Observed situation in primary care

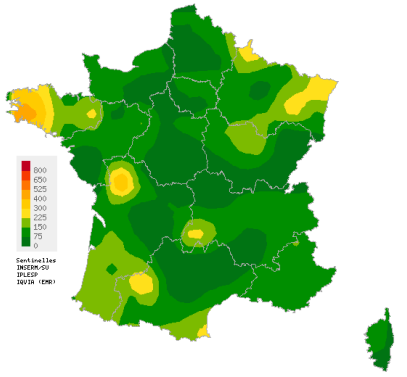
Epidemiological surveillance bulletin for the week 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

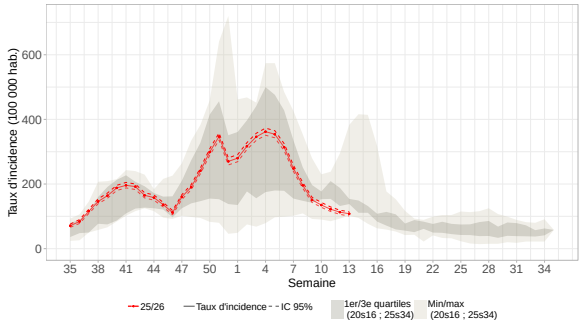
Acute Respiratory Infection (ARI)

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 (2026w13), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **108 cases per 100,000 population (95% CI [101; 114])**.

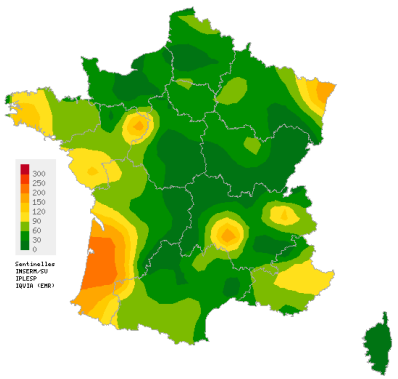
Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2026w12: 113 [106; 119]).

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.

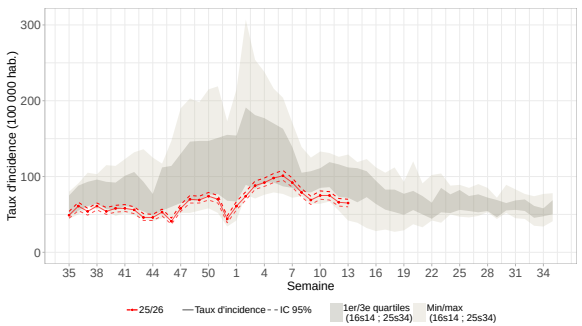
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w13), the incidence rate of acute diarrhea cases seen in general practice was estimated at **65 cases per 100,000 population (95% CI [60; 70])**.

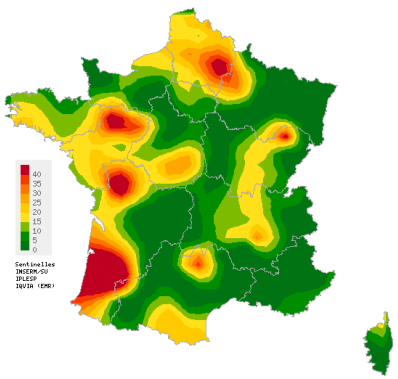
Subject to future data consolidation, this rate is **stable** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2026w12: 66 [61; 71]).

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

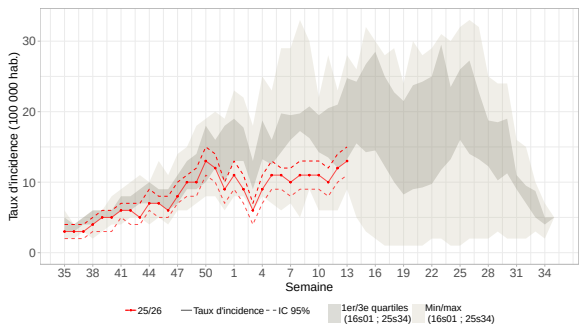
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w13), the incidence rate of chickenpox cases seen in general practice was estimated at **13 cases per 100,000 population (95% CI [11; 15])**.

Subject to future data consolidation, this rate is **stable** 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 2026w12: 12 [10; 14]).

