

Acute respiratory infections

Week 46 (13 to 19 November 2023). Publication: 22 November 2023.

NATIONAL EDITION

This week's trends

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

Bronchiolitis. New rise in activity among children under 2 years of age in general practice and in hospitals, after a drop linked to school holidays.

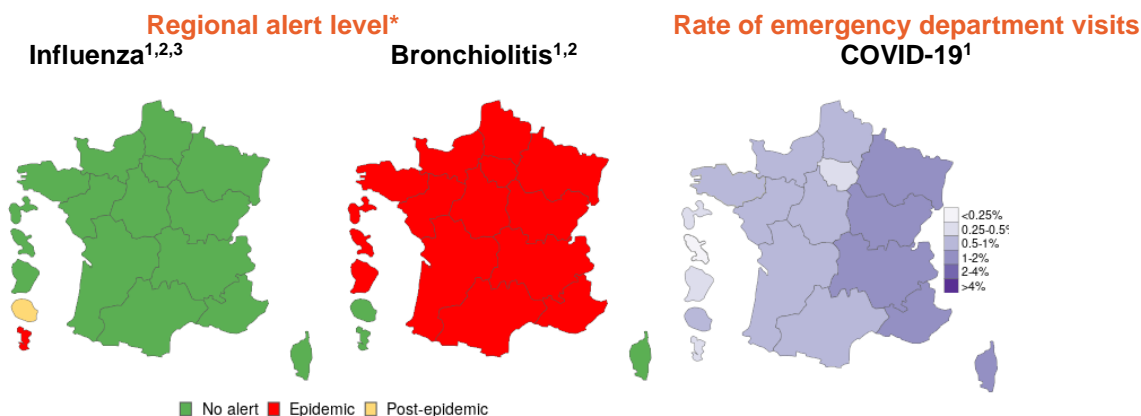
COVID-19. Syndromic indicators showing an upward trend in general practice and stability in hospitals, with virological indicators increasing.

Influenza. Indicators stable and at baseline levels in all regions except Mayotte, in epidemic phase, and Reunion Island, in post-epidemic phase.

Key indicators

Syndromic indicators

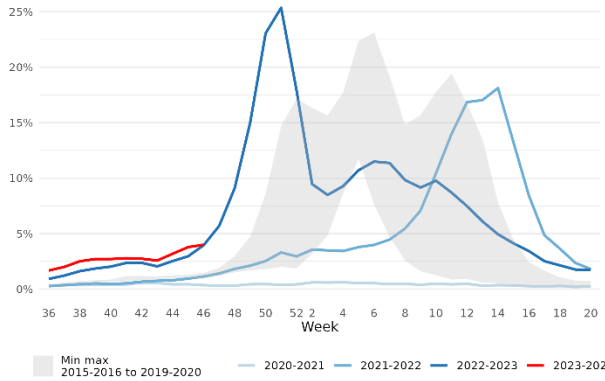
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W46	W46 vs W45	W46	W46 vs W45	W46	W46 vs W45	W46	W46 vs W45
SOS Médecins consultations	15.1%	+0.9 pts	4.0%	+0.2 pts	10.1%	+2.8 pts	2.8%	+0.2 pts
Emergency department visits (OSCOUR®)	4.9%	+0.5 pts	0.2%	0 pts	18.6%	+2.9 pts	0.8%	+0.1 pts
Hospitalisations post-emergency department visit (OSCOUR®)	9.2%	+0.6 pts	0.1%	0 pts	34.7%	+3.0 pts	1.8%	+0.1 pts



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

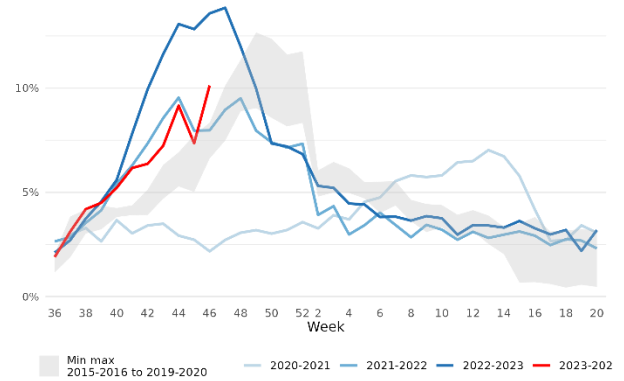
See the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



