

Acute respiratory infections

Week 6 (5 to 11 February 2024). Publication: 14 February 2024
NATIONAL EDITION

This week's trends

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

Influenza. Continuation of the epidemic in France with circulation of influenza viruses still very active. Downward trend in all indicators for general practice and hospitals.

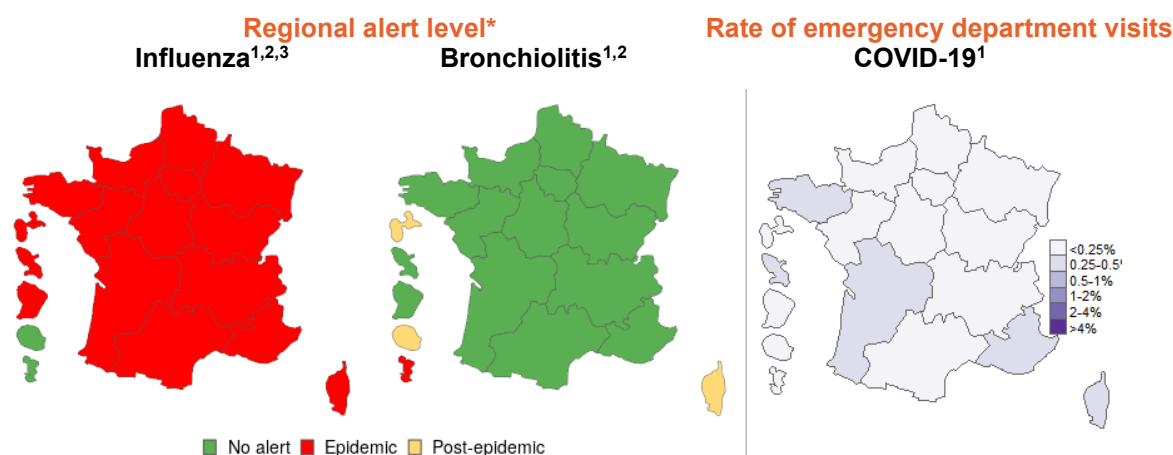
Bronchiolitis. In mainland France, all regions out of the epidemic with indicators at low levels and decreasing. In overseas France, Mayotte last region remaining in epidemic phase.

COVID-19. All indicators in decline or stable.

Key indicators

Syndromic indicators

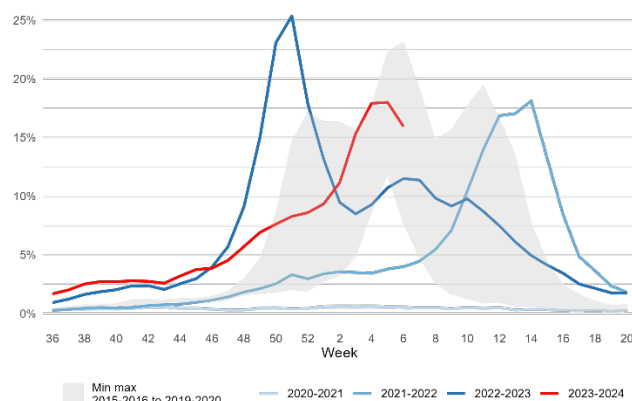
| | Lower ARI* | | Influenza | | Bronchiolitis (< 2 years) | | COVID-19 | |
|--|------------|------------|-----------|------------|------------------------------|------------|----------|------------|
| Share of pathology among | W06 | W06 vs W05 | W06 | W06 vs W05 | W06 | W06 vs W05 | W06 | W06 vs W05 |
| SOS Médecins consultations | 24.3% | -2.5 pts | 15.9% | -2.1 pts | 4.1% | -0.3 pts | 0.6% | -0.2 pts |
| Emergency department visits (OSCOUR®) | 6.6% | -0.4 pts | 2.8% | -0.4 pts | 7.1% | -0.6 pts | 0.2% | -0.1 pts |
| Admissions post-emergency department visit (OSCOUR®) | 11.0% | 0 pts | 3.0% | -0.1 pts | 14.6% | -2.3 pts | 0.5% | -0.1 pts |



* Methodology explained in the [appendix](#). French Antilles: W04 alert level. Source: ¹ OSCOUR® network, ² SOS Médecins, ³ Sentinelles network

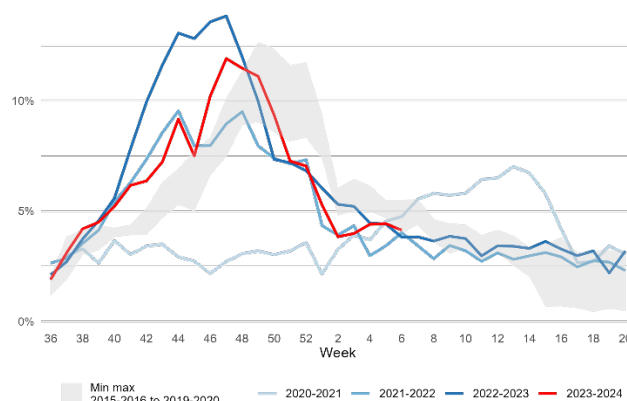
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



