Observed situation in primary care

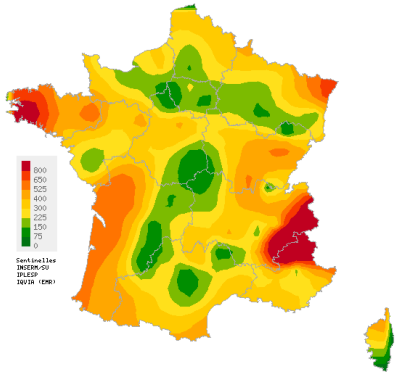
Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

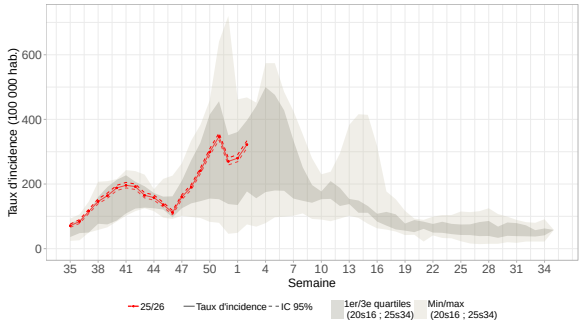
Acute Respiratory Infection (ARI)

Covid-19, Influenza and other respiratory viruses

Moderate activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In mainland France, last week (2026w02), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **322 cases per 100,000 population (95% CI [311; 334])**.

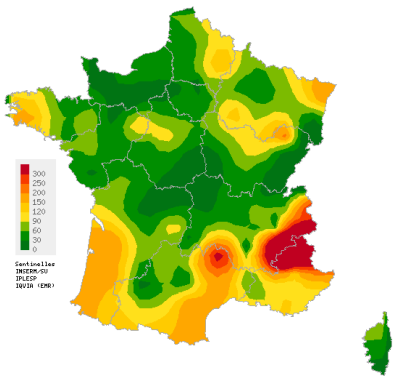
Subject to future data consolidation, this rate **has risen slightly for the second consecutive week** and corresponds to a **similar level of activity** than those usually observed at this time of the year (consolidated data for 2026w01: 280 [269; 291]).

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.

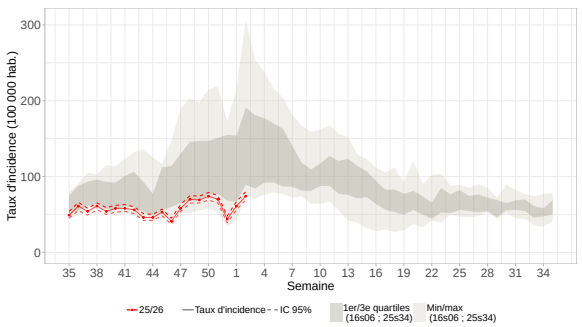
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w02), the incidence rate of acute diarrhea cases seen in general practice was estimated at **74 cases per 100,000 population (95% CI [69; 80])**.

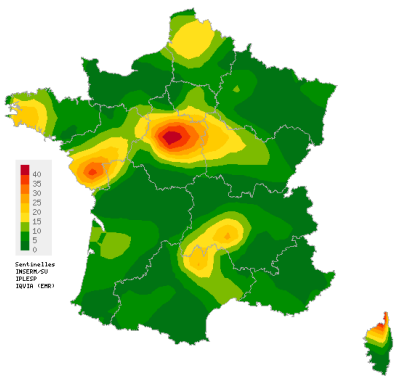
Subject to future data consolidation, this rate is **increasing** compared to the previous week and corresponds to a **lower level of activity** those usually observed at this time of the year (consolidated data for 2026w01: 61 [56; 67]).

