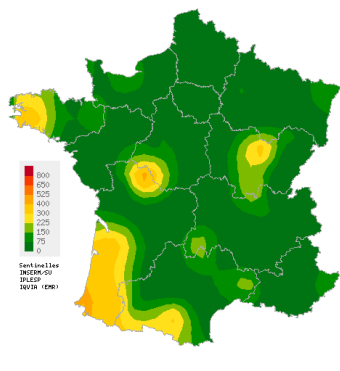
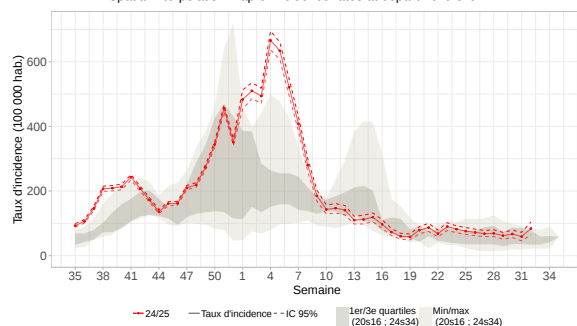


Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses
Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2025w32), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **84 cases per 100,000 population (95% CI [65; 104])**.

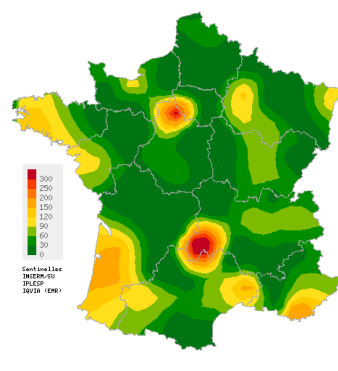
Subject to future data consolidation, this rate is **slightly increasing** compared to the previous week and corresponds to a **similar level of activity** to those usually observed at this time of the year (consolidated data for 2025w31: 59 [46; 72]).

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.

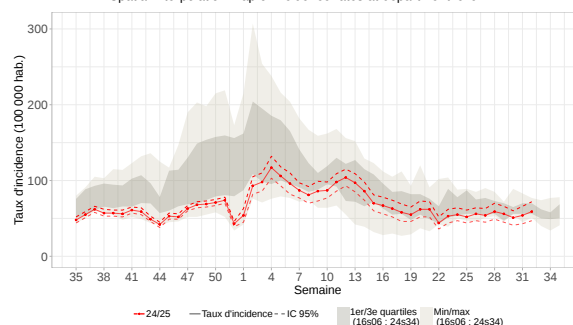
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2025w32), the incidence rate of acute diarrhea cases seen in general practice was estimated at **59 cases per 100,000 population (95% CI [47; 72])**.

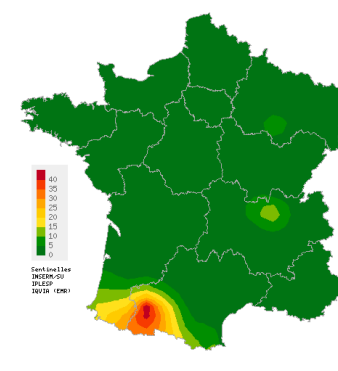
Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **similar level of activity** to those usually observed at this time of the year (consolidated data for 2025w31: 54 [43; 66]).

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

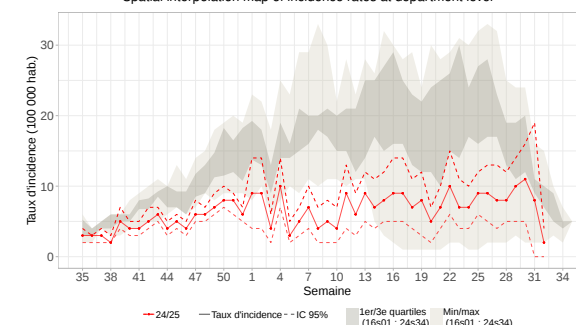
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level

