

Paris 2024 Olympic and Paralympic Games

Health surveillance weekly report

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NATIONAL EDITION

Week 29 (15 to 21 July 2024)

Key points

SurSaUD[®] syndromic surveillance (OSCOUR[®] and SOS Médecins networks)

Regarding general practitioners associations (SOS Médecins network) and emergency departments (OSCOUR[®] network), there was an increase in consultations for all ages in connection with the summer conditions, at levels usually observed for the season (burns, hyperthermia/heatstroke, dermatological symptoms).

Wastewater surveillance

In wastewater, the downward trend in SARS-CoV-2 circulation levels continued in week 29, although the situation remained uneven across the country.

Surveillance of emergency medical services (42 participating SAMU)

Prior to the official opening of the Paris 2024 Olympic and Paralympic Games on Friday 26 July 2024, this bulletin provides a retrospective analysis of interventions carried out by emergency medical services (SAMU) in connection with the Olympic Torch Relay, from 8 May to 21 July 2024.

Heat Warning System (SACS)

The aim of the Heat Warning System (SACS) is to identify periods of high temperatures that may have a major impact on public health, so that preventive and management measures can be put in place quickly. In the event of an orange warning (heatwave) or red warning (extreme heatwave), health surveillance is adapted in order to provide a coordinated response.

Departments with orange or red heatwave warnings

No departments issued with orange or red warnings for heatwaves in the last 7 days.

Syndromic surveillance (SurSaUD®)

The SurSaUD® system monitors activity in French emergency departments and in the SOS Médecins network of general practitioners, as well as all-cause mortality and mortality by cause. Syndromic health surveillance is based on non-specific data collected by the networks in relation to their activity.

By monitoring activity in emergency departments (OSCOUR® surveillance network) and in general practice consultations (SOS Médecins network) on a daily basis, the type of symptoms (all causes combined) affecting the population can be identified at departmental level.

Evolution of activity in emergency departments (OSCOUR® network) and in general practice (SOS Médecins network)

From 15 to 21 July 2024, SOS Médecins consultations were down for children aged under 15 years. Emergency department visits and SOS Médecins consultations remained stable for adults.

In both networks, there was an increase across all ages for consultations linked to summer conditions, at levels usually observed for the season: burns, hyperthermia/heatstroke and dermatological symptoms. There was also a rise in the number of emergency department visits for drowning. Consultations for conjunctivitis were up in both networks (among adults only in the SOS Médecins network).

Consultations for whooping cough stabilised across all ages in emergency departments (with a decrease among children aged under 2 years but an increase among adults) and were down for the second consecutive week in the SOS Médecins network (except among children aged under 2 years, unlike in emergency departments). The number of consultations for whooping cough remains higher than in previous years.

Lastly, in the past week, 21 emergency department visits and 4 SOS Médecins consultations were directly associated with the Paris 2024 Olympic and Paralympic Games. In addition, 114 visits were linked to another major event (the Madeleine Festival in the Nouvelle Aquitaine region).

Syndromic group	Source*	Consultations			Proportion of activity		
		Number W29	Number W28	Variation W28 (%)	Share (%)	Variation W28 (%)	Trend**
Dyspnea, acute respiratory failure	OSCOUR	3,644	3,597	+1.3	1.08	+2.3	≡
	SOS	65	54	+20.4	0.09	+22.4	≡
Asthma	OSCOUR	2,460	2,837	-13.3	0.73	-12.5	↓
	SOS	813	840	-3.2	1.07	-1.5	≡
Cough	OSCOUR	2,335	2,444	-4.5	0.69	-3.6	≡
	SOS	8,741	9,671	-9.6	11.51	-8.1	↓
Acute lower respiratory infection	OSCOUR	8,109	8,621	-5.9	2.41	-5.0	≡
	SOS	7,063	7,393	-4.5	9.30	-2.8	≡
Influenza, Influenza-like illness	OSCOUR	342	433	-21.0	0.10	-20.3	↓
	SOS	1,428	1,566	-8.8	1.88	-7.2	↓
Whooping cough	OSCOUR	301	307	-2.0	0.09	-1.0	≡
	SOS	377	463	-18.6	0.50	-17.2	↓
Measles	OSCOUR	13	13	+0.0	0.00	+1.0	≡
	SOS	4	0		0.01		↑
Gastroenteritis	OSCOUR	3,790	3,887	-2.5	1.13	-1.6	≡
	SOS	3,604	3,828	-5.9	4.75	-4.2	≡
Vomiting	OSCOUR	2,476	2,522	-1.8	0.74	-0.9	≡
	SOS	494	519	-4.8	0.65	-3.2	≡