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 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Auvergne-Rhône-Alpes	92 [71 ; 112]	48 [34 ; 61]	13 [6 ; 19]
Bourgogne-Franche-Comté	77 [51 ; 104]	23 [9 ; 37]	13 [1 ; 25]
Bretagne	251 [206 ; 297]	94 [66 ; 122]	15 [4 ; 26]
Centre-Val de Loire	62 [36 ; 87]	32 [14 ; 50]	9 [0 ; 18]
Corse	128 [63 ; 192]	21 [0 ; 47]	12 [0 ; 32]
Grand Est	175 [145 ; 205]	78 [59 ; 98]	5 [0 ; 10]
Hauts-de-France	75 [56 ; 95]	54 [37 ; 70]	24 [13 ; 35]

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Ile-de-France	101 [86 ; 116]	57 [46 ; 68]	14 [8 ; 19]
Normandie	80 [55 ; 105]	35 [18 ; 51]	9 [1 ; 17]
Nouvelle-Aquitaine	138 [109 ; 166]	114 [90 ; 137]	19 [10 ; 29]
Occitanie	83 [62 ; 103]	39 [25 ; 54]	6 [0 ; 12]
Pays de la Loire	74 [45 ; 103]	105 [64 ; 145]	25 [5 ; 45]
Provence-Alpes-Côte d'Azur	106 [79 ; 132]	79 [57 ; 100]	3 [0 ; 7]

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

Activity levels

- Low activity
- Moderate activity
- High activity

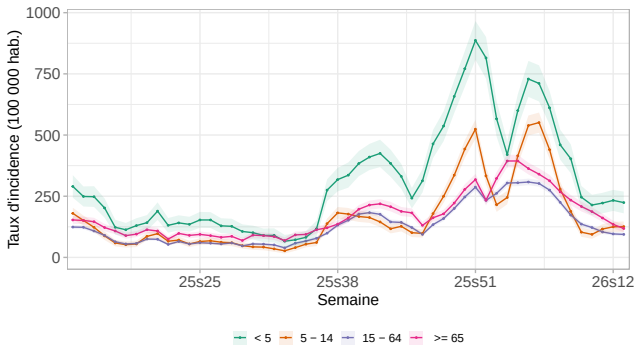
For the three indicators, the blue curve corresponds to the change in the incidence rate per 100,000 population for the current year. For ARI, previous years (since 2020) are shown with the grey curves. For acute diarrhea and chickenpox, the distribution of weekly incidence rates for the previous years 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 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

ARI incidence rates by age groups



Incidence rates of ARI cases by age groups

Last week (2026w13), incidence rates of cases of acute respiratory infections (ARI) seen in general practice were estimated at:

- **0-4 age group**: 224 cases per 100,000 population (95% CI [180; 269]) (consolidated data for 2026w12: 233 [190; 276]);

- **5-14 age group**: 126 cases per 100,000 population (95% CI [104; 147]) (consolidated data for 2026w12: 125 [104; 145]);

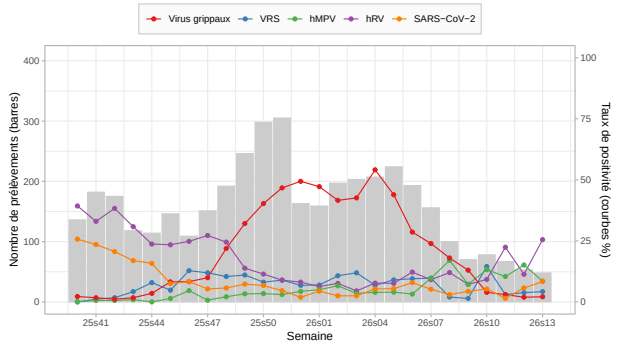
- **15-64 age group**: 94 cases per 100,000 population (95% CI [86; 102]) (consolidated data for 2026w12: 96 [89; 104]);

- **65 and above age group**: 118 cases per 100,000 population (95% CI [103; 133]) (consolidated data for 2026w12: 135 [119; 150]).

Subject to future data consolidation, incidence rates are **stable** compared the previous week **among children** (0-5 and 5-14 years old) **and adults aged 15-64 years old**, and **continue to decrease in the 65+ age group**.

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, **4,090** samples have been tested by general practitioners and pediatricians participating in the 2025/2026 virological surveillance of ARI.

