

Acute respiratory infections

Week 11 (11 to 17 March 2024). Publication: 20 March 2024

NATIONAL EDITION

This week's trends

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

Influenza. Indicators for mainland France in further decline. All mainland regions in post-epidemic phase. Guadeloupe and Martinique in epidemic phase.

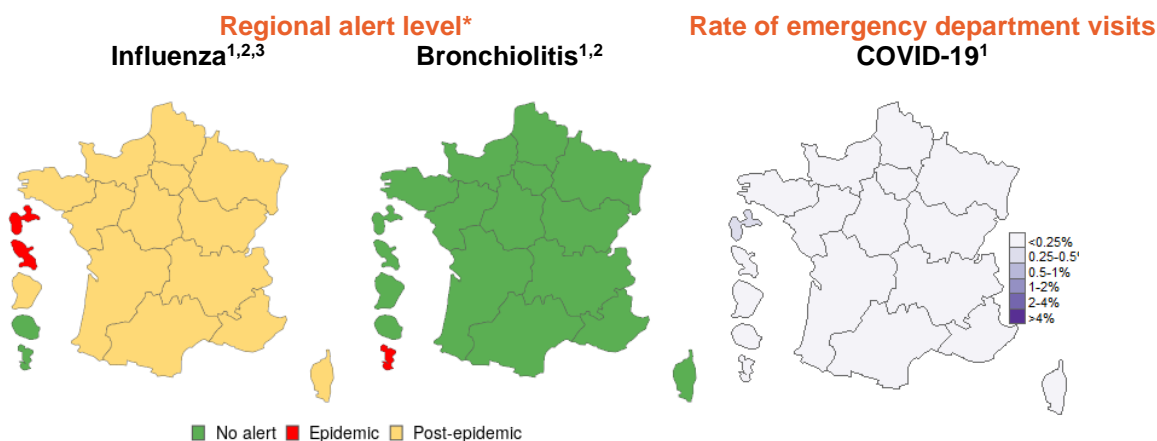
Bronchiolitis. Mayotte in epidemic phase; all other regions at baseline level.

COVID-19. Indicators at low levels.

Key indicators

Syndromic indicators

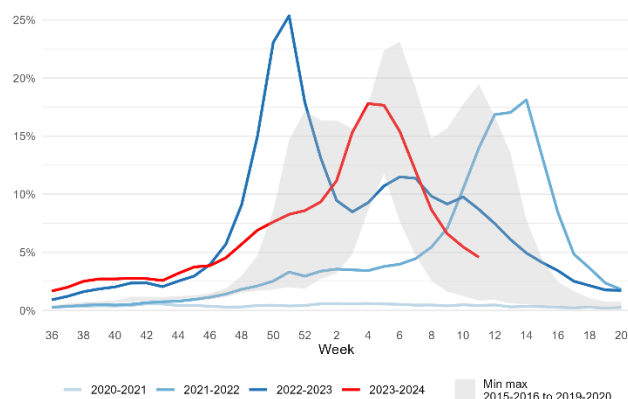
	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
Share of pathology among	W11	W11 vs W10	W11	W11 vs W10	W11	W11 vs W10	W11	W11 vs W10
SOS Médecins consultations	12.0%	-1.0 pts	4.6%	-0.9 pts	3.7%	-0.4 pts	0.3%	0 pts
Emergency department visits (OSCOUR®)	3.3%	-0.4 pts	0.5%	-0.1 pts	6.6%	-0.3 pts	0.1%	0 pts
Admissions post-emergency department visit (OSCOUR®)	6.6%	-0.9 pts	0.4%	-0.2 pts	13.0%	-0.5 pts	0.2%	0 pts



*Methodology explained in the [appendix](#). French West Indies: W10 alert level. Source: ¹OSCOUR® network, ²SOS Médecins, ³Sentinelles network

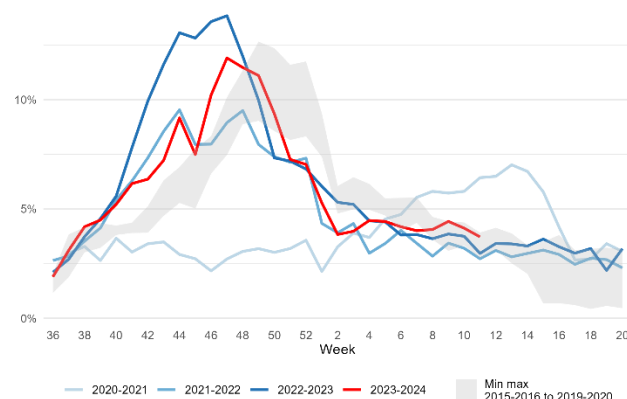
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