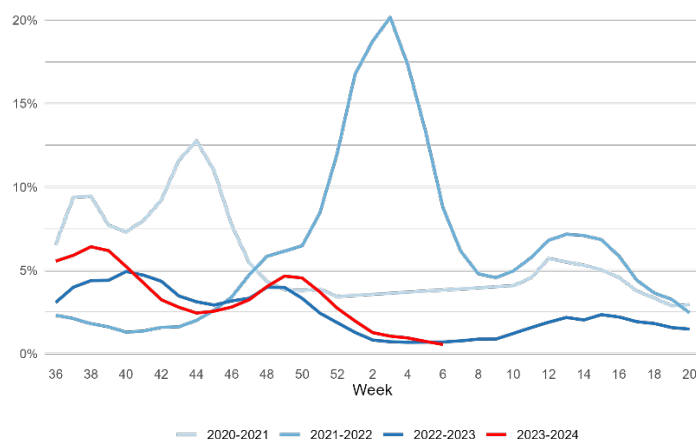
Source: SOS Médecins

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 | W06 | W06 vs W05 | W06 | W06 vs W05 | W06 | W06 vs W05 |
| General practice (Sentinelles network, National Reference Centres) | 51.5% | -1.4 pts | 0.0% | -2.1 pts | 2.4% | -5.5 pts |
| Hospitals (RENAL network, National Reference Centres) | 16.9% | -4.3 pts | 1.5% | -0.4 pts | 4.8% | -1.3 pts |

SARS-CoV-2

| | W06 | W06 vs W05 |
|--|------|------------|
| Positivity rate of tests in medical laboratories | 4.4% | -0.9 pts |
| Wastewater surveillance (SUM'Eau)* | 2140 | -23.7% |

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

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

Situation update

In week 6, indicators for acute respiratory infections were decreasing in general practice and overall stable in hospital settings. In mainland France, the circulation of influenza viruses was still very active. However, a downward trend in the majority of influenza indicators was observed in general practice and hospital settings. With regard to bronchiolitis, all the French regions were out of the epidemic, with indicators falling. In the overseas regions, only Mayotte remained in the epidemic phase. All COVID-19 indicators were decreasing or stable, reflecting moderate circulation of SARS-CoV-2. 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 with the still very active circulation of influenza viruses. The indicators were down in general practice and hospitals for all ages, with a trend that varied according to age group. In hospitals, the proportion of admissions post-emergency department visit remained high, with indicators decreasing among 0–14 year-olds and stable in the other age groups. In the French overseas departments and regions, French Guiana remained in the epidemic phase. In the Antilles, the epidemic was ongoing but the indicators were not available at the beginning of the week.

For bronchiolitis in mainland France, all indicators remained at low levels and falling. Four mainland regions had returned to baseline levels (Bourgogne-Franche-Comté, Centre Val-de-Loire, Nouvelle-Aquitaine and Occitania) and only Corsica remained in the post-epidemic phase. In the overseas departments and regions, Mayotte remained in the epidemic phase and Reunion Island this week entered the post-epidemic phase.

With regard to COVID-19, syndromic indicators were decreasing or stable according to age groups in general practice and hospital settings. The positivity rate was down in general practice and in hospitals. Virological indicators based on tests carried out in medical laboratories continued to fall. In wastewater, detection of SARS-CoV-2 also continued to fall.

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 indicator remains in place.

Estimates of influenza vaccination coverage at 31 December 2023 among people at risk targeted for vaccination were 45.9% overall, or 52.7% among people aged over 65 and 24.5% among those under 65 at risk of severe influenza. This vaccine coverage is lower than that estimated for the 2022–2023 season on the same date (50.0% for all at-risk individuals targeted by vaccination, with 54.7% among those aged 65+ and 30.0% among those aged under 65 at risk of severe influenza).

At the end of week 6, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65+ was 30.0% (21.7% of 65–69 year-olds, 27.4% of 70–74 year-olds, 35.7% of 75–79 year-olds and 36.4% of 80+ year-olds). Since 17 October 2023, 29.2% of COVID-19 vaccinations have been carried out at the same time as an influenza vaccine in people aged 65+.

Against this backdrop of influenza 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 *Bulletin des infections respiratoires aiguës*, 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

SurSaUD® syndromic surveillance

Surveillance in long-term care facilities

Surveillance in general practice: Sentinelles Network (INSERM - Sorbonne University)

Virological surveillance (National Reference Centre for Viral Respiratory Infections)

Genomic surveillance: Variant risk analysis

Regional trends: see Regional Bulletins

Open data indicators: Géodes, data.gouv.fr

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