Last week (2026w13), **48 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:

- **Rhinovirus**: **26%** (12/47) (consolidated data for 2026w12: 11% (6/53));
- **Metapneumovirus**: **9%** (4/47) (consolidated data for 2026w12: 15% (8/53));
- **SARS-CoV-2 (Covid-19)**: **8%** (4/48) (consolidated data for 2026w12: 6% (3/53));
- **Respiratory syncytial virus (RSV)**: **4%** (2/48) (consolidated data for 2026w12: 4% (2/53));
- **Influenza viruses**: **2%** (1/48) (consolidated data for 2026w12: 2% (1/53)).

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

Description of IRA cases seen in general practice

Last week (2026w13), 314 cases of ARI were reported by Sentinelles general practitioners. Among these, 246 (78% of reported cases) were described and had the following characteristics:

- **Median age**: 34 years (range from 5 months to 94 years);
- **Male/female sex-ratio**: 0.95 (111/117);
- **Risk factors**: 18% (38/217) of the patients had risk factors for complications;
- **Hospitalization**: 1.4% (3/217) of the patients were hospitalized after the consultation.

Data source: Sentinelles

In conclusion

Last week (2026w13), subject to future data consolidation, the incidence of ARI cases seen in general practice consultations was **stable** compared to the previous week **among children** (0-5 and 5-14 years old) **and adults aged 15-64 years old**, and **continued to decrease in the 65+ age group**.

The viruses mainly detected in patients tested for an ARI were **rhinovirus**, and to a lesser extent **metapneumovirus** and **SARS-CoV2 (Covid-19)**.

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

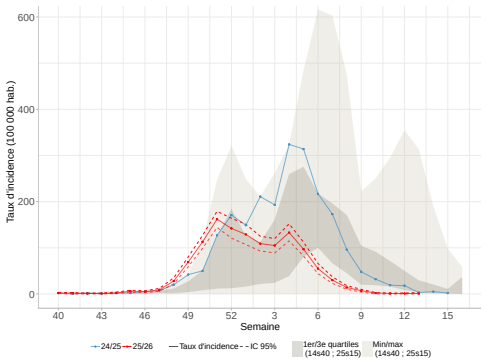
Influenza

Epidemiological surveillance bulletin for the week 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

Incidence rates of influenza cases

Stable activity at a low level



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

Last week (2026w13), the incidence rate of **influenza** cases seen in general practice among patients consulting for an ARI was estimated at **3 cases per 100,000 population** (95% CI [0; 7]), corresponding to 2,093 [0; 4,724] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2026w12: 2 [0; 4]).

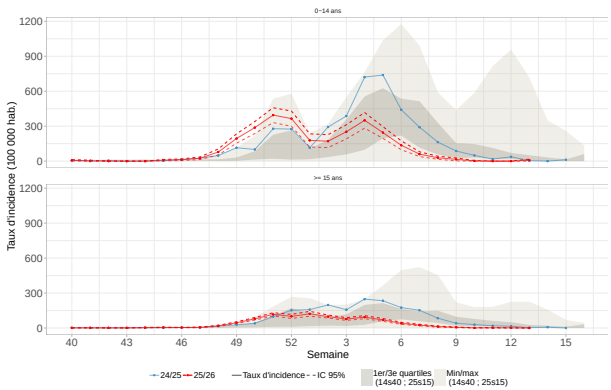
Description of confirmed influenza cases seen in general practice

Since the beginning of virological surveillance (2025s40), the 1,090 confirmed influenza cases swabbed by general practitioners and pediatricians presented the following characteristics:

- **Median age**: 31 years (range from less than 1 month to 97 years);
- **Male/female sex-ratio**: 0.93 (522/562);
- **Vaccination**: 84% (875/1,039) were not vaccinated against influenza;
- **Risk factors**: 23% (245/1,062) of the patients had risk factors for complications;
- **Hospitalization**: 0.7% (7/962) 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 (2026w13), incidence rates of **influenza** cases seen in general practice among patients consulting for an ARI were estimated at:

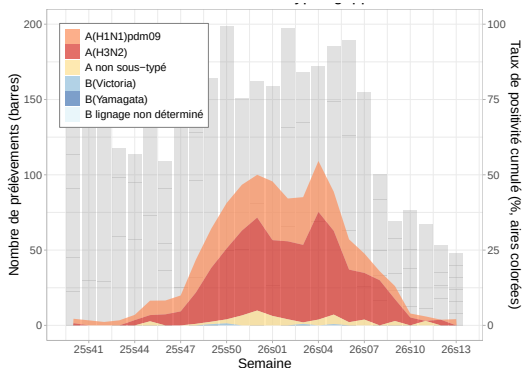
- 0-14 years: 19 cases per 100,000 population (95% CI [0 ; 43]) (consolidated data for 2026w12: 0);

- 15 years and above: 0 case per 100,000 population (consolidated data for 2026w12: 2 [0 ; 5]).