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

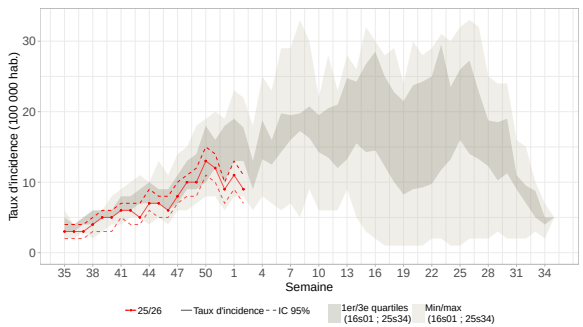
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w02), the incidence rate of Chickenpox cases seen in general practice was estimated at **9 cases per 100,000 population (95% CI [7; 11])**.

Subject to future data consolidation, this rate is **stable** compared to the previous weeks and corresponds to a **lower level of activity** than those usually observed at this time of the year (consolidated data for 2026w01: 11 [9; 13]).

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

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

Incidence rates by french region

Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Auvergne-Rhône-Alpes	335 [301 ; 369]	53 [39 ; 66]	6 [2 ; 11]
Bourgogne-Franche-Comté	420 [358 ; 482]	67 [41 ; 93]	8 [0 ; 17]
Bretagne	618 [551 ; 684]	87 [62 ; 113]	11 [2 ; 21]
Centre-Val de Loire	268 [212 ; 323]	50 [26 ; 73]	22 [5 ; 38]
Corse	464 [337 ; 590]	75 [23 ; 126]	35 [2 ; 69]
Grand Est	354 [313 ; 395]	91 [71 ; 112]	5 [0 ; 9]
Hauts-de-France	300 [261 ; 338]	83 [64 ; 103]	16 [6 ; 25]
Ile-de-France	210 [188 ; 231]	38 [29 ; 47]	10 [6 ; 15]
Normandie	253 [210 ; 296]	33 [16 ; 49]	3 [0 ; 7]
Nouvelle-Aquitaine	438 [390 ; 486]	105 [82 ; 128]	6 [1 ; 11]
Occitanie	289 [250 ; 328]	104 [82 ; 126]	9 [2 ; 16]
Pays de la Loire	254 [202 ; 305]	60 [35 ; 85]	23 [7 ; 38]
Provence-Alpes-Côte d'Azur	411 [350 ; 472]	141 [104 ; 177]	5 [0 ; 10]

Data sources : Sentinelles Network and EMR (Electronic Medical Records) IQVIA

Activity levels

- Low activity
- Moderate activity
- High activity

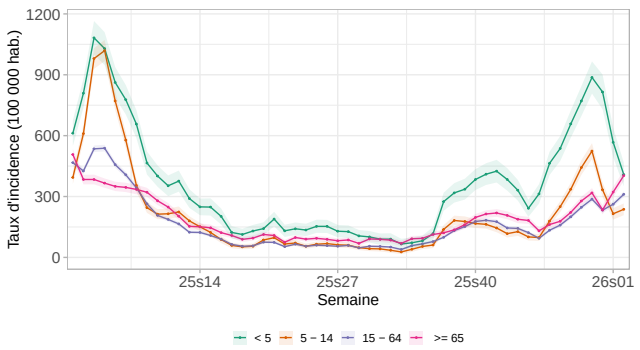
For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the previous years 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.

Acute respiratory infection (ARI) - Additional data

Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

ARI incidence rates by age groups



Incidence rates of ARI cases by age groups

Last week (2026w02), incidence rates of cases of acute respiratory infections (ARI) seen in general practice were estimated at:

- **0-4 age group**: 408 cases per 100 000 population (95% CI [350; 467]) (consolidated data for 2026w01: 567 [494; 639]);

- **5-14 age group**: 237 cases per 100 000 population (95% CI [208; 266]) (consolidated data for 2026w01: 215 [186; 243]);

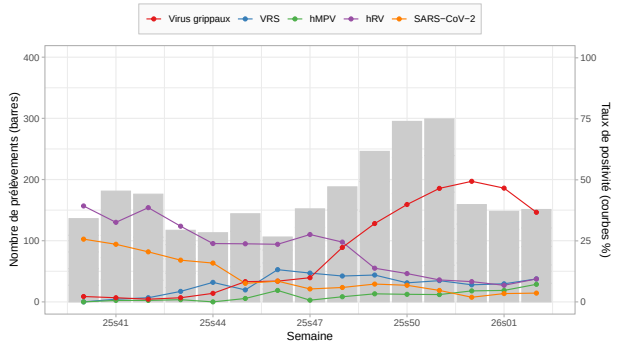
- **15-64 age group**: 311 cases per 100 000 population (95% CI [297; 325]) (consolidated data for 2026w01: 262 [248; 276]);

- **65 and above age group**: 403 cases per 100 000 population (95% CI [376; 430]) (consolidated data for 2026w01: 322 [297; 348]).

