

Acute respiratory infections

Week 50 (11 to 17 December 2023). Publication: 20 December 2023

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Activity stable at high levels in general practice and in hospitals.

Bronchiolitis. The bronchiolitis epidemic continues in mainland France with syndromic indicators decreasing over the last two weeks.

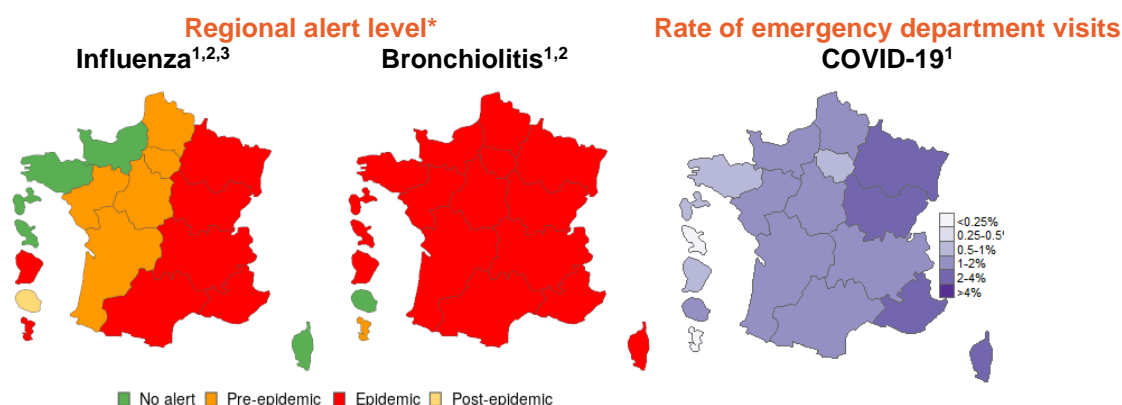
COVID-19. Healthcare use tending to stabilise while circulation of SARS-CoV-2 continues to rise.

Influenza. Indicators for influenza/influenza-like illness in mainland France rising further in general practice and in hospitals. The regions of Auvergne-Rhône-Alpes, Bourgogne-Franche-Comté, Grand Est and Occitania entered the epidemic phase; five other regions were in the pre-epidemic phase. In overseas France, French Guiana entered the epidemic phase.

Key indicators

Syndromic indicators

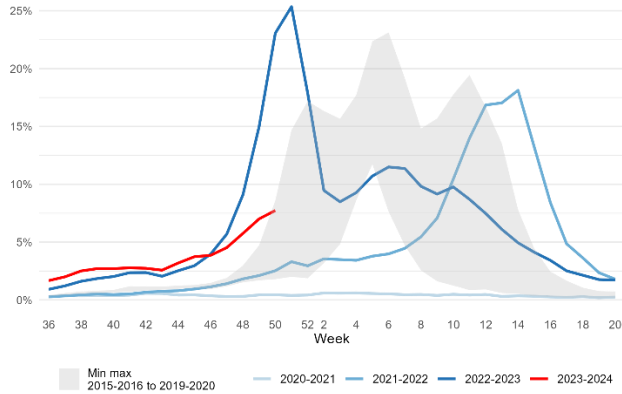
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W50	W50 vs W49	W50	W50 vs W49	W50	W50 vs W49	W50	W50 vs W49
SOS Médecins consultations	21.7%	+0.3 pts	7.7%	+0.7 pts	9.4%	-1.5 pts	4.7%	0 pts
Emergency department visits (OSCOUR®)	7.3%	-0.1 pts	0.8%	+0.2 pts	20.2%	-2.6 pts	1.6%	0 pts
Admissions post-emergency department visit (OSCOUR®)	13.0%	0 pts	0.6%	+0.2 pts	40.3%	-2.3 pts	3.4%	+0.2 pts



