



Acute respiratory infections

Week 45 (06 to 12 November 2023). Publication: 15 November 2023.

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Activity rising within general practice and stable in hospitals.

Bronchiolitis. A bronchiolitis epidemic continues in mainland France and in Guadeloupe, Martinique and French Guiana. Syndromic indicators in children under 2 years decreasing or stabilising, which may be transitory following school holidays.

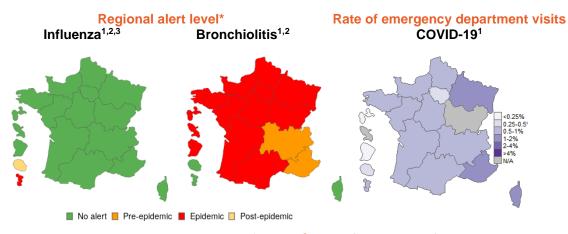
COVID-19. Most indicators tending to stabilise.

Influenza. Activity linked to influenza stable at baseline level in all regions except Mayotte, which remains in an epidemic, and Reunion Island, which entered the post-epidemic phase in week 45.

Key indicators

Syndromic indicators

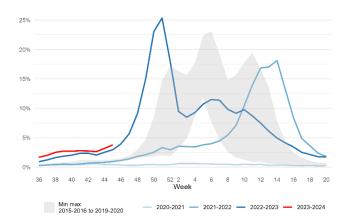
| | Lower ARI* | | Influenza | | Bronchiolitis (<2 years) | | COVID-19 | |
|--|------------|---------------|-----------|---------------|--------------------------|---------------|----------|---------------|
| Share of pathology among | W45 | W45 vs W44 | W45 | W45 vs W44 | W45 | W45 vs W44 | W45 | W45 vs W44 |
| SOS Médecins consultations | 14.1% | +0.1 pts | 3.8% | +0.6 pts | 7.3% | -1.8 pts | 2.6% | +0.1 pts |
| Emergency department visits (OSCOUR®) | 4.4% | -0.3 pts | 0.2% | 0 pts | 15.8% | -0.1 pts | 0.8% | -0.1 pts |
| Hospitalisations post-emergency department visit (OSCOUR®) | 8.7% | -0.7 pts | 0.1% | 0 pts | 31.8% | -1.3 pts | 1.7% | -0.1 pts |



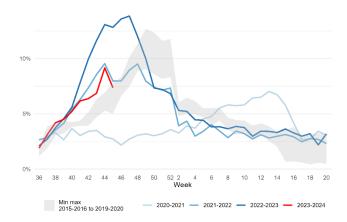
*Methodology explained in the appendix. Source: ¹OSCOUR® network, ²SOS Médecins, ³Sentinelles network

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

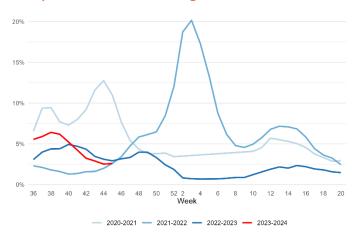


Share of bronchiolitis among SOS Médecins consultations for children under 2 years



Source: SOS Médecins 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 | W45 | W45 vs W44 | W45 | W45 vs W44 | W45 | W45 vs W44 |
| General practice (Sentinelles network, National Reference Centres) | 1.2% | -0.8 pts | 14.1% | +6 pts | 18.8% | -1.4 pts |
| Hospitals (RENAL network, National Reference Centres) | 0.8% | +0.2 pts | 9.2% | +0.5 pts | 15.0% | +0.7 pts |

| | SA | SARS-CoV-2 | | |
|--|-------|------------|--|--|
| | W45 | W45 vs W44 | | |
| Positivity rate of tests in medical laboratories | 20.1% | -1.2 pts | | |
| Wastewater surveillance (SUM'Eau)* | 5,798 | -5.8% | | |

^{*}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 45, there was an increase in consultations for acute respiratory infections within general practice, while hospital visits remained stable. This increase in general practice concerned mainly influenza-like illnesses, despite the circulation of influenza viruses remaining stable at baseline levels in mainland France. Activity linked to bronchiolitis in children under 2 years was stable or falling slightly, but there was a marked increase in the positivity rate of RSV (respiratory syncytial virus) in general practice. An overall stabilisation of indicators was observed for COVID-19.

A bronchiolitis epidemic continues at national level. Syndromic indicators were down or stable in week 45, possibly temporarily due to the end of the school holidays. The share of bronchiolitis among SOS Médecins consultations (primary care) for children under 2 years was falling. In hospitals, the number of emergency department visits for bronchiolitis stabilised, while the number of admissions post-emergency department visit was falling. RSV positivity rate in nasopharyngeal swabs taken from all age groups rose slightly in hospitals. An increase in RSV positivity rate was observed in general practice, while other viruses likely to cause bronchiolitis continued to circulate, in particular rhinoviruses. In mainland France, the epidemic continued in ten regions. The regions of Auvergne-Rhône-Alpes and Provence-Alpes-Côte d'Azur remained in the pre-epidemic phase. In overseas France, three regions remained in the epidemic phase: Guadeloupe, Martinique and French Guiana.

For COVID-19, all syndromic indicators were stable (SOS Médecins, emergency department visits and admissions post-visit). The positivity rate of tests was rising slightly in hospitals and falling in ambulatory care.

In mainland France, influenza viruses were sporadically detected in general practice and hospitals, as is usually the case at this time of year, but their level of circulation remained stable at baseline levels. In overseas France, the situation was identical in the French Antilles and French Guiana. Mayotte has been in an epidemic since week 44 and Reunion Island entered the post-epidemic phase in week 45 following a decline in influenza indicators. The predominant influenza virus detected in these two areas was the A(H3N2) virus.

The number of new ARI clusters (almost exclusively due to COVID-19) in long-term care facilities has continued to decrease since the beginning of October. Particular attention is paid to this population because of the potentially severe impact of ARI on vulnerable individuals.

In this epidemiological context, it is important to be particularly vigilant and to apply protective measures, especially around children under the age of 2 years in order to prevent bronchiolitis. It is also important that the elderly and vulnerable have access to COVID-19 and influenza vaccinations, which can be carried out at the same time.

At the end of week 45, COVID-19 vaccination coverage in the autumn 2023 campaign for people aged 65+ years was 16.7% (12.2% of 65–69 year-olds, 15.4% of 70–74 year-olds, 19.8% of 75–79 year-olds and 20.1% of 80+ year-olds). Since 17 October 2023, 35.9% of COVID-19 vaccinations for people aged 65+ have been carried out at the same time as an influenza vaccination.

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 <u>Infections réspiratoires aiguës</u> 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, resuscitation and emergency medicine, CNAM, INSERM and INSEE.

For more information (French only):

Integrated <u>ARI</u> surveillance
Monitoring of <u>influenza</u>, <u>bronchiolitis</u> and <u>COVID-19</u>.

<u>SurSaUD®</u> syndromic surveillance

Monitoring in <u>long-term care facilities</u>

Monitoring in general practice: <u>Sentinelles network</u>

Virological surveillance

Genomic surveillance: <u>variant risk analysis</u> Regional trends: see <u>Regional Bulletins</u> Open data indicators: Géodes, data.gouv.fr

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The team would like to thank the Infectious Diseases Division, the Regions Division, the Data Support, Processing and Analysis Division, and the Prevention and Health Promotion Division for their contributions.

Citation: Acute Respiratory Infections Bulletin. National edition. Week 45 (06 to 12 November 2023). Saint-Maurice: Santé publique France, 4 p. Director of publication: Caroline Semaille. Date of publication: 15 November 2023.

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