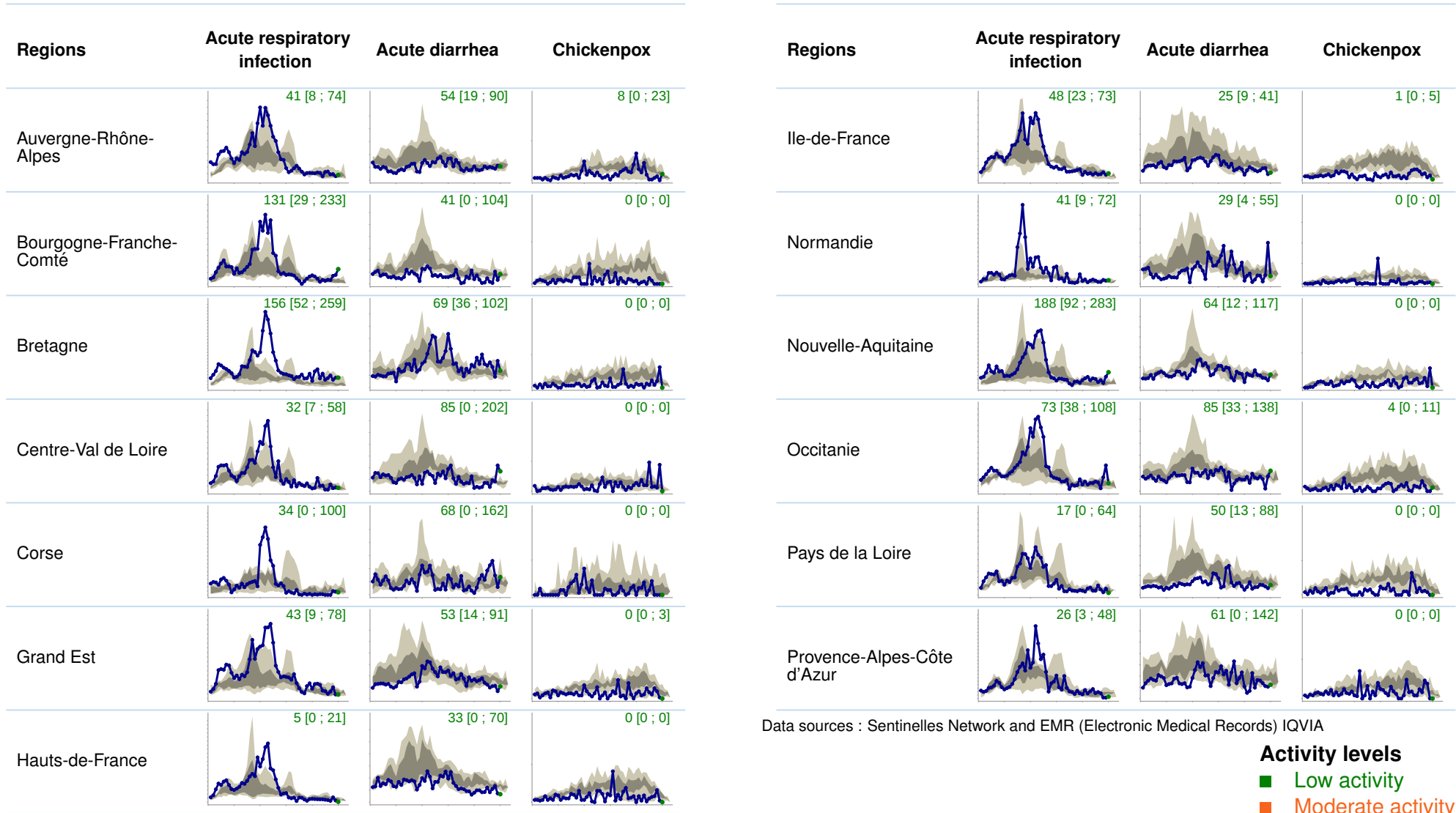


Incidence rates and comparison with historical data

In mainland France, last week (2025w32), the incidence rate of Chickenpox cases seen in general practice was estimated at **2 cases per 100,000 population (95% CI [0; 4])**.

Subject to future data consolidation, this rate is **decreasing** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2025w31: 8 [0; 20]).

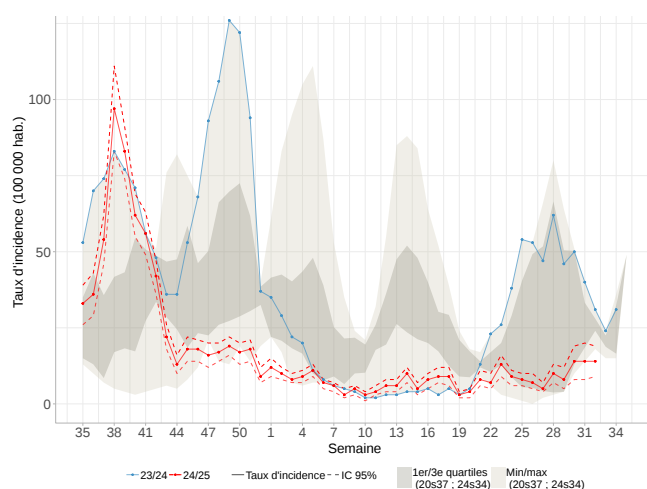
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA



For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the previous years is shown in grayed colour, with quartiles in darker and minimum/maximum values in lighter. This representation enables current trends to be compared with historical data. The value of the last point and its confidence interval are shown at the top of each graph. Different scales are used for different indicators.

