

Acute respiratory infections

Week 44 (30 October to 05 November 2023). Publication: 08 November 2023

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Slight increase in activity within general practice and hospitals.

Bronchiolitis. Continued increase in activity within general practice and hospitals for children under the age of 2 years.

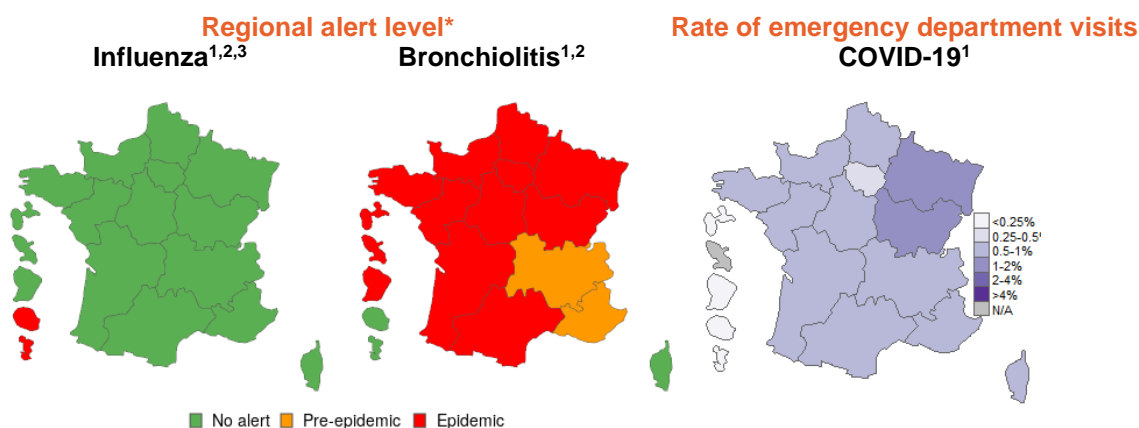
COVID-19. Decrease or trend towards stabilisation for all indicators.

Influenza. Indicators stable at baseline levels in all regions except Reunion Island, which remains in an epidemic, and Mayotte, which entered the pre-epidemic phase in week 42.

Key indicators

Syndromic indicators

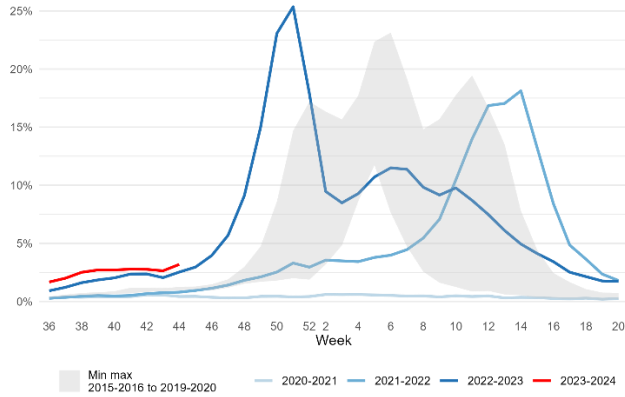
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (< 2 years)		COVID-19	
	W44	W44 vs W43	W44	W44 vs W43	W44	W44 vs W43	W44	W44 vs W43
SOS Médecins consultations	14.0%	+0.7 pts	3.2%	+0.5 pts	9.2%	+2.3 pts	2.5%	-0.4 pts
Emergency department visits (OSCOUR®)	4.7%	+0.4 pts	0.2%	0 pts	16.0%	+2.9 pts	0.8%	-0.1 pts
Hospitalisations post-emergency department visit (OSCOUR®)	9.4%	+0.7 pts	0.1%	0 pts	33.1%	+5.3 pts	1.9%	-0.2 pts



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

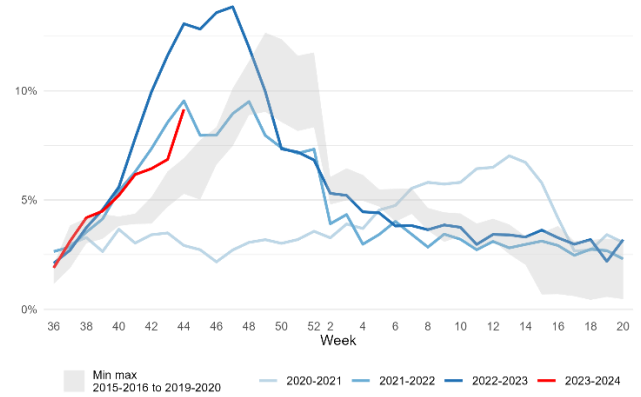
See the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



