Observed situation in primary care

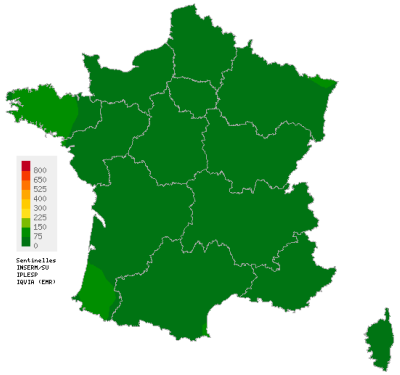
Epidemiological surveillance bulletin for the week 18 of the year 2026, from 04/27/2026 to 05/03/2026

Sentinelles

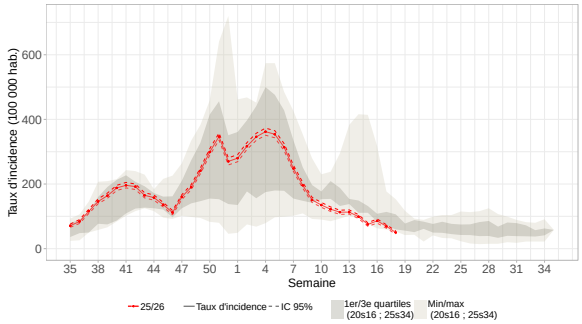
Acute Respiratory Infection (ARI)

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 (2026w18), the incidence rate of acute respiratory infection (ARI) cases consulting in general practice was estimated at **50 cases per 100,000 population (95% CI [45; 55])**.

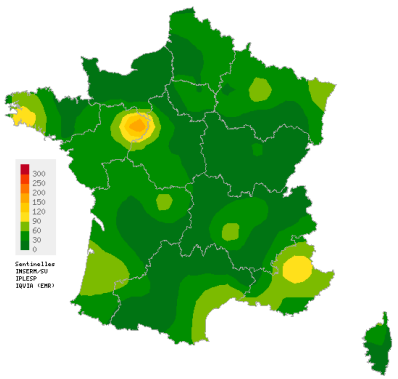
Subject to future data consolidation, this rate is **decreasing** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2026w17: 69 [63; 74]).

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.

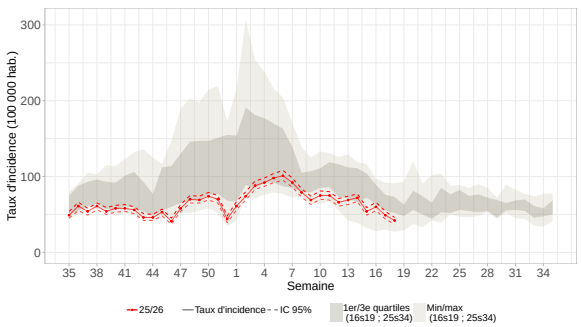
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w18), the incidence rate of acute diarrhea cases seen in general practice was estimated at **42 cases per 100,000 population (95% CI [37; 46])**.

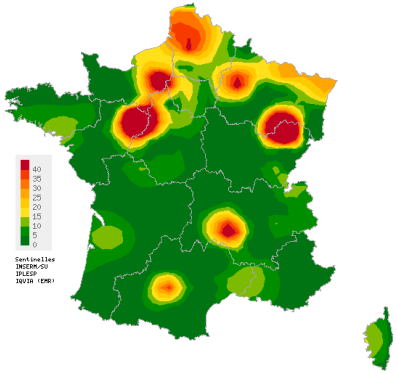
Subject to future data consolidation, this rate is **slightly decreasing** compared to the previous week and corresponds to a **lower activity level** than those usually observed at this time of the year (consolidated data for 2026w17: 49 [44; 54]).

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

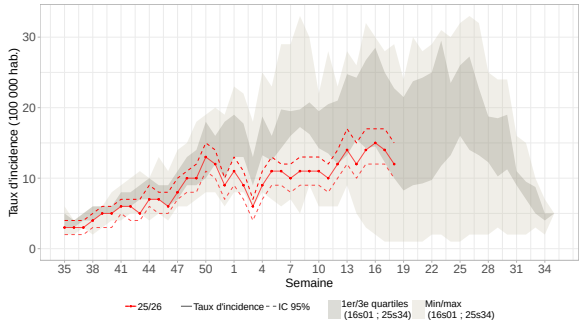
Data sources: Sentinelles, Electronic Medical Records (EMR) IQVIA

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 (2026w18), the incidence rate of chickenpox cases seen in general practice was estimated at **12 cases per 100,000 population (95% CI [10; 15])**.

Subject to future data consolidation, this rate is **slightly decreasing** compared to the previous week and corresponds to a **similar activity level** to those usually observed at this time of the year (consolidated data for 2026w17: 14 [12; 17]).