Syndromic group	Source*	Consultations			Proportion of activity		
		Number W29	Number W28	Variation W28 (%)	Share (%)	Variation W28 (%)	Trend**
Food poisoning	OSCOUR	102	117	-12.8	0.03	-12.0	↘
Headache, migraine and other neurological symptoms	OSCOUR	8,893	9,378	-5.2	2.64	-4.3	=
Headache, migraine	SOS	775	817	-5.1	1.02	-3.5	=
Dizziness	SOS	594	588	+1.0	0.78	+2.8	=
Meningitis	OSCOUR	99	114	-13.2	0.03	-12.3	=
	SOS	14	15	-6.7	0.02	-5.1	=
Myocardial ischemia	OSCOUR	1,023	1,111	-7.9	0.30	-7.0	↘
	SOS	27	31	-12.9	0.04	-11.4	↘
Chest pain	OSCOUR	10,661	10,832	-1.6	3.17	-0.6	=
	SOS	622	615	+1.1	0.82	+2.9	=
Drowning	OSCOUR	79	49	+61.2	0.02	+62.8	↗
Injury	OSCOUR	92,096	92,467	-0.4	27.39	+0.5	=
	SOS	3,224	3,149	+2.4	4.25	+4.1	=
Fainting	OSCOUR	12,696	12,490	+1.6	3.78	+2.6	=
	SOS	255	263	-3.0	0.34	-1.4	=
Acute fever	OSCOUR	5,079	5,375	-5.5	1.51	-4.6	=
	SOS	1,151	1,152	-0.1	1.52	+1.6	=
Burn	OSCOUR	1,680	1,582	+6.2	0.50	+7.2	↗
	SOS	191	141	+35.5	0.25	+37.8	↗
Fever and rash	OSCOUR	323	346	-6.6	0.10	-5.8	=
Dermatological symptoms	OSCOUR	1,392	1,252	+11.2	0.41	+12.2	↗
	SOS	1,138	1,017	+11.9	1.50	+13.8	↗
Conjunctivitis	OSCOUR	1,141	1,099	+3.8	0.34	+4.8	↗
	SOS	1,083	1,011	+7.1	1.43	+9.0	↗
Hyperthermia and heat stroke	OSCOUR	298	153	+94.8	0.09	+96.6	↗
	SOS	147	65	+126.2	0.19	+130.0	↗
Acute alcohol poisoning	OSCOUR	2,563	2,846	-9.9	0.76	-9.1	↘
	SOS	52	50	+4.0	0.07	+5.8	=
Acute intoxication due to drugs or other substances (excluding alcohol)	OSCOUR	314	341	-7.9	0.09	-7.0	=
Stress, anxiety	OSCOUR	385	544	-29.2	0.11	-28.6	=
	SOS	1,248	1,216	+2.6	1.64	+4.4	=

*OSCOUR: emergency department visits in the network of participating hospitals. SOS: urgent consultations with a general practitioner in the SOS Médecins network.

**Based on epidemiological interpretation taking into account fluctuations in indicators in recent weeks.

= Usual fluctuation; ↗ Increase; ↘ Decrease.

Evolution in the number of emergency department visits and SOS Médecins consultations directly associated with the Paris 2024 Olympic and Paralympic Games (OPG-labelled consultations)

OPG-labelled consultations	Number in W29 (W-1)	Number in W28 (W-2)	W29 vs W28 (%)	Trend*
OSCOUR	135*	28	(382.1%)	↗
SOS	4	3	(33.3%)	=

*Including 114 visits linked to the Madeleine Festival (region of Nouvelle Aquitaine).

Mortality surveillance

Mortality data is based on civil registration data from the French National Institute for Statistics and Economic Studies (INSEE) and on electronic death registrations submitted by doctors.

