

## Acute respiratory infections

Week 10 (4 to 10 March 2024). Publication: 13 March 2024

NATIONAL EDITION

### This week's trends

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

**Influenza.** Indicators decreasing further in mainland France, with 12 of 13 regions in post-epidemic phase. Guadeloupe and Martinique remain in epidemic phase; French Guiana enters post-epidemic phase.

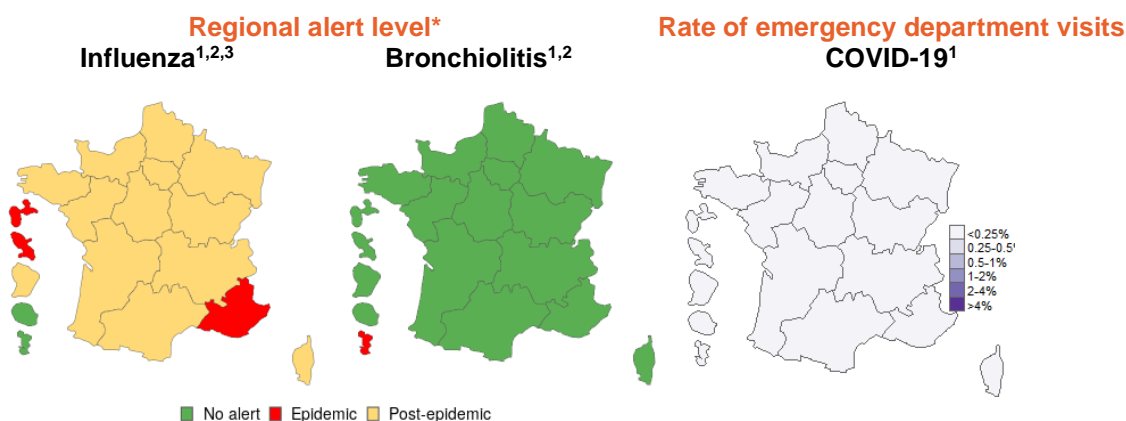
**Bronchiolitis.** Mayotte in epidemic phase; all other regions at baseline level.

**COVID-19.** Indicators remain at low levels.

### Key indicators

#### Syndromic indicators

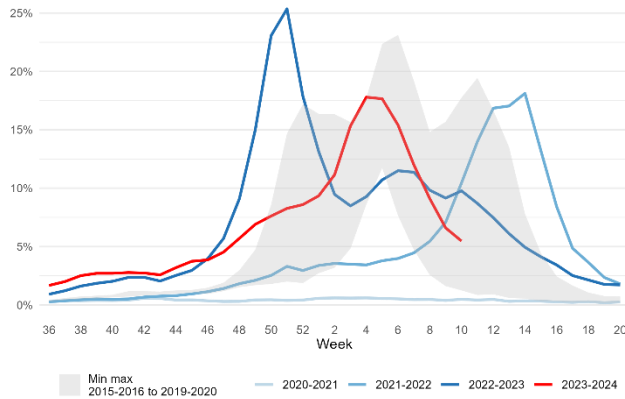
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (children <2 years)		COVID-19	
	W10	W10 vs W09	W10	W10 vs W09	W10	W10 vs W09	W10	W10 vs W09
SOS Médecins consultations	13.0%	-2 pts	5.5%	-1.1 pts	4.1%	-0.3 pts	0.3%	0 pts
Emergency department visits (OSCOUR®)	3.7%	-0.5 pts	0.6%	-0.3 pts	6.9%	-0.2 pts	0.1%	0 pts
Admissions post-emergency department visit (OSCOUR®)	7.5%	-0.8 pts	0.6%	-0.4 pts	13.7%	-0.4 pts	0.2%	-0.1 pts



\*Methodology explained in the [appendix](#). French West Indies: W09 alert level. Source: <sup>1</sup>OSCOUR® network, <sup>2</sup>SOS Médecins, <sup>3</sup>Sentinelles network

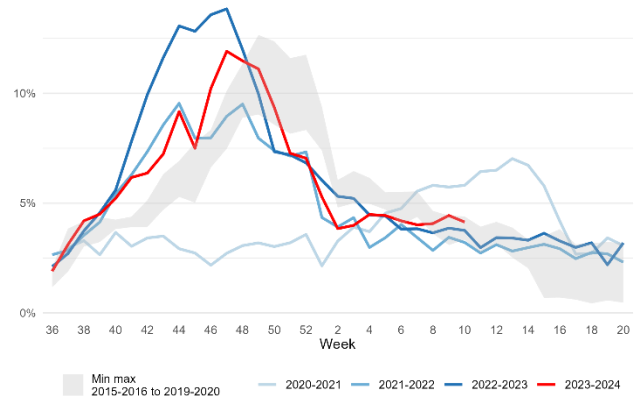
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

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



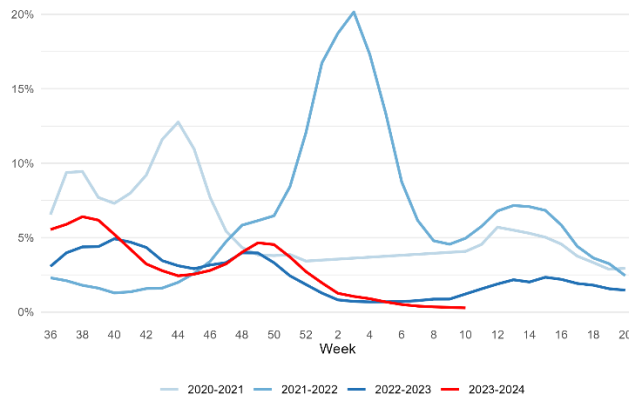
Source: SOS Médecins

### 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

	Influenza viruses		RSV		SARS-CoV-2	
	W10	W10 vs W09	W10	W10 vs W09	W10	W10 vs W09
General practice (Sentinelles network, National Reference Centres)	12.9%	-15.7 pts	0.0%	-0.9 pts	0.0%	-0.9 pts
Hospitals (RENAL network, National Reference Centres)	3.8%	-2.6 pts	1.0%	0 pts	2.2%	-0.6 pts

SARS-CoV-2	
	W10 vs W09
Positivity rate of tests in medical laboratories	2.5% -0.2 pts
Wastewater surveillance (SUM'Eau)*	921 -22.1%

\*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 10, indicators for acute respiratory infections were decreasing further in general practice and hospitals, in all age groups. In mainland France, all influenza indicators continued to fall, with 12 of the 13 regions in the 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 week 7; in overseas France, only Mayotte remained in an epidemic. However, there was active circulation of other respiratory viruses, particularly rhinoviruses. In this context, the systematic use of protective measures, particularly wearing a mask if symptomatic, remains important in crowded places or in the presence of people at risk.**

In mainland France, all indicators for influenza continued to decline in all age groups, in both general practice and hospital settings. In general practice, the proportion of SOS Médecins activity for influenza-like illness remained low across all ages and in all age groups, except among 0–14 year-olds, where it returned to baseline level. In hospitals, the proportion of admissions post-emergency department visit was low across all ages and in all age groups. In mainland France, five regions entered the post-epidemic phase this week, bringing the total number of post-epidemic regions to twelve. Only the Provence-Alpes-Côte d'Azur region remained in an epidemic. In the French overseas departments and regions, Guadeloupe and Martinique were still in the epidemic phase, while French Guiana entered the post-epidemic phase this week.

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

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

The ARI clusters that have occurred in long-term care facilities (care homes) since the beginning of January were mainly linked to influenza. A downward trend 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 people (people aged 80+, immunocompromised people, and 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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