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 18 of the year 2026, from 04/27/2026 to 05/03/2026

Sentinelles

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Auvergne-Rhône-Alpes	42 [30 ; 54]	30 [20 ; 41]	6 [1 ; 10]
Bourgogne-Franche-Comté	48 [25 ; 71]	17 [3 ; 31]	14 [0 ; 33]
Bretagne	120 [88 ; 152]	50 [29 ; 71]	8 [0 ; 16]
Centre-Val de Loire	25 [7 ; 42]	28 [10 ; 46]	6 [0 ; 14]
Corse	4 [0 ; 16]	51 [2 ; 101]	11 [0 ; 31]
Grand Est	64 [46 ; 82]	42 [27 ; 57]	18 [8 ; 29]
Hauts-de-France	46 [30 ; 62]	44 [28 ; 59]	24 [12 ; 36]

Regions	Acute respiratory infection	Acute diarrhea	Chickenpox
Ile-de-France	42 [32 ; 53]	39 [29 ; 50]	16 [9 ; 22]
Normandie	34 [16 ; 51]	25 [10 ; 40]	21 [6 ; 37]
Nouvelle-Aquitaine	61 [43 ; 79]	38 [24 ; 53]	5 [0 ; 9]
Occitanie	38 [22 ; 55]	35 [20 ; 50]	15 [4 ; 26]
Pays de la Loire	21 [4 ; 39]	72 [40 ; 105]	22 [3 ; 41]
Provence-Alpes-Côte d'Azur	60 [40 ; 80]	62 [42 ; 81]	5 [0 ; 11]

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.

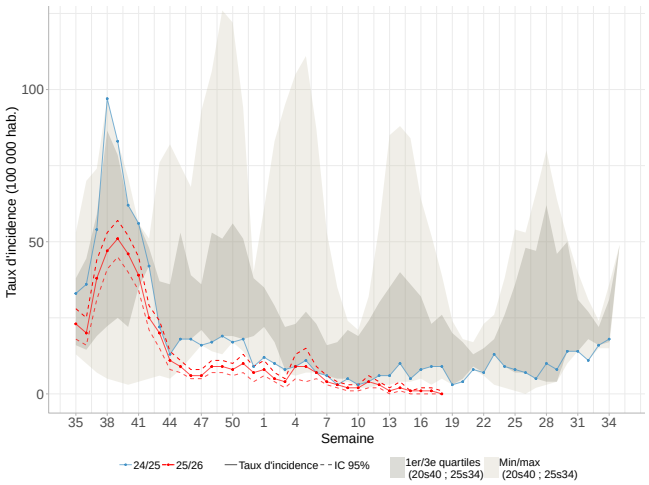
Covid-19

Epidemiological surveillance bulletin for the week 18 of the year 2026, from 04/27/2026 to 05/03/2026

Sentinelles

Incidence rates of Covid-19 cases

Stable activity at a low level



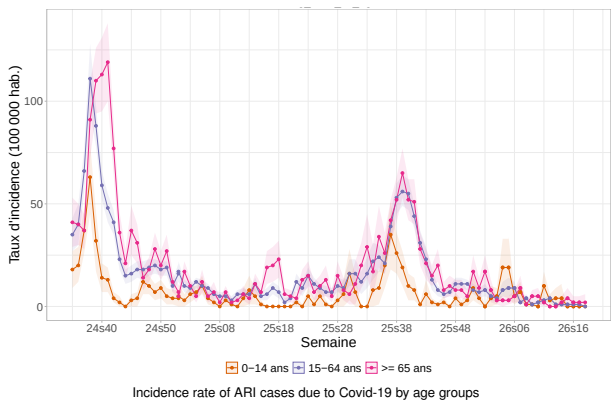
Incidence rate of Covid-19 cases and comparison with historical data

Last week (2026w18), 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; 1]), corresponding to 416 [0; 918] new cases.

Subject to future data consolidation, this rate is **stable** compared to the previous weeks (consolidated data for 2026w17: 1 [0; 2].

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 (2026w18), the incidence rates of **Covid-19** 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 2026w17: 0);

- **15-64 years**: 0 cases per 100,000 population (consolidated data for 2026w17: 1 [0; 2]);

- **65 years and above**: 2 cases per 100,000 population (95% CI [0; 6]) (consolidated data for 2026w17: 2 [0; 5]).

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

Data source: Sentinelles

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

Since week 2026w15, the 6 Covid-19 described cases with an ARI had the following characteristics:

- **Median age**: 43 years (range from 34 years to 68 years);
- **Male/female sex-ratio**: 1 (3/3);
- **Risk factors**: 50% (3/6) of the patients had risk factors for complications;
- **Hospitalization**: no patient was hospitalized after the consultation (0/6).

Due to the small number of described cases, these data should be interpreted with caution.

Data source: Sentinelles

In conclusion

Last week (2026w18), 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**, below those usually observed at this time of the year (since 2020).

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.

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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!