

## Paris 2024 Olympic and Paralympic Games

Health surveillance weekly report

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NATIONAL EDITION

## Week 31 (29 July to 4 August 2024)

### Key points

#### Syndromic surveillance

- In relation to the weather conditions, a significant rise in visits to emergency departments and consultations with general practitioners in the SOS Médecins network was observed for hyperthermia and heat stroke.
- Emergency department visits and SOS Médecins consultations directly associated with the Paris 2024 Olympic and Paralympic Games increased in week 31 (vs week 30), the first week with events taking place every day. Among those directly associated with the Games, 93% of the emergency department visits and 47% of the SOS Médecins consultations concerned the Île-de-France region.
- The number of deaths from all causes registered electronically was stable in week 31 (vs week 30). An increase in heat-related deaths was observed, particularly among people aged 85 and over, in the regions of Auvergne-Rhône-Alpes, Brittany, Ile-de-France and Normandy.

## 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.*

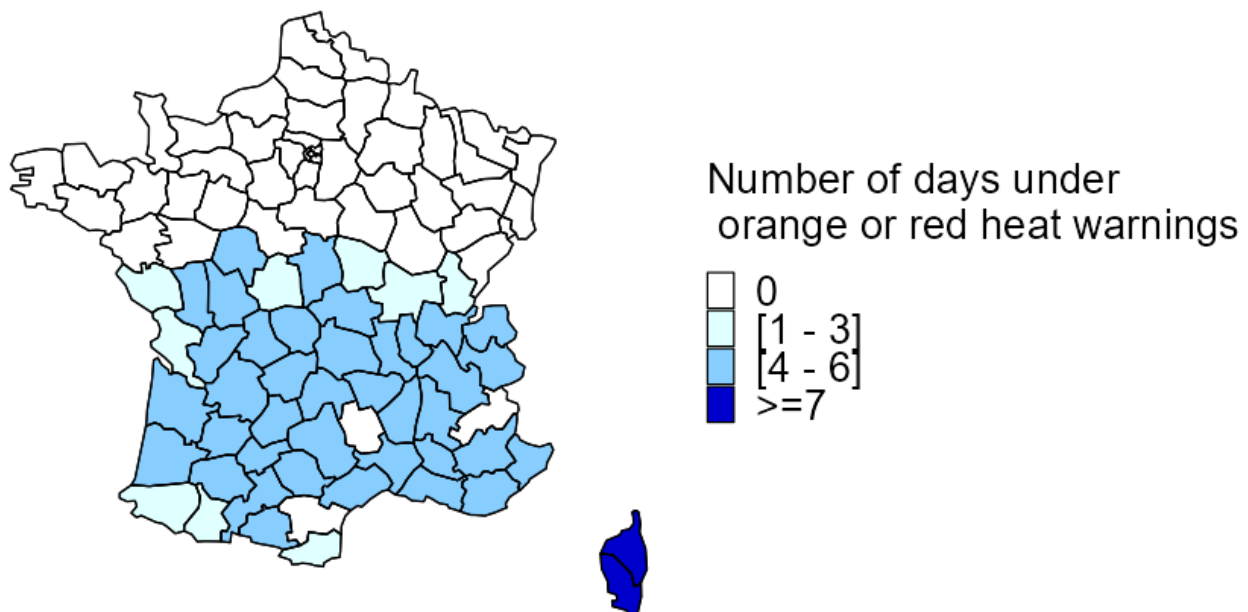
### Departments with orange or red heatwave warnings

The orange heatwave warning began on 28 July and ended on 4 August.

For the entire episode, orange heatwave warnings were issued for 48 departments in 8 regions (Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté, Centre-Val-de-Loire, Corsica, Nouvelle-Aquitaine, Occitania, Pays de la Loire and Provence-Alpes-Côte d'Azur) (figure below).

Among the regions where at least one department was issued an orange heatwave warning on these dates, Auvergne-Rhône-Alpes, Centre-Val-de-Loire, Nouvelle-Aquitaine, Pays de la Loire and Provence-Alpes-Côte d'Azur also had an Olympic Games event taking place there.

#### Duration of orange warning for the entire episode (28/07 - 04/08)



Sources: GeoFLA, Météo France, 2024

Analysis of health surveillance indicators since the start of the episode is available at the following link (French only): <https://www.santepubliquefrance.fr/determinants-de-sante/climat/fortes-chaleurs-canicule/donnees/#tabs>.

