

Acute respiratory infections

Week 42 (16 to 22 October 2023). Publication: 25 October 2023

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Overall activity stable in general practice and hospitals, with disparities according to age mainly due to an increase in bronchiolitis.

Bronchiolitis. Activity linked to bronchiolitis in children under 2 years increasing in mainland France and in the French overseas departments and regions.

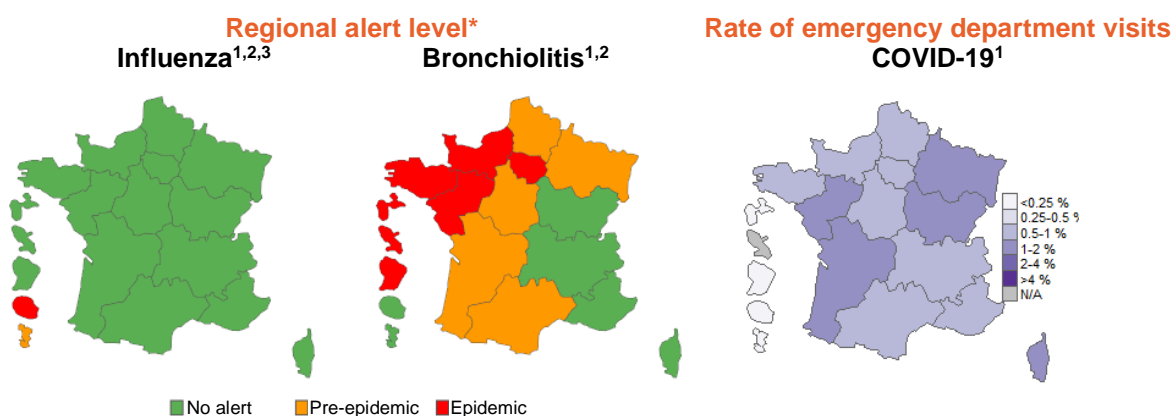
COVID-19. Decrease in activity in general practice and stabilisation in hospitals.

Influenza. Influenza indicators stable at baseline levels in all regions except Reunion Island, which remains in an epidemic, and Mayotte, which entered the pre-epidemic phase in week 42.

Key indicators

Syndromic indicators

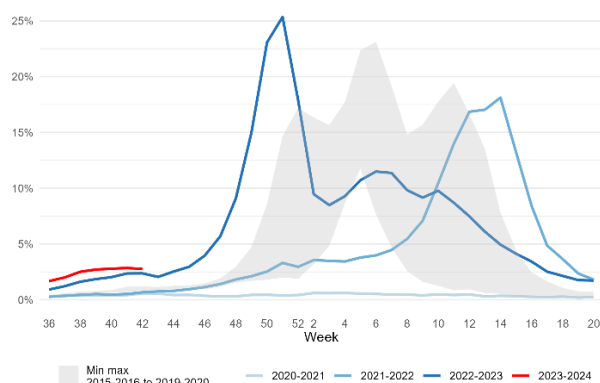
	Lower ARI*		Influenza		Bronchiolitis (< 2 years)		COVID-19	
Share of pathology among	W42	W42 vs W41	W42	W42 vs W41	W42	W42 vs W41	W42	W42 vs W41
SOS Médecins consultations	13.2%	-0.7 pts	2.8%	-0.1 pts	6.4%	+0.4 pts	3.4%	-1.1 pts
Emergency department visits (OSCOUR®)	3.8%	+0.3 pts	0.2%	0 pts	10.6%	+1.8 pts	0.9%	-0.1 pts
Hospitalisations post-emergency department visit (OSCOUR®)	8.2%	+0.5 pts	0.1%	0 pts	23.7%	+4.8 pts	2.1%	-0.1 pts



*Methodology explained in the [appendix](#). Source: ¹OSCOUR® network, ²SOS Médecins, ³Sentinelles network

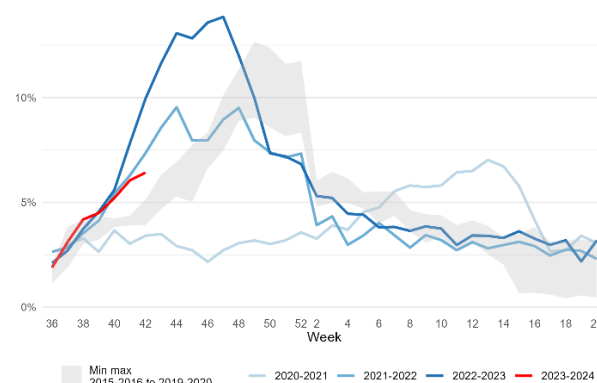
See the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



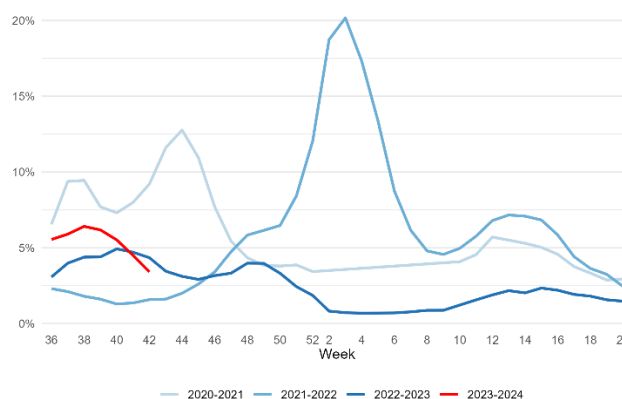
Source: SOS Médecins

Share of bronchiolitis among SOS Médecins consultations for children under 2 years