Based on civil registration data provided by INSEE, the number of deaths from all causes in week 28 remained within the usual margins of fluctuation at national level and in all regions of mainland France.

Based on the more responsive electronic death registrations, the number of deaths from all causes in week 29 was stable compared with the previous week.

However, a slight increase in deaths involving dehydration was observed, mainly among people aged 65-84 years. In the 85 and over age group, deaths involving acute respiratory infection or COVID-19 were down; meanwhile, in this age group, there was a slight increase in deaths involving cardiac pathology (infarction, hypertension) or cachexia/undernutrition.

Emergency medical services (SAMU)

These data relate to interventions by the emergency medical services (SAMU). The SAMU operates call centres that respond to the health needs of the population 24-hours a day.

The SI-SAMU crisis management portal is an information system that lists and qualifies exceptional events in connection with emergency calls, including those linked with the Paris 2024 Olympic and Paralympic Games.

Summary of data on SAMU interventions

Prior to the official opening of the Olympic Games on Friday 26 July 2024, this section provides a retrospective analysis of interventions by emergency medical services (SAMU) carried out in connection with the Olympic Torch Relay, from 8 May to 21 July 2024.

Number of emergency calls made to the 42 SAMU monitored

For the period in question, at national level, only the 9 and 10 May 2024 showed an excess of calls compared with historical data. Over these two consecutive days, there was an estimated excess of 21,895 calls, i.e. around 25% more activity than expected.

This excess is linked to the long weekend that followed public holidays on 8 and 9 May. On Thursday 9 May and Friday 10 May, which were weekdays, call activity was similar to that of a weekend. Therefore, the excess does not constitute a health signal for this period.

For the rest of the period in question, no excess in call volumes at national level was detected.

A technical problem with transmission limited interpretation to 17 July. For week 28, based on data for 15 to 17 July, no excess call volume was detected for the SAMUs monitored by the system.

Patients treated in connection with a Paris 2024 Olympic and Paralympic Games event

Over the 75-day period, 30 emergency medical services (SAMU) treated patients in connection with the Olympic Torch Relay for a total of 429 patients, i.e. an average of 14 patients per SAMU. The patients were mainly treated for conditions of low severity, with 85% suffering minor injuries and 14% indirectly involved (not requiring specific care). Transport to a health facility was provided for 40% of patients.

The majority of patients treated were female (54%). The age group most represented was children aged 2-14 years (30%), followed by 25-44 year-olds (18%) and 45-64 year-olds (18%). The most represented region was Provence-Alpes-Côte d'Azur (25%), followed by Grand Est (17%) and Bourgogne Franche-Comté (10%).

Medical diagnoses were under-reported (402 patients had no diagnosis recorded). Among recorded diagnoses, the most frequent were fainting, injuries (sprain, wound, ankle injury) and epileptic seizures in very low numbers.

In the last week, from 15 to 21 July, 61 patients were treated by the SAMU, with profiles similar to those of previous weeks. The SAMU involved were those assigned to departments situated along the Olympic Torch Relay route, i.e. Val-d'Oise (SAMU 95), Oise (SAMU 60) and Aisne (SAMU 02).

In conclusion, SAMU interventions linked to the Olympic Torch Relay concerned young patients with conditions of low severity, the majority of whom did not require transport to a health facility. The health impact of the Olympic Torch Relay can be considered as low in terms of activity for the emergency medical services that use the SI-SAMU portal to register their interventions.

Wastewater surveillance

Wastewater surveillance, as a tool used for monitoring the population's health, is carried out using the system SUM'EAU (SURveillance Microbiologique des EAUX Usées). Monitoring the circulation of SARS-CoV-2 in wastewater at national level is performed using data from a network of 12 wastewater treatment plants.

Trends in SARS-CoV-2 circulation in wastewater at national level

With regard to wastewater, the downward trend in SARS-CoV-2 circulation levels continued in week 29 (12 out of 12 wastewater treatment plants produced interpretable results), although the situation remained uneven across the country.

This bulletin is a summarised version of the national weekly bulletin published in French.

For more information (French only)

[Weekly national and regional bulletins](#)

[SurSaUD® bulletins](#)

[Heat Warning System \(SACS\)](#)

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