## 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)

In week 31 (from 29 July to 4 August 2024), emergency department visits were down slightly compared to the previous week (-2%, i.e. -3 805 visits). This variation is usual for the summer period.

It should also be noted that incomplete data were transmitted for the Île-de-France region for the days of Saturday and Sunday.

SOS Médecins consultations remained stable in all age groups compared to the previous week.

Over the past week, a significant increase in consultations for hyperthermia and heat stroke in both networks was observed in relation to the weather conditions, accompanied by an increase in emergency department visits for burns in 15-64 year-olds and for fainting among people aged under 15 years and those aged 65 years or older. In smaller numbers, emergency department visits for drowning were also on the rise.

To a lesser extent, visits to emergency departments for digestive disorders (gastroenteritis, vomiting and food poisoning) were also on the rise in all age groups, as were SOS Médecins consultations for conjunctivitis and dermatological symptoms, mainly among 15-64 year-olds.

Syndromic group	Source*	Consultations			Proportion of activity		
		Number W31	Number W30	Variation W30 (%)	Share (%)	Variation W30 (%)	Trend**
Dyspnea, acute respiratory failure	OSCOUR	3 367	3 326	+1.2	1.03	+4.4	=
	SOS	52	69	-24.6	0.07	-24.0	↘
Asthma	OSCOUR	2 194	2 103	+4.3	0.67	+7.5	↗
	SOS	635	737	-13.8	0.85	-13.2	↘
Cough	OSCOUR	2 125	2 296	-7.4	0.65	-4.6	↘
	SOS	7 119	8 288	-14.1	9.58	-13.4	↘
Acute lower respiratory infection	OSCOUR	7 211	7 773	-7.2	2.20	-4.4	↘
	SOS	5 185	6 353	-18.4	6.97	-17.7	↘
Influenza, Influenza-like illness	OSCOUR	303	356	-14.9	0.09	-12.3	↘
	SOS	1 039	1 284	-19.1	1.40	-18.4	↘
Whooping cough	OSCOUR	336	332	+1.2	0.10	+4.3	=
	SOS	438	502	-12.7	0.59	-12.1	↘
Measles	OSCOUR	2	8	-75.0	0.00	-74.2	=
	SOS	1	3	-66.7	0.00	-66.4	=
Gastroenteritis	OSCOUR	4 066	3 955	+2.8	1.24	+6.0	↗
	SOS	3 673	3 682	-0.2	4.94	+0.5	=
Vomiting	OSCOUR	2 671	2 489	+7.3	0.81	+10.6	↗
	SOS	447	473	-5.5	0.60	-4.8	=
Food poisoning	OSCOUR	143	104	+37.5	0.04	+41.7	↗
Headache, migraine and other neurological symptoms	OSCOUR	8 282	9 146	-9.4	2.52	-6.7	↘
Headache, migraine	SOS	722	765	-5.6	0.97	-4.9	↘

Syndromic group	Source*	Consultations			Proportion of activity		
		Number W31	Number W30	Variation W30 (%)	Share (%)	Variation W30 (%)	Trend**
Dizziness	SOS	492	570	-13.7	0.66	-13.0	↘
Meningitis	OSCOUR	73	95	-23.2	0.02	-20.8	↘
	SOS	18	12	+50.0	0.02	+51.2	=
Myocardial ischemia	OSCOUR	922	1 011	-8.8	0.28	-6.0	↘
	SOS	29	22	+31.8	0.04	+32.9	=
Chest pain	OSCOUR	9 591	10 878	-11.8	2.92	-9.1	↘
	SOS	578	578	+0.0	0.78	+0.8	=
Drowning	OSCOUR	107	77	+39.0	0.03	+43.3	↗
Injury	OSCOUR	89 151	92 675	-3.8	27.17	-0.8	=
	SOS	3 313	3 163	+4.7	4.46	+5.6	=
Fainting	OSCOUR	12 545	12 016	+4.4	3.82	+7.6	↗
	SOS	250	247	+1.2	0.34	+2.0	=
Acute fever	OSCOUR	4 982	5 052	-1.4	1.52	+1.7	=
	SOS	1 121	1 097	+2.2	1.51	+3.0	=
Burn	OSCOUR	1 717	1 635	+5.0	0.52	+8.3	↗
	SOS	159	159	+0.0	0.21	+0.8	=
Fever and rash	OSCOUR	279	298	-6.4	0.09	-3.5	=
Dermatological symptoms	OSCOUR	1 446	1 428	+1.3	0.44	+4.4	=
	SOS	1 266	1 176	+7.7	1.70	+8.5	↗
Conjunctivitis	OSCOUR	1 133	1 170	-3.2	0.35	-0.2	=
	SOS	1 088	1 026	+6.0	1.46	+6.9	↗
Hyperthermia and heat stroke	OSCOUR	417	183	+127.9	0.13	+134.9	↗
	SOS	314	117	+168.4	0.42	+170.5	↗
Acute alcohol poisoning	OSCOUR	2 440	2 416	+1.0	0.74	+4.1	=
	SOS	37	46	-19.6	0.05	-18.9	↘
Acute intoxication due to drugs or other substances (excluding alcohol)	OSCOUR	303	291	+4.1	0.09	+7.3	=
Stress, anxiety	OSCOUR	490	554	-11.6	0.15	-8.8	↘
	SOS	1 188	1 218	-2.5	1.60	-1.7	=

