

Acute respiratory infections

Week 49 (4 to 10 December 2023). Publication: 13 December 2023

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Further rise in activity in general practice and hospitals.

Bronchiolitis. All regions of mainland France in epidemic phase. Syndromic indicators down but still high.

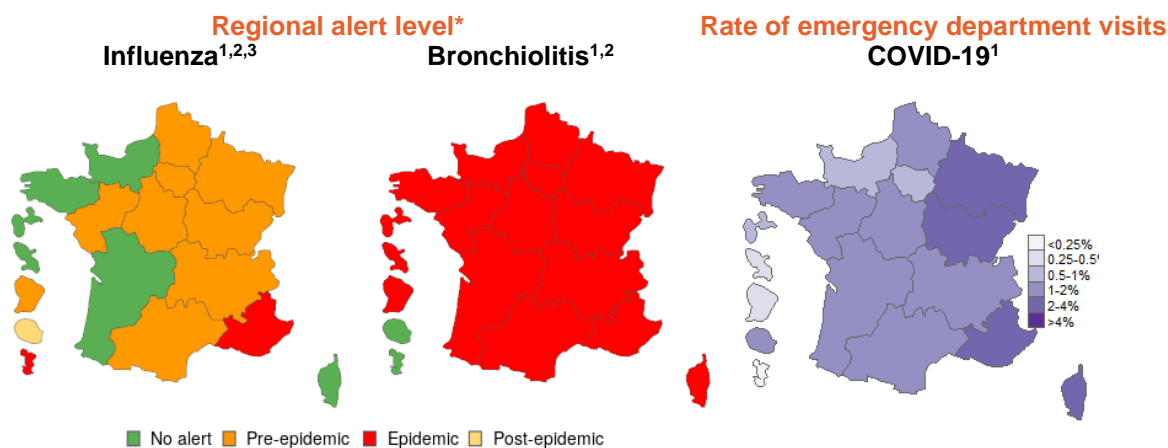
COVID-19. Continued rise in indicators for hospitals and general practice.

Influenza. Indicators for influenza/influenza-like illness in mainland France rising in general practice and hospitals. Provence-Alpes-Côte d'Azur region enters epidemic phase, while Occitania, Hauts-de-France and Pays de la Loire regions enter pre-epidemic phase.

Key indicators

Syndromic indicators

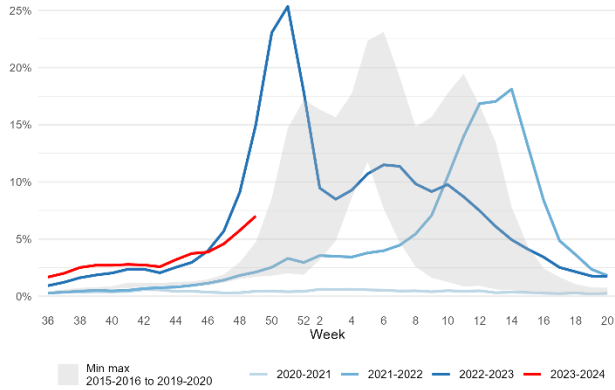
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W49	W49 vs W48	W49	W49 vs W48	W49	W49 vs W48	W49	W49 vs W48
SOS Médecins consultations	21.3%	+1.4 pts	7.0%	+1.3 pts	10.9%	-0.9 pts	4.7%	+0.7 pts
Emergency department visits (OSCOUR®)	7.3%	+0.3 pts	0.5%	+0.1 pts	22.9%	-1.2 pts	1.5%	+0.3 pts
Admissions post-emergency department visit (OSCOUR®)	13.0%	+0.3 pts	0.4%	+0.1 pts	42.7%	-2.2 pts	3.2%	+0.5 pts



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

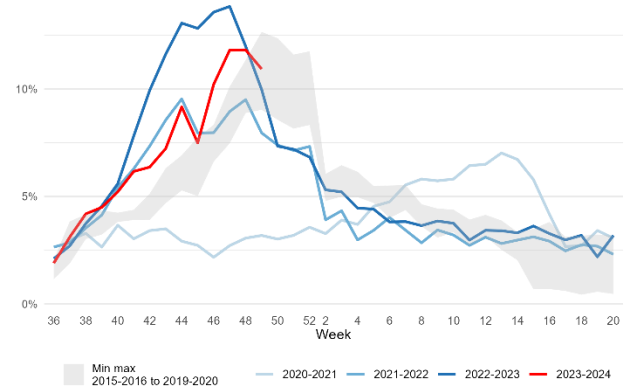
See the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