Subject to future data consolidation, incidence rates are **decreasing in the 0-4 age group**, **stable in the 5-14**, and **increasing among adults** (15-64 and 65+ age groups) compared to those of the previous week.

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

Circulation of respiratory viruses in general practice and pediatric



Number of weekly samples taken and positive rate for the five families of respiratory viruses tested

Since 2025w40, **2,611** samples have been tested by general practitioners and pediatricians participating in the 2025/2026 virological surveillance of ARI.

Last week (2026w02), **139 patients** presenting an ARI and seen in general practice or pediatric consultations were tested. The rates of positivity of samples for the various viruses tested were as follows:

- **Influenza viruses**: **37%** (51/139) (consolidated data for 2026w01: 47% (69/148));
- **Respiratory syncytial virus (RSV)**: **9%** (13/139) (consolidated data for 2026w01: 7% (11/148));
- **Rhinovirus**: **9%** (13/139) (consolidated data for 2026w01: 7% (10/148));
- **Metapneumovirus**: **7%** (10/139) (consolidated data for 2026w01: 5% (7/148));
- **SARS-CoV-2 (Covid-19)**: **4%** (5/139) (consolidated data for 2026w01: 3% (5/148)).

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

Description of IRA cases seen in general practice

Last week (2026w02), 1,129 cases of ARI were reported by Sentinelles general practitioners. Among these, 799 (71% of reported cases) were described and had the following characteristics:

- **Median age**: 43 years (range from 3 months to 100 years);
- **Male/female sex-ratio**: 0.81 (333/410);
- **Risk factors**: 19% (136/719) of the patients had risk factors for complications;
- **Hospitalization**: 0.8% [0.1; 1.4] of the patients were hospitalized after the consultation (5/718).

Data source: Sentinelles

In conclusion

Last week (2026w02), subject to future data consolidation, the incidence of ARI cases seen in general practice consultations was **decreasing in the 0-4 age group, stable in the 5-14, and increasing among adults** (15-64 and 65+ age groups) compared to those of the previous week.

The viruses mainly detected in patients tested for an ARI were **influenza viruses**. However, **RSV** is circulating actively, and **rhinovirus** is still circulating in a lesser extent.

Find the epidemiological bulletin of "Santé publique France" with all the surveillance data (outpatient and hospital) on acute respiratory infections.

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

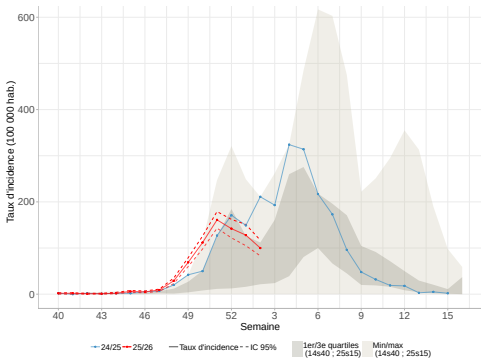
Influenza

Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

Incidence rates of influenza cases

Decreasing activity at a moderate level



Incidence rates of influenza cases observed in general practice since 2025s40 compared to previous seasons (*)

Last week (2026w02), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **143 cases per 100,000 population** (95% CI [118; 168]), corresponding to 96,291 [79,348; 113,234] new cases.

Subject to future data consolidation, this rate has been **declining for the third consecutive week** (consolidated data for 2026w01: 181 [151; 210]).