\*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)

During the previous week, 327 emergency department visits and 15 SOS Médecins consultations were directly associated with the Paris 2024 Olympic and Paralympic Games, with 93% of these emergency department visits and 47% of SOS Médecins consultations concerning the Île-de-France region. These visits and consultations were up from last week in both networks.

OPG-labelled consultations	Number in W31 (W-1)	Number in W30 (W-2)	W31 vs W30 (%)	Trend*
OSCOUR	327	298	(9.7%)	↗
SOS	15	7	(114.3%)	↗

## 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.*

At national level **and based on civil registration data provided by INSEE, the number of deaths from all causes** remained within the usual margins of fluctuation between week 17 and week 30. The number of deaths also remained within the usual margins of fluctuation in all regions except Brittany (slight excess of deaths in week 26 and week 28) and Réunion Island (slight excess of deaths in week 27 and week 28).

**Based on electronic death registrations** (more responsive), the number of deaths from all causes in week 31-2024 was stable compared to the previous week.

Among the causes of death, there was an increase in heat-related deaths (+44% i.e. +50 deaths), particularly among people aged 85 and over (+45%), in the care home setting (+48%) and in the regions of Auvergne-Rhône-Alpes, Brittany, Île-de-France and Normandy. This increase was also observed for deaths involving dehydration (+33% i.e. +31 deaths), mainly in Île-de-France. The numbers remain low and account for less than 3% of electronically registered deaths.

In addition, deaths involving acute lower respiratory infection were on the rise (+13%, i.e. +66 deaths), mainly driven by deaths involving COVID (+21%, i.e. +25 deaths). These deaths mainly concerned people aged 85 and over, in public health care facilities and in the Auvergne-Rhône-Alpes, Grand Est and Nouvelle-Aquitaine regions.

## 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 the Paris 2024 Olympic and Paralympic Games.*

## Summary of data on SAMU interventions

### Number of emergency calls

In week 31 (from 29 July to 4 August 2024), the daily number of calls to the participating SAMUs (emergency medical services) remained within expected levels.

*Due to data transmission problems that had an impact on most of the week, SAMU call data cannot be interpreted for the past week on a subnational scale.*

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

Over the past week, 9 SAMUs across 5 regions saw an impact from events related to the Games, with 134 patients treated in this context, i.e. an average of 15 patients per SAMU. The patients treated mainly presented conditions of low severity, with the exception of 2 people treated in extreme emergency (one for acute asthma and the second without indication of diagnosis). Transport to a healthcare facility was provided for 36% of the patients.

The patients treated were mainly female (52%). The age group most represented was adults aged 25-44 years (33%), followed by those aged 45-64 years (27%). Children aged 2-14 years accounted for 20% of the patients treated. The region most represented was Auvergne-Rhône-Alpes (62%), followed by Île-de-France (17%).

There was little information on medical diagnoses (125 patients without a recorded diagnosis) and regulation hypotheses.

In conclusion, during the second week of the Paris 2024 Olympic and Paralympic Games, the SAMU mainly treated young patients for conditions of low severity, most of whom did not require transport to a healthcare facility.

## 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). The circulation of SARS-CoV-2 in wastewater is monitored at national level using data from a network of 12 wastewater treatment plants.*

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

In week 31, a downward trend in SARS-CoV-2 circulation levels in wastewater was observed overall across France (12 out of 12 wastewater treatment plants produced interpretable results).

**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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