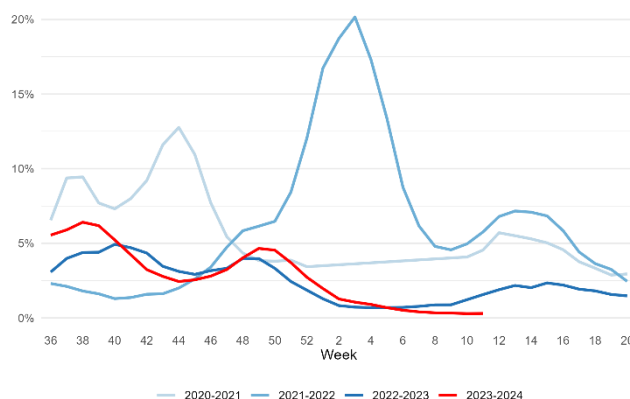
Source: SOS Médecins

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	W11	W11 vs W10	W11	W11 vs W10	W11	W11 vs W10
General practice (Sentinelles network, National Reference Centres)	19.2%	+6.2 pts	0.0%	0 pts	3.8%	+3.8 pts
Hospitals (RENAL network, National Reference Centres)	3.3%	-0.7 pts	0.9%	0 pts	2.1%	-0.5 pts

SARS-CoV-2	
W11	W11 vs W10
Positivity rate of samples tested in medical laboratories	2.5% 0 pts
Wastewater surveillance (SUM'Eau)*	713 -23.4%

*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 11, indicators for acute respiratory infections were in further decline in general practice and in hospitals. In mainland France, influenza indicators continued to fall and all 13 regions were in post-epidemic phase. COVID-19 indicators remained at low levels, indicating limited circulation of SARS-CoV-2. All regions of mainland France have been clear of the bronchiolitis epidemic since mid-February (week 7); in overseas France, only Mayotte remained in an epidemic. Nevertheless, with respiratory viruses still in active circulation, the systematic use of protective measures remains important in crowded places or in the presence of people at risk, particularly wearing a mask if symptomatic.

In mainland France, influenza indicators were in further decline in all age groups, in both general practice and hospital settings. Only the positivity rate in general practice had increased from the previous week, but the number of samples tested was low. In general practice, the proportion of SOS Médecins activity for influenza-like illness fell from low to baseline level this week, across all ages and in all age groups except the over-65s, where it remained at low level. In hospitals, the proportion of admissions post-emergency department visit also fell from low to baseline level across all ages and in all age groups except the over-65s, where it remained at low level. In mainland France, all 13 regions were in the post-epidemic phase. In the French overseas departments and regions, Guadeloupe and Martinique were still in the epidemic phase although a decrease in indicators was observed. French Guiana remained in the post-epidemic phase.

For bronchiolitis, in mainland France all indicators were at low levels. In the French overseas departments and regions, only Mayotte remained in the epidemic phase.

Syndromic and virological indicators of COVID-19 remained at low levels in all age groups. The positivity rate was low in general practice and in hospitals. In wastewater, detection of SARS-CoV-2 remained at a very low level.

The ARI clusters that have occurred in long-term care facilities (care homes) since the beginning of January have been mainly linked to influenza. A decrease in the number of clusters has been observed since mid-February (week 7).

At the end of the vaccination campaign that ran from October 2023 to February 2024, COVID-19 vaccination coverage among people aged 65+ was 30.2% (21.6% of 65–69 year-olds, 27.5% of 70–74 year-olds, 36.0% of 75–79 year-olds and 36.9% of 80+ year-olds). During the campaign, 29.1% of COVID-19 vaccinations for people aged 65+ were carried out at the same time as an influenza vaccination. The next COVID-19 vaccination campaign will begin on 15 April 2024, targeting the most vulnerable groups (people aged 80+, immunocompromised people, residents of nursing homes and long-term care facilities). These people will be offered a vaccine dose if at least 3 months have passed since their last injection or SARS-CoV-2 infection.

In the present context, the systematic use of protective measures remains important in crowded places or in the presence of people at risk, particularly wearing a mask if symptomatic, hand washing and frequent ventilation of closed spaces.

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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