Source: SOS Médecins

Share of suspected COVID-19 among SOS Médecins consultations



Source: SOS Médecins

Virological indicators

	Influenza viruses		RSV		SARS-CoV-2	
Positivity rate of samples	W42	W42 vs W41	W42	W42 vs W41	W42	W42 vs W41
General practice (Sentinelles network, National Reference Centres)	0.0%	-0.7 pts	7.1%	+5.7 pts	17.6%	-6.1 pts
Hospitals (RENAL network, National Reference Centres)	0.2%	-0.1 pts	4.5%	+2.3 pts	13.8%	-2.2 pts

	SARS-CoV-2	
	W42	W42 vs W41
Positivity rate of tests in medical laboratories	21.6%	-1.8 pts
Wastewater surveillance (SUM'Eau)*	7,350	-2.4%

*Ratio of SARS-CoV-2 viral concentration to ammoniacal nitrogen concentration.
Methodology explained in the [appendix](#)

See the bulletin by the [Sentinelles network](#) (in English) for the epidemiological situation in general practice.

Situation update

In week 42, indicators for acute respiratory infections were stable in general practice and hospital settings, although there were disparities according to age. Activity related to bronchiolitis in general practice and hospital settings continued to increase for children under 2 years of age, with the region of Normandy entering the epidemic phase this week. A decrease in all COVID-19 indicators was observed, except among hospitalised people aged 65+ years, for whom there was a stabilisation. Influenza activity was at baseline level in all regions except Reunion Island, which is in an epidemic since late August, and in Mayotte, which was in the pre-epidemic phase this week.

The increase in bronchiolitis-related activity observed in mainland France continued for all syndromic surveillance indicators: SOS Médecins consultations, emergency department visits and hospitalisations post-visit. At the hospital level, the increase in admissions post-emergency department visit was more marked than in the previous week. Positivity rates for respiratory syncytial virus (RSV) in nasopharyngeal swabs taken from all age groups were increasing in both general practice and hospital settings. Other viruses that may induce bronchiolitis are currently circulating, particularly rhinoviruses. In mainland France, the region of Normandy has moved into an epidemic phase, bringing the total number of epidemic regions to four. The Hauts-de-France region has moved into the pre-epidemic phase, bringing the number of regions in the pre-epidemic phase to five. In the overseas departments and regions, three regions remained in an epidemic phase: Guadeloupe, Martinique and French Guiana.

With regard to COVID-19, all indicators continued to decline for all ages, except hospital activity in the 65+ age group, which was stable. Particular attention is paid to this population due to the potentially severe impact of the virus on the most vulnerable. The number of new ARI clusters in long-term care facilities continued to decrease but this trend will need confirmation in the coming weeks upon data consolidation.

Influenza indicators were stable and at baseline levels in mainland France, with sporadic detection of influenza cases as usually observed at this time of year. The situation was identical in the Antilles and French Guiana. In Reunion Island, an epidemic wave has been underway since the end of August, mainly due to the A(H3N2) virus. In week 42, hospital activity was down but influenza virus circulation remained at epidemic level. In Mayotte, an increase in the detection of influenza viruses, mainly of the H3N2 subtype, was observed in week 42, placing the region in a pre-epidemic phase.

In this context, it is important to be particularly vigilant and to employ protective measures, especially around children under the age of 2 years in order to prevent bronchiolitis. In addition, it is important that elderly and fragile individuals have access to COVID-19 and influenza vaccination. The annual influenza vaccination campaign began on 17 October 2023, with this year's campaign extended to all children over 2 years of age. It should be noted that the COVID-19 vaccination campaign began on 2 October 2023 and that influenza and COVID-19 vaccinations can be given at the same time.

About this bulletin

This weekly bulletin provides key syndromic and virological indicators for acute respiratory infections (ARI) with an overview of recent epidemiological trends in the French territories (mainland and overseas). Santé publique France, the French public health agency, produces these indicators to help monitor COVID-19, influenza and bronchiolitis on a grouped or specific basis, and to better estimate their burden and impact on the healthcare system. The English version is an extract from the *Infections respiratoires aiguës* bulletin, which contains further indicators, graphs and analysis based on the data collected through France's integrated surveillance system.

Partners

Santé publique France acknowledges the large public health network that contributes to the surveillance of acute respiratory infections: healthcare professionals working in private practice and hospitals, emergency departments, hospital and private biology laboratories, learned societies for infectious diseases, intensive care and emergency medicine, CNAM, INSERM and INSEE.

For more information (French only)

Integrated ARI surveillance

Surveillance of influenza, bronchiolitis and COVID-19

SURSAUD® syndromic surveillance

Surveillance in long-term care facilities

Surveillance in general practice: Sentinelles network

Virological surveillance

Genomic surveillance: variant risk analysis

Regional trends: see regional bulletins

Open data indicators: Géodes, data.gouv.fr

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