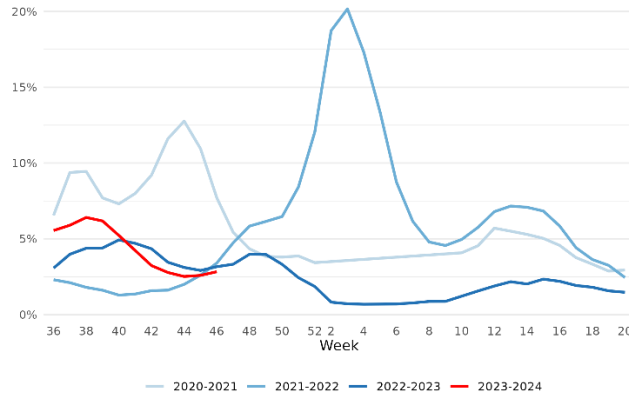
Source: SOS Médecins

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	
	W46	W46 vs W45	W46	W46 vs W45	W46	W46 vs W45
General practice (Sentinelles network, National Reference Centres)	0.7%	-0.6 pts	18.3%	+6.1 pts	25.4%	+8.7 pts
Hospitals (RENAL network, National Reference Centres)	0.7%	0 pts	10.2%	+1.7 pts	15.3%	+1.8 pts
	SARS-CoV-2					
			W46	W46 vs W45		
Positivity rate of tests in medical laboratories			22.7%	+2.7 pts		
Wastewater surveillance (SUM'Eau)*			7,503	+8%		

*Ratio of SARS-CoV-2 viral concentration to ammoniacal nitrogen concentration. Methodology explained in the [appendix](#).

See the bulletin by the [Sentinelles network](#) (in English) for the epidemiological situation in general practice.

Situation update

In week 46, indicators for acute respiratory infections were increasing slightly in general practice and in hospital settings. Activity linked to bronchiolitis in children under 2 years was on the rise in general practice and in hospitals. For COVID-19, syndromic indicators were rising slightly in general practice and stable in hospitals. A particularly marked rise in positivity rates for RSV (respiratory syncytial virus) and SARS-CoV-2 was observed in general practice. The circulation of influenza viruses remained stable and at baseline level in all regions except Mayotte, which is in an epidemic phase, and Reunion Island, which is in a post-epidemic phase.

Bronchiolitis-related activity increased sharply in mainland France for all syndromic surveillance indicators: SOS Médecins consultations, emergency department visits and hospitalisations post-emergency department visits for bronchiolitis. Positivity rates in samples tested for RSV were rising in both general practice and hospital settings. Other viruses likely to cause bronchiolitis continue circulating, in particular rhinoviruses. With the regions of Auvergne-Rhône-Alpes and Provence-Alpes-Côte d'Azur entering an epidemic phase in week 46, all regions of mainland France except Corsica have now crossed the epidemic threshold. In overseas France, three regions remained in an epidemic phase: Guadeloupe, Martinique and French Guiana.

For COVID-19, syndromic indicators in general practice showed an upward trend in the proportion of SOS Médecins consultations involving this condition, particularly in the 15–64 and 65+ age groups. In hospitals, syndromic indicators were stable overall. The positivity rate for tests carried out in ambulatory care and in hospital was on the rise (25.4%, +8.7 points and 15.3%, +1.8 points, respectively). Virological indicators from tests carried out in medical laboratories increased in most age groups.

In mainland France, influenza indicators remained at baseline levels with a few sporadic cases of flu detected, as is usual at this time of year. In overseas France, the situation in the French Antilles and French Guiana was identical to that in the mainland. Mayotte is in an epidemic phase since week 44 and Reunion Island is in a post-epidemic phase since week 45. The predominant influenza virus detected in these two areas is the A(H3N2) virus.

In long-term care facilities (care homes), episodes of ARI clusters were almost exclusively due to COVID-19. A downward trend has been observed since the beginning of October, but the data from week 46 are not consolidated. Particular attention is paid to this population because of the potentially severe impact of ARI on vulnerable individuals.

In this epidemiological context, it is important to be particularly vigilant and to apply protective measures, especially around children under the age of 2 years in order to prevent bronchiolitis. It is also important that elderly people and those at risk of severe illness have COVID-19 and influenza vaccinations, which can be carried out at the same time.

At the end of week 46, COVID-19 vaccination coverage in the autumn 2023 campaign for people aged 65+ was 19.6% (14.3% of 65–69 year-olds, 18.0% of 70–74 year-olds, 23.2% of 75–79 year-olds and 23.6% of 80+ year-olds). Since 17 October 2023, 35.6% of COVID-19 vaccinations for people aged 65+ have been carried out at the same time as an influenza vaccination.

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 *Infections respiratoires aiguës* bulletin, which contains further indicators, graphs and analysis based on data from France's integrated 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

Virological surveillance

Genomic surveillance: Variant risk analysis

Regional trends: see Regional Bulletins

Open data indicators: Géodes, data.gouv.fr

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