



Acute respiratory infections

In week 5 (29 January to 4 February 2024). Publication: 7 February 2024.

NATIONAL EDITION

This week's trends

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

Influenza. Continuing epidemic in mainland France. Stabilisation of most indicators in general practice; increase in activity in hospitals. In overseas France, French Guiana and French West Indies in epidemic phase.

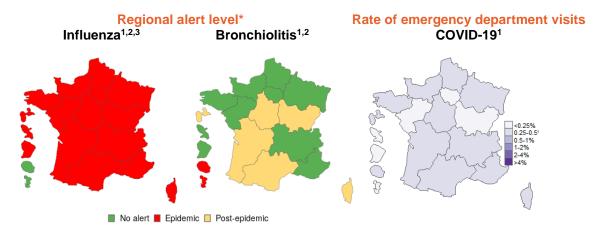
Bronchiolitis. In mainland France, stabilisation or slight increase in indicators at low levels. No regions of mainland France in epidemic phase. Two overseas regions still in epidemic phase.

COVID-19. Most indicators in decline or stable.

Key indicators

Syndromic indicators

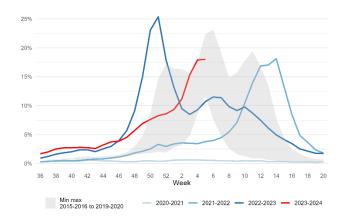
	Lowe	rer ARI* Influenza		Bronchiolitis (<2 years)		COVID-19		
Share of pathology among	W05	W05 vs W04	W05	W05 vs W04	W05	W05 vs W04	W05	W05 vs W04
SOS Médecins consultations	26.7%	-0.4 pts	18.0%	+0.1 pts	4.4%	0 pts	0.7%	-0.2 pts
Emergency department visits (OSCOUR®)	7.0%	0 pts	3.2%	+0.1 pts	7.7%	-0.1 pts	0.3%	-0.1 pts
Admissions post-emergency department visit (OSCOUR®)	11.0%	+0.2 pts	3.1%	+0.2 pts	17.1%	+1 pts	0.6%	-0.2 pts



*Methodology explained in the appendix. French West Indies: W04 alert level. Source: 1OSCOUR® network, 2SOS Médecins, 3Sentinelles network

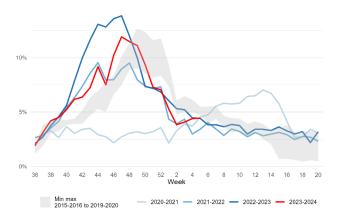
Read the regional bulletins (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



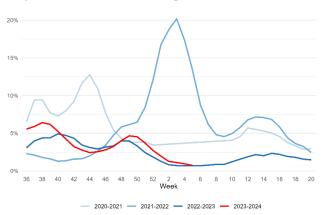
Source: SOS Médecins

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	W05	W05 vs W04	W05	W05 vs W04	W05	W05 vs W04
General practice (Sentinelles network, National Reference Centres)	51.5%	-8.2 pts	2.5%	+0.5 pts	8.6%	+2.4 pts
Hospitals (RENAL network, National Reference Centres)	21.7%	+2 pts	2.0%	-0.4 pts	6.3%	-0.9 pts

	SARS-CoV-2		
	W05	W05 vs W04	
Positivity rate of tests in medical laboratories	5.3%	-1.2 pts	
Wastewater surveillance (SUM'Eau)*	1,669	-57.2%	

^{*}Ratio of SARS-CoV-2 viral concentration to ammoniacal nitrogen concentration. Methodology explained in the appendix.

Situation update

In week 5, indicators for acute respiratory infections were stable in general practice and in hospitals. In mainland France, the influenza epidemic continued with most indicators stabilising in general practice and an increase in activity in hospitals. With regard to bronchiolitis, five regions of mainland France were still in the post-epidemic phase, and two overseas regions remained in an epidemic. The majority of COVID-19 indicators were down or stable, reflecting moderate circulation of SARS-Cov-2, although a slight increase in the positivity rate was observed in general practice. Influenza viruses continued to circulate at high levels. Against this backdrop, and in addition to vaccination against COVID-19 and influenza, the systematic use of protective measures remains important, particularly wearing a mask when symptomatic, in crowded places or in the presence of people at risk, as well as frequently washing hands and airing interiors.

The influenza epidemic continued in mainland France. After a sharp rise in activity over the previous two weeks, most indicators were stable in general practice and up slightly in hospitals. This increase concerned the under-15s and the over-65s. The proportion of hospital admissions following a visit to the emergency department rose to a high level this week, across all age groups. In overseas France, French Guiana and the French West Indies remained in the epidemic phase.

For bronchiolitis in mainland France, all indicators remained at low levels. SOS Médecins consultations and emergency department visits were stable, while hospital admissions post-visit increased slightly. Five regions of mainland France were still in the post-epidemic phase. In the French overseas departments and regions, Reunion Island and Mayotte remained in the epidemic phase. Guadeloupe entered the post-epidemic phase and indicators returned to baseline levels in Martinique.

With regard to COVID-19, syndromic indicators in all age groups continued to fall or were stable in both general practice and hospitals across all age groups, except for an increase in the 65+ age group in general practice. The positivity rate was up in general practice and down in hospitals. Virological indicators based on tests carried out in medical laboratories continued to fall in all age groups. In wastewater, detection of SARS-CoV-2 was also down.

In long-term care facilities (care homes), the number of ARI clusters reported has been stable at a moderate level since the beginning of January. The share of clusters due to influenza has been rising since mid-December (week 51) and accounts for the majority since mid-January (week 2). Due to the potentially severe impact of ARI on vulnerable individuals, specific monitoring of this population remains in place.

At the end of week 5, COVID-19 vaccination coverage among people aged 65+ within the autumn 2023 campaign progressed very slowly, reaching 29.9% (21.6% of 65–69 year-olds, 27.4% of 70–74 year-olds, 35.6% of 75–79 year-olds and 36.3% of 80+ year-olds). Since 17 October 2023, 29.3% of COVID-19 vaccinations for people aged 65+ have been carried out at the same time as an influenza vaccination.

Against this backdrop of respiratory viruses in active circulation, and in addition to vaccination against influenza and COVID-19, the systematic use of protective measures remains important, particularly wearing a mask when symptomatic, in crowded places and in the presence of vulnerable people. By limiting the risk of spreading viruses to other people, particularly those at risk, these measures remain an effective way of protecting against respiratory infections and their complications.

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>Bulletin des infections respiratoires aiguës</u>, which contains further indicators, graphs and analysis based on data gathered through France's integrated ARI 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 ARI surveillance

Surveillance of influenza, bronchiolitis and COVID-19

<u>SURSAUD</u>® syndromic surveillance Surveillance in long-term care facilities

Surveillance in general practice: <u>Sentinelles Network</u> (INSERM – Sorbonne University) Virological surveillance (National Reference Centre for Viral Respiratory Infections)

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

Editorial team

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