

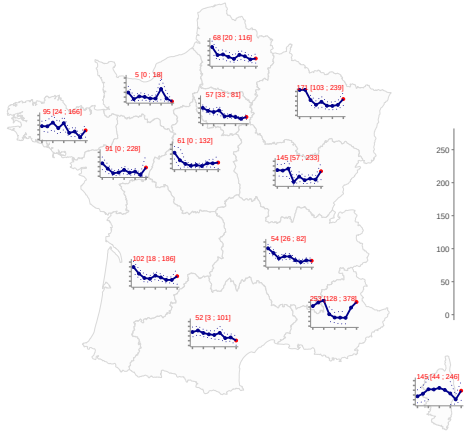
In order to carry out this surveillance in general practice, Sentinel general practitioners have been reporting the number of cases of ARI seen in consultation (or teleconsultation) since March 17, 2020, according to the following definition: **sudden onset of fever (or feeling of fever) and respiratory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

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 agueusia or anosmia).

This indicator provides however comparable estimates over time to monitor the dynamics of the different epidemics (influenza, Covid-19, RSV).

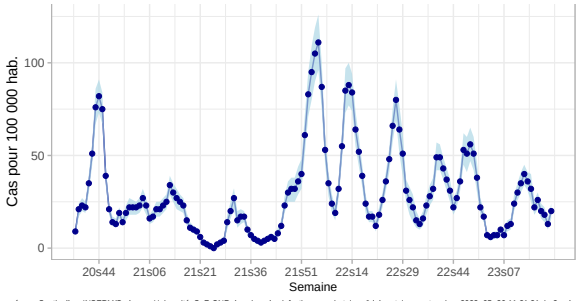
ARI incidence rates by regions



Weekly ARI incidence rates by regions over the last nine weeks

The regional ARI incidence rates estimated for the last week (2023w21) are available on the last page.

Estimated incidence of Covid-19 cases with respiratory signs

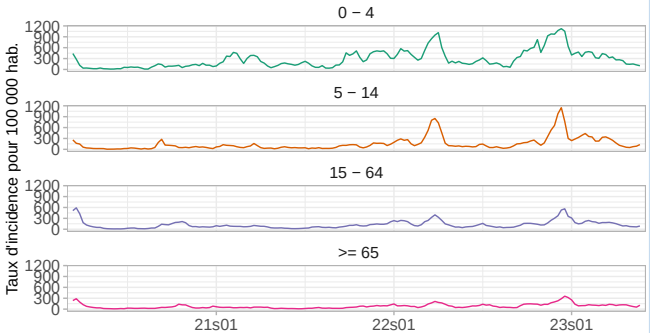


Incidence rate of Covid-19 cases with respiratory signs observed in general practice since 2020w37

Last week **(2023w21)**, the incidence rate of Covid-19 cases with respiratory signs seen in general practice was estimated at **20 cases per 100,000 population (95% CI [16; 24])**, representing 13,343 [10,416; 16,270] new cases of Covid-19 with respiratory signs seen in general practice.

This rate is **slightly increasing** compared to the previous week (consolidated data for 2023w20: 13 [10; 16], representing 87,99 [6,874; 10,724] new cases of Covid-19 with respiratory signs seen in general practice).

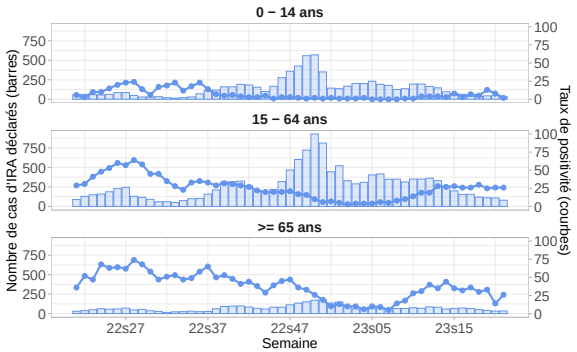
ARI incidence rates by age groups



Weekly national incidence rates of ARI by age groups

Last week (**2023w21**), incidence rates are **stable** in all age groups compared to the previous week.

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 **(2023w21)**, the SARS-CoV-2 (Covid-19) positivity rates of patients consulting for ARI were **2%, 26%,** and **26%** respectively in the 0-14, 15-64, and 65 and older age groups.

In conclusion

Last week **2023w21**:

- The incidence of ARI cases seen in general practice was **stable** in all age groups compared to the previous week (see graphs opposite and in page 1).

- The incidence of Covid-19 cases with respiratory signs seen in general practice was **slightly increasing** compared to the previous week (see graph above).

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

Samples analysis by the respiratory viruses National Reference Laboratory (Institut Pasteur, Paris ; associated center : Hospices Civils de Lyon) and the virological laboratory of Corsica University.

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Observed situation in general practice for the week 21 of the year 2023, from 05/22/2023 to 05/28/2023

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2023w21 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2023w20** Incidence rate estimations [95% confidence interval]	**2023w19** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	97 [75 ; 119]	68 [57 ; 79]	73 [62 ; 84]
Acute diarrhea	68 [47 ; 89]	50 [41 ; 59]	56 [46 ; 66]
Chickenpox	20 [12 ; 28]	14 [7 ; 21]	14 [9 ; 19]

Regional incidence rates for the week 2023w21 (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	54 [26 ; 82]	51 [26 ; 76]	31 [7 ; 55]
Bourgogne-Franche-Comté	145 [57 ; 233]	26 [0 ; 58]	2 [0 ; 8]
Bretagne	95 [24 ; 166]	161 [69 ; 253]	3 [0 ; 8]
Centre-Val de Loire	61 [0 ; 132]	80 [0 ; 202]	12 [0 ; 28]
Corse	145 [44 ; 246]	84 [7 ; 161]	53 [0 ; 114]
Grand Est	171 [103 ; 239]	38 [11 ; 65]	13 [0 ; 27]
Hauts-de-France	68 [20 ; 116]	56 [17 ; 95]	33 [0 ; 66]
Ile-de-France	57 [33 ; 81]	66 [38 ; 94]	20 [6 ; 34]
Normandie	5 [0 ; 18]	33 [0 ; 68]	9 [0 ; 38]
Nouvelle-Aquitaine	102 [18 ; 186]	93 [7 ; 179]	4 [0 ; 13]
Occitanie	52 [3 ; 101]	35 [7 ; 63]	8 [0 ; 23]
Pays de la Loire	91 [0 ; 228]	29 [0 ; 60]	17 [0 ; 41]
Provence-Alpes-Côte d'Azur	253 [128 ; 378]	44 [0 ; 92]	7 [0 ; 21]

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, 562 physicians participate in the continuous surveillance activity (517 general practitioners and 45 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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