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

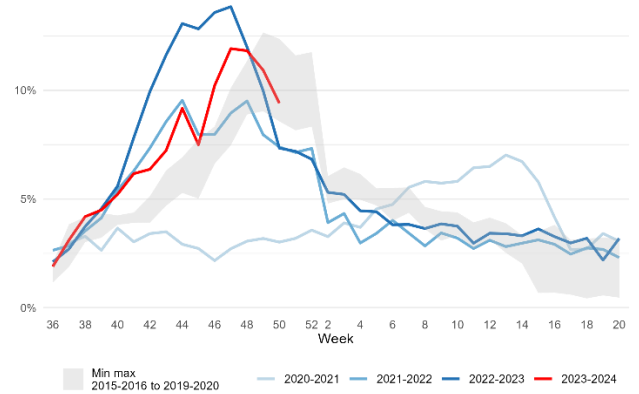
See the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



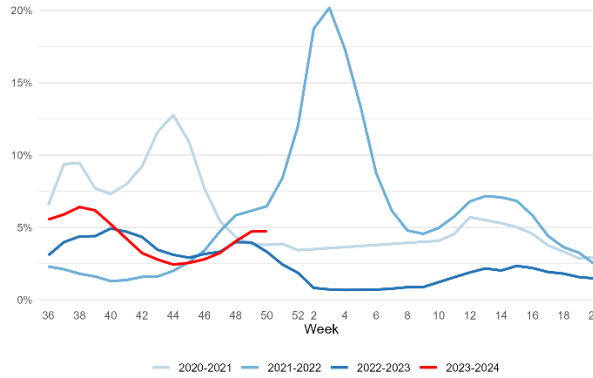
Source: SOS Médecins

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

Positivity rate of samples	Influenza viruses		RSV		SARS-CoV-2	
	W50	W50 vs W49	W50	W50 vs W49	W50	W50 vs W49
General practice (Sentinelles network, National Reference Centres)	9.6%	+2.6 pts	12.2%	-2.9 pts	25.9%	-1.0 pts
Hospitals (RENAL network, National Reference Centres)	3.2%	+1.1 pts	11.4%	-1.9 pts	21.8%	+0.9 pts

SARS-CoV-2	
	W50 vs W49
Positivity rate of tests in medical laboratories	-0.7 pts
Wastewater surveillance (SUM'Eau)*	+20.1%

*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 50, indicators for acute respiratory infections were stable at high levels in both general practice and hospital settings. The bronchiolitis epidemic in mainland France reached its peak in week 48, but indicators remained at high levels in all regions. Syndromic indicators for COVID-19 stabilised at high levels in general practice and in hospitals, while indicators for influenza/influenza-like illness (ILI) were on the rise. Respiratory viruses, SARS-CoV-2, respiratory syncytial virus (RSV) and rhinoviruses remained in very active circulation with detection of influenza viruses and SARS-CoV-2 increasing further, particularly in wastewater. It is therefore important that people at risk protect themselves with COVID-19 and seasonal flu vaccines. In addition to vaccination, as the end-of-year holidays approach, the systematic use of barrier measures remains an effective way of preventing respiratory infections and their complications by limiting the risk of spreading these viruses.

The bronchiolitis epidemic in mainland France reached its peak in week 48. However, the epidemic continued at a high level in all regions. RSV positivity rates decreased in general practice and were stable in hospitals. Other viruses likely to cause bronchiolitis are still in circulation. In overseas France, Mayotte entered the pre-epidemic phase while three regions – Guadeloupe, Martinique and French Guiana – remained in the epidemic phase.

With regard to COVID-19, syndromic indicators were stable in general practice and in hospitals. The positivity rate of tests was decreasing in general practice and increasing slightly in hospitals. A slight increase in virological indicators based on tests performed in medical laboratories was observed in most age groups of the population tested. In wastewater, the upward trend in SARS-CoV-2 detection continued.

Indicators for influenza/ILI were on the rise for all age groups in both general practice and hospital settings. In mainland France, the regions of Auvergne-Rhône-Alpes, Bourgogne-France-Comté, Grand Est and Occitania entered the epidemic phase this week, bringing the number of epidemic regions to five and the number of pre-epidemic regions to five. Virological data were also increasing in both general practice and hospital settings. In the French overseas departments and regions, Mayotte remained in the 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 remained high in week 49. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 50, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 27.4% (20.0% of 65–69 year-olds, 25.2% of 70–74 year-olds, 32.6% of 75–79 year-olds and 32.9% of 80+ year-olds). Since 17 October 2023, 31.2% 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 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 *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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