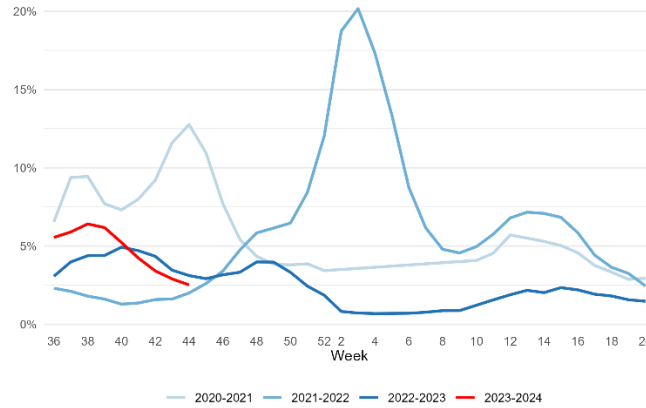
Source: SOS Médecins

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	
Positivity rate of samples	W44	W44 vs W43	W44	W44 vs W43	W44	W44 vs W43
General practice (Sentinelles network, National Reference Centres)	2.6%	+1.6 pts	6.4%	-1.9 pts	19.2%	-3 pts
Hospital settings (RENAL network, National Reference Centres)	0.6%	0 pts	8.4%	+2.8 pts	14.0%	-0.6 pts
	SARS-CoV-2					
	W44	W44 vs W43				
Positivity rate of tests in medical laboratories	21.4%	-0.3 pts				
Wastewater surveillance (SUM'Eau)*	**	**				

*Ratio of SARS-CoV-2 viral concentration to ammoniacal nitrogen concentration. **Incomplete data for W44. 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 44, the indicators of acute respiratory infections were increasing slightly in general practice and in the hospital setting, with disparities according to age. Bronchiolitis-related activity was still on the rise in general practice and hospital settings among children under 2 years of age. A decrease or stabilisation of indicators was observed for COVID-19. Influenza activity was still at baseline level in all regions except Reunion Island, which is in an epidemic since late August, and in Mayotte, which is in an epidemic since week 44.

Bronchiolitis-related activity increased markedly in mainland France for all syndromic surveillance indicators: SOS Médecins consultations, emergency department visits and hospitalisations post-visit for bronchiolitis. Positivity rates for respiratory syncytial virus (RSV) in nasopharyngeal swabs, taken from all age groups, were on the rise in the hospital setting. Other viruses that may induce bronchiolitis continue to circulate, particularly rhinoviruses. In mainland France, the regions of Hauts de France, Bourgogne-Franche-Comté, Nouvelle-Aquitaine and Occitania have moved into the epidemic phase, bringing the total number of epidemic regions to ten. The regions of Auvergne-Rhône-Alpes and Provence-Alpes-Côte d'Azur remained in the pre-epidemic phase. In the overseas departments and regions, three regions remained in the epidemic phase: Guadeloupe, Martinique and French Guiana.

With regard to COVID-19, syndromic indicators were stable or decreasing in all age groups (SOS Médecins, emergency department visits and hospitalisations post-visit). The positivity rate of samples was decreasing in hospitals and ambulatory medicine in the context of school holidays.

The number of new ARI clusters in long-term care facilities has continued to decrease since early October. Particular attention is paid to this population because of the potentially severe impact of ARI on vulnerable individuals.

In mainland France, influenza indicators remained stable and at baseline levels, with sporadic detection of influenza cases as usually observed at this time of year. In overseas France, the situation was identical in the Antilles and French Guiana. Reunion Island was still in the epidemic phase and Mayotte entered the epidemic phase in week 44. The influenza virus mainly detected in these two overseas regions was the A(H3N2) virus.

In this 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. In addition, it is important that elderly and fragile individuals have access to COVID-19 and influenza vaccinations, which can be carried out at the same time.

At the end of week 44, COVID-19 vaccination coverage within the 2023 autumn campaign for people aged 65+ was 13.5% (9.9% of 65–69 year-olds, 12.5% of 70–74 year-olds, 16.1% of 75–79 year-olds and 16.3% in the 80+ age group). Since 17 October 2023, 34.6% 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, intensive care, 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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The team would like to thank the Infectious Diseases Division, the Regions Division, the Data Support, Processing and Analysis Division, and the Prevention and Health Promotion Division for their contributions.

Citation: Acute Respiratory Infections Bulletin. National edition. Week 44 (30 October to 05 November 2023). Saint-Maurice: Santé publique France, 4 p. Director of publication: Caroline Semaille. Date of publication: 08 November 2023

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