

## Acute respiratory infections

Week 3 (15 to 21 January 2024). Publication: 24 January 2024.

NATIONAL EDITION

### This week's trends

**Acute respiratory infections (ARI).** Activity on the rise in general practice and overall stable in hospitals.

**Influenza.** Intensification of the epidemic, with indicators increasing in mainland France. The epidemic had spread to all mainland regions, with Brittany and Normandy entering the epidemic phase this week. In overseas France, Martinique entered the epidemic phase.

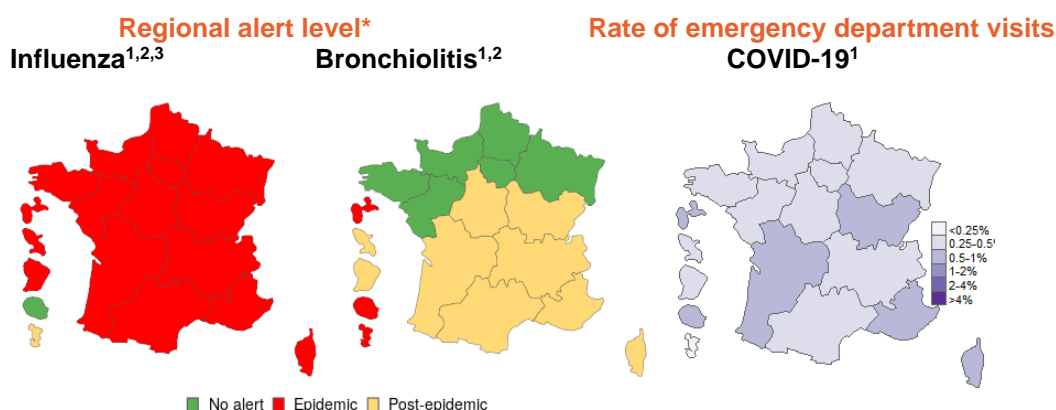
**Bronchiolitis.** In mainland France, bronchiolitis indicators continued to fall, except for SOS Médecins consultations, which stabilised at a moderate level. All regions of mainland France had come out of the epidemic. Three overseas regions remained in the epidemic phase.

**COVID-19.** Further decline in all indicators.

### Key indicators

#### Syndromic indicators

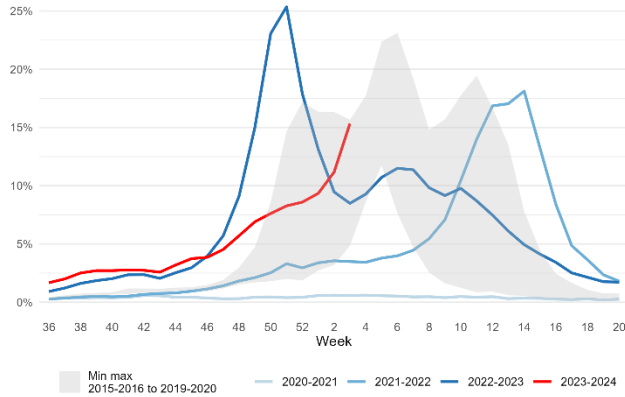
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W03	W03 vs W02	W03	W03 vs W02	W03	W03 vs W02	W03	W03 vs W02
SOS Médecins consultations	24.7%	+3.4 pts	15.3%	+4.2 pts	4.1%	+0.2 pts	1.1%	-0.2 pts
Emergency department visits (OSCOUR®)	6.2%	+0.2 pts	2.2%	+0.8 pts	7.6%	-1.2 pts	0.4%	-0.1 pts
Admissions post-emergency department visit (OSCOUR®)	10.1%	-0.5 pts	2.0%	+0.7 pts	15.5%	-3.2 pts	0.9%	-0.3 pts



\*Methodology explained in the [appendix](#). French Antilles: W02 alert level. Source: <sup>1</sup>OSCOUR® network, <sup>2</sup>SOS Médecins, <sup>3</sup>Sentinelles network

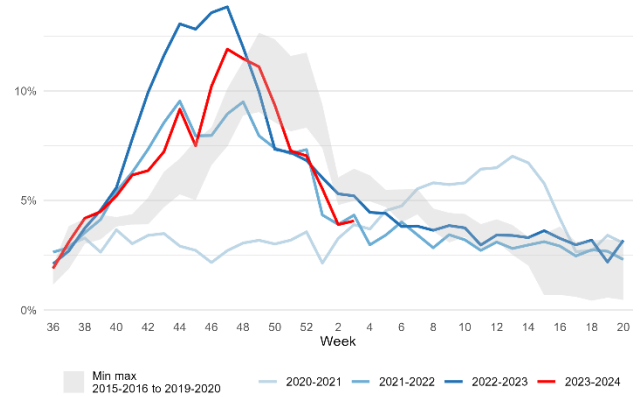
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