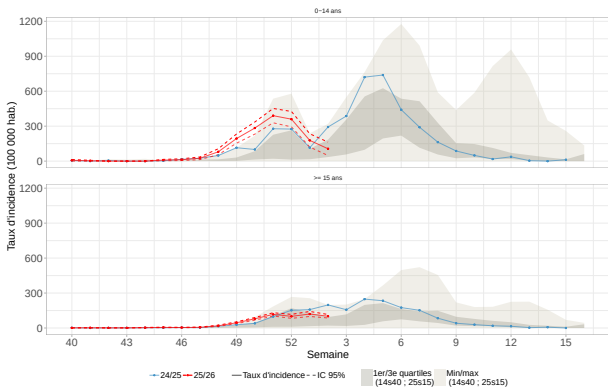
Description of confirmed influenza cases seen in general practice

Since the beginning of virological surveillance (2025w40), the 625 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 31 years (range from 1 month to 95 years old);
- **Male/female sex-ratio**: 0.99 (309/312);
- **Vaccination**: 85% (501/598) were not vaccinated against influenza;
- **Risk factors**: 23% (140/604) of the patients had risk factors for complications;
- **Hospitalization**: 0.8% (4/527) of the patients were hospitalized at the end of the consultation.

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

Incidence rates of influenza cases by age groups



Incidence rate of influenza cases by age groups and comparison with historical data

Last week (2026w02), incidence rates of **influenza** cases seen in general practice among patients consulting for an ARI were estimated at:

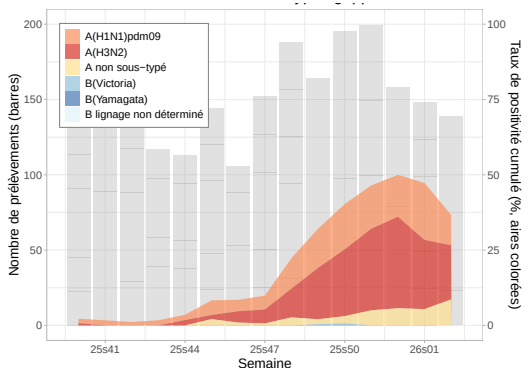
- 0-14 years: 151 cases per 100,000 population (95% CI [67; 234]) (consolidated data for 2026w01: 251 [178; 324]);

- 15 years and above: 144 cases per 100,000 population (95% CI [121; 167]) (consolidated data for 2026w01: 170 [141; 198]).

Subject to future data consolidation, these rates are **slightly decreasing in the 0-14 age group and stable in the 15 and over age group** compared to those of the previous week.

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

Identification of influenza viruses



Cumulative influenza positivity rate according to circulating influenza virus subtypes from ARI cases collected by physicians

Since the week 2025w40, the 628 influenza viruses identified were distributed as follows: **52% of type A(H3N2)** (329/628), **37% of type A(H1N1)*pdm09*** (231/628), **10% of non-subtyped A viruses** (65/628), and **0.5% of type B Victoria** (3/628).

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

In conclusion

Last week (2026w02), subject to future data consolidation, the incidence of **influenza** cases seen in general practice among patients consulting for an ARI was **decreasing for the third week in a row** but remained at a **moderate level of activity**. Although peak circulation appears to have been reached in week 51 (15-21 December 2025), influenza viruses continue to circulate actively among children and adults.

We observe a co-circulation of the influenza viruses of type **A(H3N2)** and **A(H1N1)*pdm09***.

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on influenza.

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

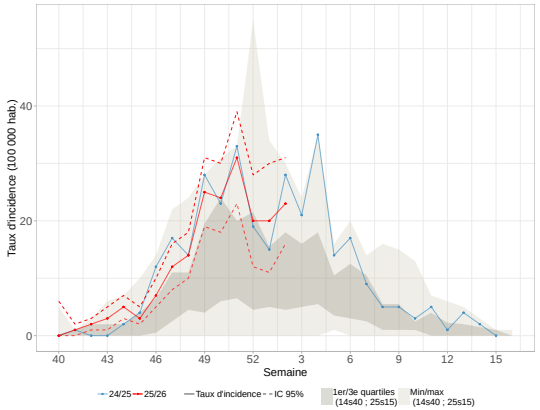
RSV infection and bronchiolitis

Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

Incidence rates of RSV infection cases

Stable activity at a high level



Incidence rates of RSV infection cases seen in general practice since 2025s40 and comparison to historical data (*)

Last week (2026w02), the incidence rate of **RSV infection** cases *(the virus responsible for most cases of bronchiolitis in infants)* seen in general practice among patients consulting for an ARI was estimated at **34 cases per 100,000 population** (95% CI [22; 45]), corresponding to 22,564 [15,048; 30,080] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2026w01: 29 [17; 41]).