Subject to future data consolidation, these rates are **stable in the 0-14 age group and 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 2025s40, the 1,096 influenza viruses identified were distributed as follows: **59% of type A(H3N2)** *(645/1,096)*, ***36%* of type A(H1N1)*pdm09*** *(391/1,096)*, **5% of non-subtyped A viruses** *(55/1,096)*, and **0.5% of type B Victoria** *(5/1,096)*.

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

In conclusion

Last week (2026w13), subject to future data consolidation, the incidence of **influenza** 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**.

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.

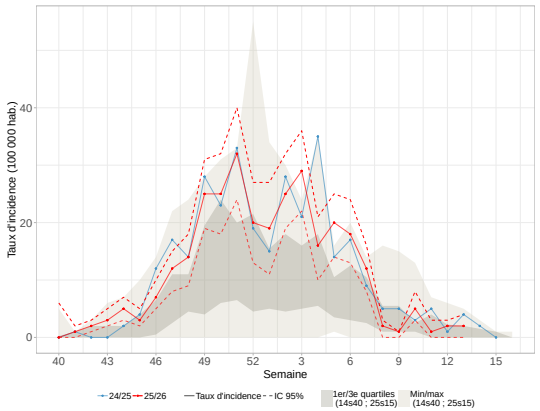
RSV infection and bronchiolitis

Epidemiological surveillance bulletin for the week 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

Incidence rates of RSV infection cases

Stable activity at a low level



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

Last week (2026w13), 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 **5 cases per 100,000 population** (95% CI [1; 10]), corresponding to 3,469 [421; 6,517] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2026w12: 4 [0; 8]).

Description of RSV infection cases seen in general practice

Since surveillance resumed (2025s40), the 310 confirmed cases of RSV infection collected by general practitioners and pediatricians had the following characteristics:

- Median age: 30 years (from 4 months to 100 years);

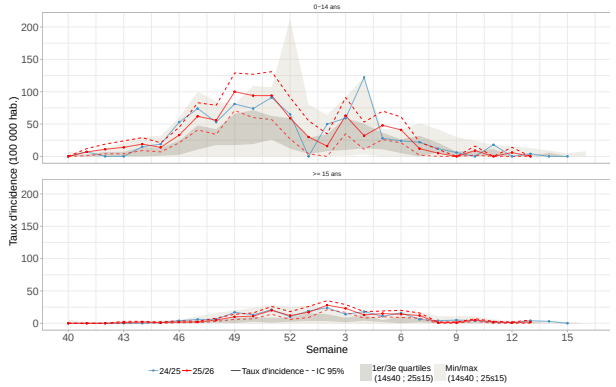
- Male/female sex ratio: 0.72 (129/180);

- Risk factors: 29% (88/303) of patients had risk factors for complications;

- Hospitalization: no patient was hospitalized following consultation (0/275).

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 (2026w13), incidence rates of **RSV infection** cases seen in general practice among patients consulting for an ARI were estimated at:

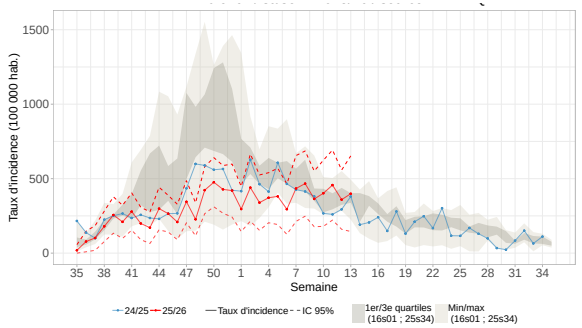
- 0-14 years: 0 case per 100,000 population (consolidated data for 2026w12: 14 [0; 33]);

- 15 years and above: 6 cases per 100,000 population (95% CI [1; 12]) (consolidated data for 2026w12: 2 [0; 5]).