Incidence rates of Covid-19 cases

Stable activity and at a low level



National ARI incidence rate due to Covid-19 and comparison with historical data

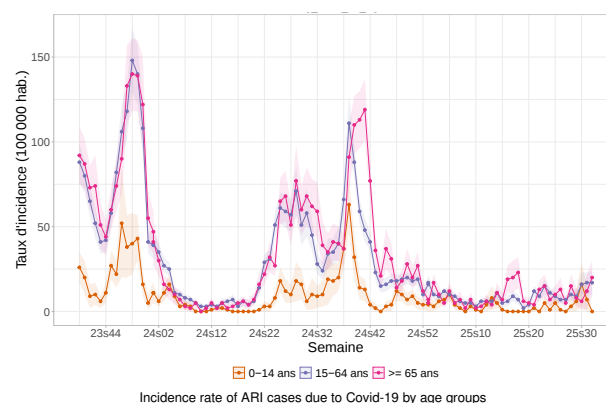
Last week (2025w32), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **15 cases per 100,000 population** (95% CI [10; 19]), corresponding to 9,757 [6,481; 13,033] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2025w31: 14 [7; 20]).

Data source: Sentinelles

Incidence rates of Covid-19 cases

by age groups



Last week (2025w32), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years:** 0 case per 100,000 population;
- **15-64 years:** 17 cases per 100,000 population (95% CI [10; 24]), corresponding to 6,936 [4,023; 9,849] new cases;
- **65 years and above:** 20 cases per 100,000 population (95% CI [9; 30]), corresponding to 2,822 [1,302; 4,342] new cases.

Subject to future data consolidation, these rates are **stable in all age groups** compared to those of the previous week.

Data source: Sentinelles

Description of Covid-19 cases presenting ARI seen in general practice

Since week 2025w29, the 76 Covid-19 described cases with an ARI had the following characteristics:

- **Median age:** 44 years (range from 1 year to 95 years);
- **Male/female sex-ratio:** 0.73 (32/44);
- **Risk factors:** 24% (18/74) of the patients had risk factors for complications;
- **Hospitalization:** 3% (2/75) of the patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2025w32), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI was **stable** for the third consecutive week and was at a **low level of activity**.

Find the [epidemiological bulletin of Santé publique France](#) with all the surveillance data (ambulatory and hospital) on the Covid-19 pandemic.

Surveillance organisation

Under the aegis of Santé publique France, surveillance in general practice in mainland France is moving towards the integration and joint analysis of data from different networks.

The epidemiological surveillance data published in this bulletin come from several complementary networks of general physicians:

- The Sentinelles network, coordinated by the Institut Pierre Louis of Epidemiology and Public Health (iPLESP) under the supervision of Sorbonne University and Inserm;
- and the EMR (Electronic Medical Records) database, managed by IQVIA.

During the enhanced respiratory infection surveillance season (September to April), data are also collected from physicians in the network coordinated by the general medicine departments of the University of Rouen and the Côte d'Azur University.

All these collected data are analysed jointly. They provide more reliable on a finer geographical scale, while limiting consolidation from one week to the next.

Current monitoring concerns [nine health indicators](#), with three of them being published each week in this bulletin;

You can find more information about the organization of this surveillance, the number of participating physicians, the methods used, scientific publications and partnerships on the Sentinelles network website: www.sentiweb.fr.

Information and contacts

The Sentinelles team is composed of epidemiologists, statisticians, physicians, IT specialists and technicians.

Head of the Sentinelles network
Olivier Steichen, Thierry Blanchon

IT Biostatistics
Clément Turbelin

Epidemiological Surveillance and Studies
Marion Debin

Publication
Yves Dorléans

CONTACT US

☎ 06 64 84 66 62

✉ sentinelles@upmc.fr

📄 IPLESP UMR-S 1136
Faculté de Santé Sorbonne Université
Site Saint-Antoine, BC 2908
27, rue Chaligny
75571 Paris Cedex 12

Partners and supervisory bodies

Partners

Sentinelles IQVIA

UNIVERSITÉ DE ROUEN NORMANDIE UNIVERSITÉ CÔTE D'AZUR

SOS MÉDECINS

Santé publique France

LIBERTÉ • ÉGALITÉ • FRATERNITÉ
RÉPUBLIQUE FRANÇAISE
MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

UNIVERSITÀ DI CORSICA
PASQUALE PAOLI

HCL
HOSPICES CIVILS DE LYON

INSTITUT PASTEUR

CR virus des gastro-entérites
Dijon, France

CNGE
COLLEGE ACADEMIQUE

Supervisory bodies of Sentinelles network

iPLESP

Inserm
La science pour la santé
From science to health

SANTÉ SORBONNE UNIVERSITÉ

French General Practitioner or Paediatrician ?



Get involved in research and health monitoring in primary care by joining the Sentinelles network ([become a Sentinelles doctor](#)) !

THERE IS ALSO GENERAL POPULATION MONITORING

grippe
covid net

Join the participatory cohort for monitoring Covid-19 and influenza by registering at <https://www.grippenet.fr>

You don't need to be a healthcare professional to take part!