Description of RSV infection cases seen in general practice

Since surveillance resumed (2025w40), the 189 confirmed cases of RSV infection collected by general practitioners and pediatricians had the following characteristics:

- Median age: 8 years (from 4 months to 100 years);

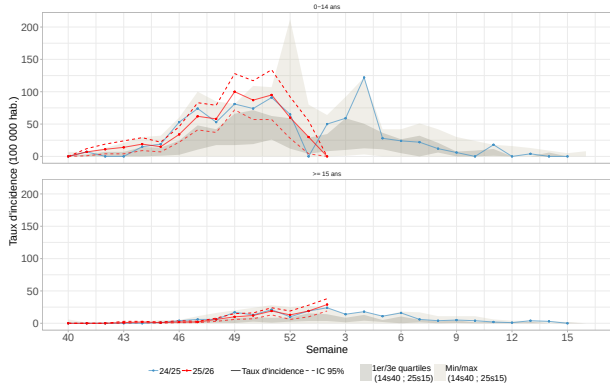
- Male/female sex ratio: 0,67 (76/113);

- Risk factors: 24% (45/185) of patients had risk factors for complications;

- Hospitalization: no patient was hospitalized following consultation (0/166).

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

Incidence rates of RSV infection cases by age groups



Incidence rate of RSV cases by age groups and comparison with historical data

Last week (2026w02), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

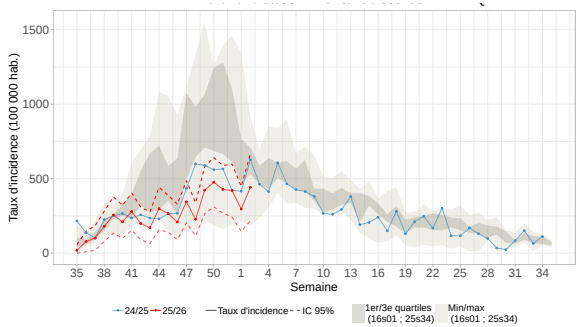
- 0-14 years: 0 cases per 100,000 population (consolidated data for 2026w01: 42 [6; 78]);

- 15 years and above: 41 cases per 100,000 population (95% CI [27; 54]) (consolidated data for 2026w01: 27 [14; 39]).

Subject to future data consolidation, these rates are **decreasing in the 0-14 age group and slightly increasing in the 15 and over age group** compared to those of the previous week.

Data sources: Sentinelles, DMG (Rouen, Nice, Strasbourg), SOS Médecins

Incidence rates of bronchiolitis cases in children under 1 year



Incidence rate of bronchiolitis cases seen in children under one year and comparison with historical data

Last week (2026w02), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **442 cases per 100,000 population** (95% CI [217; 667]) **in children under one year old.**

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2026w01: 296 [145; 447]).

Data source: Electronic Medical Records (EMR) IQVIA

In conclusion

Last week (2026w02), subject to future data consolidation, the incidence of **RSV** infection cases seen in general practice among patients consulting for an ARI was **stable** compared to the previous weeks, and remained at a **high level of activity**. However, a **slight increase** of the incidence is observed **among adults** (aged 15 and over).

Furthermore, we note a **stability in the incidence of bronchiolitis in children under 1 year old** seen by general practitioners, compared to the previous week. The level of bronchiolitis activity in this age group is **lower** than that usually observed at this time of the year.

Bronchiolitis is mainly caused by respiratory syncytial virus (RSV), although other respiratory viruses may also be responsible, such as rhinovirus or SARS-CoV-2 (Covid-19).

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on bronchiolitis.