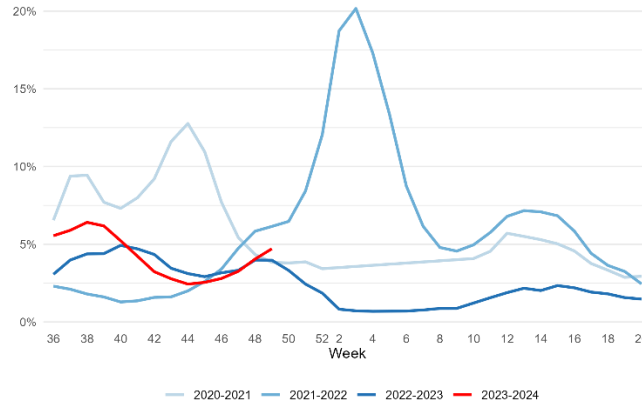
Source: SOS Médecins

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	
	W49	W49 vs W48	W49	W49 vs W48	W49	W49 vs W48
General practice (Sentinelles network, National Reference Centres)	7.0%	+2.1 pts	14.5%	-1.6 pts	24.8%	+1.7 pts
Hospitals (RENAL network, National Reference Centres)	2.1%	+0.7 pts	14.3%	+0.1 pts	21.5%	+3.7 pts

SARS-CoV-2	
	W49 vs W48
Positivity rate of tests in medical laboratories	29.6% +2.5 pts
Wastewater surveillance (SUM'Eau)*	17,308 +27.7%

*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 49, indicators for acute respiratory infections were increasing in both general practice and hospital settings. While all regions of mainland France were in epidemic phase for bronchiolitis, syndromic indicators decreased in general practice and in hospitals. COVID-19 indicators continued to rise among adults, particularly those aged 65 and over, in both general practice and hospitals. Indicators for influenza/influenza-like illness (ILI) were up in general practice and in hospitals. The circulation of SARS-CoV-2, respiratory syncytial virus (RSV) and rhinovirus remained very active, and detection of influenza viruses increased further. Against this backdrop, and in the run-up to gatherings over the festive period, it is important that people at risk protect themselves from seasonal influenza and COVID-19 through vaccination, and that everyone continues to take precautionary measures.

The bronchiolitis epidemic has spread through the whole of mainland France (with Corsica entering the epidemic phase this week). Syndromic indicators have fallen in both general practice and hospitals, but remain high. These factors suggest that the epidemic is reaching its peak this week, but this will need confirmation. RSV positivity rates tended to stabilise in general practice but were rising in hospitals. Other viruses that can cause bronchiolitis continued circulating, notably rhinoviruses. In overseas France, three regions remained in an epidemic: Guadeloupe, Martinique and French Guiana.

For COVID-19, the upward trend in syndromic indicators continued among adults, particularly older age groups, in both general practice and hospital settings. The SARS-CoV-2 positivity rate increased in general practice and in hospitals. Virological indicators from tests carried out in medical laboratories increased in all age groups of the population tested. In wastewater, a sharp increase in the detection of SARS-CoV-2 was again observed this week.

Indicators for influenza/ILI were on the rise for all age groups in both general practice and hospitals. In mainland France, the region of Provence-Alpes-Côte d'Azur entered the epidemic phase this week, while Occitania, Hauts-de-France and Pays de la Loire entered the pre-epidemic phase, bringing the total number of regions in this phase to eight. There was a marked increase in virological data in general practice and hospitals. In the French overseas departments and territories, Mayotte was still in the epidemic phase, French Guiana in the pre-epidemic phase and Reunion Island in the post-epidemic phase.

In long-term care facilities (care homes), the vast majority of ARI clusters were due to COVID-19. The number of ARI clusters observed has continued to increase since week 46. Particular attention is paid to this population because of the potentially severe impact of ARI on vulnerable individuals.

At the end of week 49, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 25.6% (18.8% of 65–69 year-olds, 23.7% of 70–74 year-olds, 30.4% of 75–79 year-olds and 30.7% of 80+ year-olds). Since 17 October 2023, 32.4% of COVID-19 vaccinations for people aged 65 and over have been carried out at the same time as an influenza vaccination.

Against this backdrop of respiratory viruses in high circulation, 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 transmitting these viruses to others, particularly people 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 *Infections 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

Genomic surveillance: Variant risk analysis

Regional trends: see Regional Bulletins

Open data indicators: Géodes, data.gouv.fr

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