Subject to future data consolidation, these rates are **stable in the 0-14 age group and 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 one year



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

Last week (2026w13), the incidence rate of **bronchiolitis** cases seen in general practice was estimated at **399 cases per 100,000 population** (95% CI [145 ; 653]) **in children under one year old.**

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2026w12: 359 [160 ; 558]).

Data source: Electronic Medical Records (EMR) IQVIA

In conclusion

Last week (2026w13), 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 week and corresponds to a **low level of activity**.

Furthermore, we **still note a stability in the incidence of bronchiolitis in children under one year old** seen by general practitioners, compared to the previous week. The level of bronchiolitis activity in this age group is **low** and comparable to 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 more information about case definitions, statistical methods and the Sentinelles network on our website

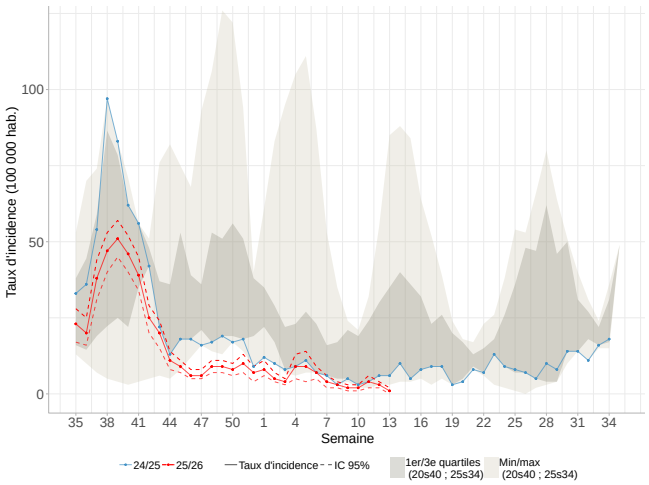
Covid-19

Epidemiological surveillance bulletin for the week 13 of the year 2026, from 03/23/2026 to 03/29/2026

Sentinelles

Incidence rates of Covid-19 cases

Stable activity at a low level



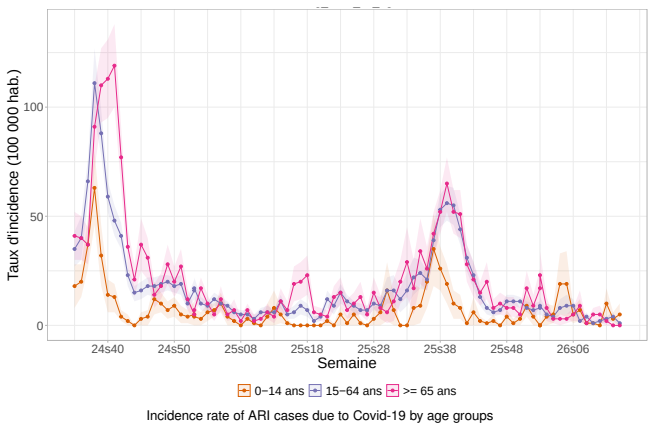
Incidence rate of Covid-19 cases and comparison with historical data

Last week (2026w13), the incidence rate of **Covid-19** cases seen in general practice among patients consulting for an ARI was estimated at **1 case per 100,000 population** (95% CI [0; 3]), corresponding to 768 [0; 1,703] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous week (consolidated data for 2026w12: 3 [2; 4]).

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 (2026w13), the incidence rates of **Covid-19** cases seen in general practice among patients consulting for an ARI were estimated at:

- **0-14 years**: 5 cases per 100,000 population (95% CI [0; 10]) (consolidated data for 2026w12: 3 [1; 6]);

- **15-64 years**: 1 case per 100,000 population (95% CI [0; 1]) (consolidated data for 2026w12: 4 [2; 6]);

- **65 years and above**: 0 case per 100,000 population (consolidated data for 2026w12: 0).

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 2026w10, the 23 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 32 years (range from 6 years to 75 years);
- **Male/female sex-ratio**: 0.47 (7/15);
- **Risk factors**: 14% (3/21) of the patients had risk factors for complications;
- **Hospitalization**: no patient was hospitalized after the consultation (0/21).

Data source: Sentinelles

In conclusion

Last week (2026w13), 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 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!