### Share of influenza-like illness among SOS Médecins consultations



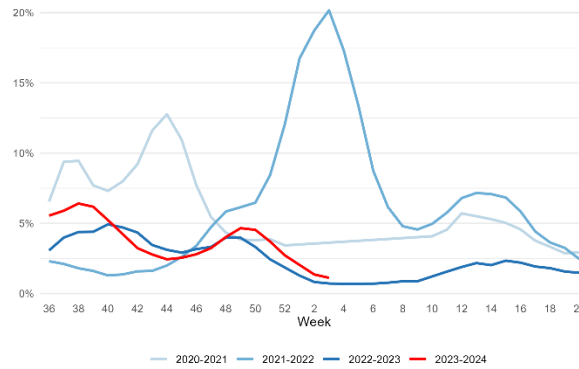
Source: SOS Médecins

### 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

Positivity rate of samples	Influenza viruses		RSV		SARS-CoV-2	
	W03	W03 vs W02	W03	W03 vs W02	W03	W03 vs W02
General practice (Sentinelles network, National Reference Centres)	41.4%	+9.9 pts	1.0%	-1.7 pts	6.3%	-4.3 pts
Hospitals (RENAL network, National Reference Centres)	14.3%	+4.4 pts	3.5%	-0.8 pts	8.4%	-2.6 pts

SARS-CoV-2	
	W03 vs W02
Positivity rate of tests in medical laboratories	8.0% -2.0 pts
Wastewater surveillance (SUM'Eau)*	2,321 -70.2%

\*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 3, indicators for acute respiratory infections were increasing in general practice and overall stable in hospital settings. There was a sharp rise in activity linked to influenza/ influenza-like illness (ILI) in mainland France. Activity for bronchiolitis continued to fall in hospitals, while syndromic indicators in general practice stabilised at a moderate level, marking an end to the epidemic all regions of mainland France. All COVID-19 indicators continued to fall despite SARS-CoV-2 still being in active circulation across the territory. There was a sharp increase in the detection of influenza viruses, both in general practice and in hospitals. Against this backdrop, and in addition to vaccination against influenza and COVID-19, the systematic use of protective measures remains essential, particularly wearing a mask when symptomatic, in crowded places or in the presence of people at risk, frequently washing hands and airing interiors.**

Circulation of influenza viruses was up in week 3, with an increase in positivity rates in both general practice and hospital settings. Activity in general practice and emergency department indicators were also on the rise. In mainland France, Brittany and Normandy entered the epidemic phase meaning all regions of the mainland were in an epidemic. In the French overseas departments and regions, French Guiana and Guadeloupe remained in the epidemic phase, Martinique entered the epidemic phase and Mayotte remained in the post-epidemic phase.

With regard to bronchiolitis, as of week 3 all regions of mainland France were clear of the epidemic phase. Four new regions entered the post-epidemic phase (Bourgogne-Franche-Comté, Occitania, Provence-Alpes-Côte d'Azur and Corsica), making a total of seven post-epidemic regions. Three new regions have returned to the baseline level (Normandy, Hauts-de-France and Grand Est), making a total of six regions at baseline level. Emergency department visits and admissions post-visit for bronchiolitis in children under the age of 2 years continued to fall after peaking in week 48. SOS Médecins consultations stabilised at a moderate level. The respiratory syncytial virus (RSV) positivity rate decreased in samples taken in general practice, as it did for samples taken in hospitals. In the French overseas departments and regions, Guadeloupe, Reunion Island and Mayotte remained in the epidemic phase, while Martinique and French Guiana entered the post-epidemic phase.

With regard to COVID-19, syndromic indicators continued to decline in all age groups in both general practice and hospitals, as did positivity rates. Virological indicators based on tests carried out in medical laboratories were also down in all age groups. In wastewater, detection of SARS-CoV-2 was again in sharp decline this week.

In long-term care facilities (care homes), the vast majority of ARI clusters were due to COVID-19 but the share of clusters linked to influenza has been rising since week 51. Although falling since the end of December, the overall number of reported clusters remained high in recent weeks. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 3, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 29.7% (21.5% of 65–69 year-olds, 27.1% of 70–74 year-olds, 35.4% of 75–79 year-olds and 35.9% of 80+ year-olds). Estimates of influenza vaccination coverage at 30/11/2023 among people at risk targeted for vaccination indicated 38.0% overall, or 42.8% among people aged over 65 and 20.9% among those under 65 at risk of severe influenza.

Against this backdrop of respiratory viruses in high circulation – particularly influenza – and in addition to vaccination against influenza and COVID-19, it is essential for people to systematically adopt barrier measures, in particular wearing a mask when symptomatic, in crowded places and in the presence of vulnerable people. These measures remain an effective way of protecting against respiratory infections and their complications by limiting the risk of spreading viruses to other people, particularly those at risk.

## 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 *Infektions respiratoires aiguës* bulletin, 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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