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

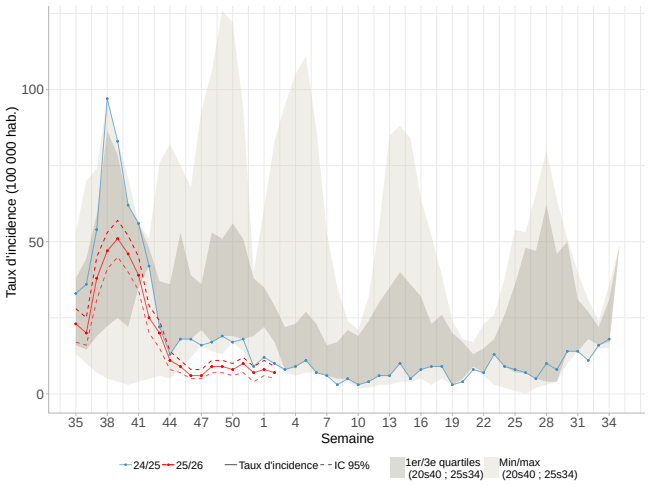
Covid-19

Epidemiological surveillance bulletin for the week 2 of the year 2026, from 01/05/2026 to 01/11/2026

Sentinelles

Incidence rates of Covid-19 cases

Stable activity at a low level



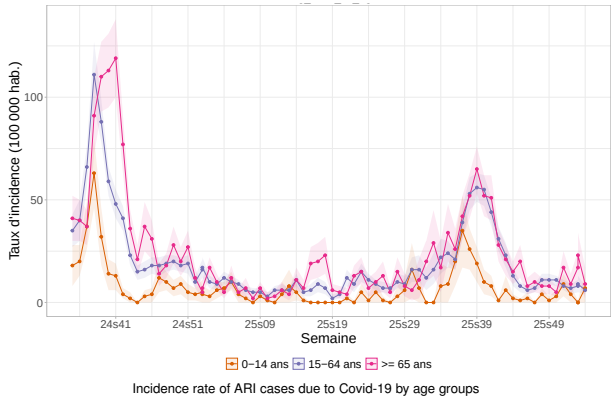
Incidence rate of Covid-19 cases and comparison with historical data

Last week (2026w02), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **7 cases per 100,000 population** (95% CI [4; 9]), corresponding to 4,533 [2,893; 6,173] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2026w01: 8 [6; 11]).

Data source: Sentinelles

Incidence rates of Covid-19 cases by age groups



Incidence rate of ARI cases due to Covid-19 by age groups

Last week (2026w02), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 7 cases per 100,000 population (95% CI [0; 15]) (consolidated data for 2026w01 : 0 [0; 1]);

- **15-64 years**: 6 cases per 100,000 population (95% CI [4; 8]) (consolidated data for 2026w01 : 8 [5; 11]);

- **65 years and above**: 9 cases per 100,000 population (95% CI [2; 17]) (consolidated data for 2026w01 : 17 [9; 25]).

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 2025w51, the 73 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 53 years (range from 1 year to 100 years);
- **Male/female sex-ratio**: 0.57 (26/46);
- **Risk factors**: 30% (21/70) of the patients had risk factors for complications;
- **Hospitalization**: 3% (2/71) of the patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2026w02), subject to future data consolidation, the incidence of **Covid-19** cases seen in general practice among patients consulting for an ARI was **stable** compared to the previous 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.

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

General organization and partners

Sentinelles

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 Universities of Rouen, Côte d'Azur and Strasbourg.

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, statisticans, 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

Santé publique France — Liberté • Égalité • Fraternité, République Française, Ministère des Solidarités et de la Santé

SOS MÉDECINS

Università di Corsica Pasquale Paoli — HCL Hospices Civils de Lyon — Institut Pasteur

CNR virus des gastro-entérites, Dijon, France — CNGE Collège Académique

Université de Rouen Normandie — Université Côte d'Azur — Université de Strasbourg

Supervisory bodies of Sentinelles network

iPLesp — Inserm, La science pour la santé / From science to health — Santé Sorbonne Université

French General Practionner 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!