Bulletin English version

Santé publique France

Acute respiratory infections

Week 51 (18 to 24 December 2023). Publication: 27 December 2023

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Stabilisation at a high level of activity in general practice and in hospitals.

Bronchiolitis. Continuation of the bronchiolitis epidemic in mainland France with a decrease in syndromic indicators for the third consecutive week.

COVID-19. Slight decrease in indicators with circulation of SARS-CoV-2 still at a high level. Increase in the presence of SARS-CoV-2 in wastewater.

Influenza. Increase in all indicators for influenza/influenza-like illness in mainland France, with seven regions in the epidemic phase and six in the pre-epidemic phase. Guadeloupe enters the pre-epidemic phase.

Key indicators

Syndromic indicators

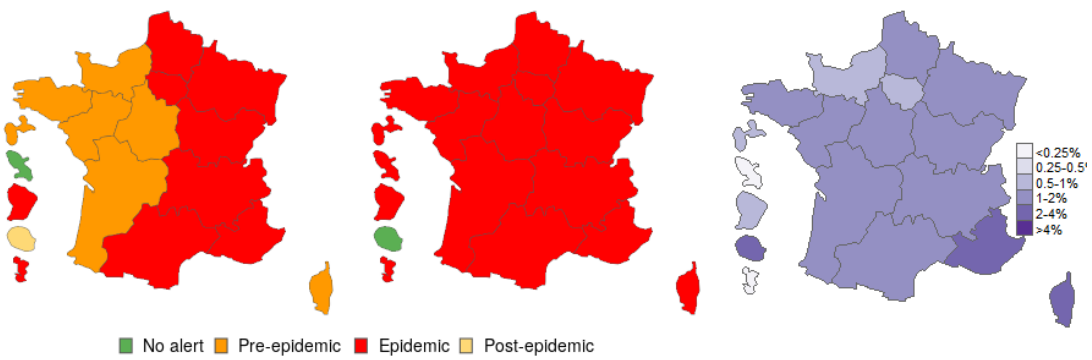
	Lower ARI*		Influenza		Bronchiolitis (< 2 years)		COVID-19	
Share of pathology among	**W51**	**W51 vs W50**	**W51**	**W51 vs W50**	**W51**	**W51 vs W50**	**W51**	**W51 vs W50**
SOS Médecins consultations	22.0%	+0.3 pts	8.4%	+0.7 pts	7.4%	-2.0 pts	3.9%	-0.8 pts
Emergency department visits (OSCOUR®)	7.3%	+0.1 pts	1.1%	+0.4 pts	17.7%	-2.5 pts	1.4%	-0.2 pts
Admissions post-emergency department visit (OSCOUR®)	13.0%	0 pts	0.9%	+0.3 pts	35.7%	-4.6 pts	3.1%	-0.3 pts

Regional alert level*

Influenza[1,2,3] **Bronchiolitis[1,2]**

Rate of emergency department visits

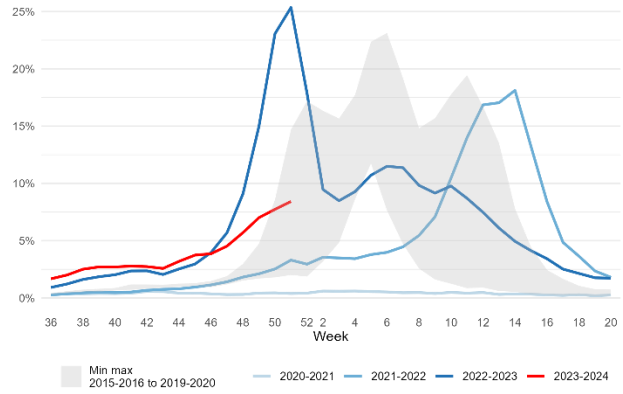
COVID-19[1]



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

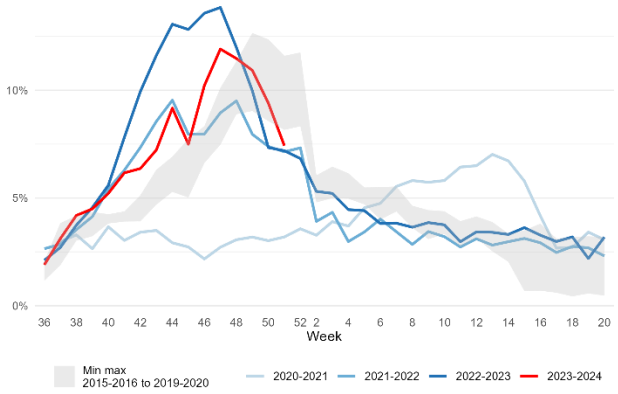
Read the regional bulletins (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



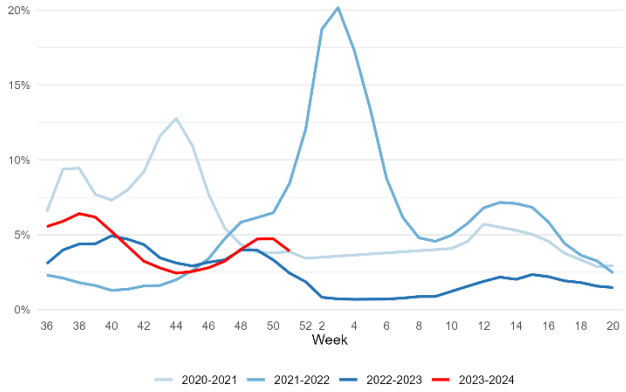
Source: SOS Médecins

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	
Positivity rate of samples	**W51**	**W51 vs W50**	**W51**	**W51 vs W50**	**W51**	**W51 vs W50**
General practice (Sentinelles network, National Reference Centres)	19.4%	+9.3 pts	9.7%	-5.6 pts	19.4%	-6.0 pts
Hospitals (RENAL network, National Reference Centres)	7.1%	+2.3 pts	13.1%	-1.0 pts	19.8%	-1.5 pts

	SARS-CoV-2	
	W51	**W51 vs W50**
Positivity rate of tests in medical laboratories	25.0%	-3.9 pts
Wastewater surveillance (SUM'Eau)*	21,800	+16.5%

*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 51, indicators for acute respiratory infections were increasing in both general practice and hospital settings, for all age groups. COVID-19 syndromic indicators were decreasing slightly in both general practice and hospital settings, but detection of SARS-CoV-2 in wastewater continued to increase. Indicators for influenza/ILI (influenza-like illness) were up in general practice and in hospitals. The bronchiolitis epidemic was ongoing in mainland France, with a decrease in syndromic indicators for the third consecutive week. SARS-CoV-2, RSV (respiratory syncytial virus) and rhinoviruses remained in very active circulation and there was a sharp rise in the detection of influenza viruses. It is therefore important that people at risk protect themselves through vaccination against COVID-19 and seasonal influenza. In addition to vaccination, the systematic use of protective measures remains an effective way of preventing respiratory infections and their complications by limiting the risk of spreading these viruses, particularly during the holiday season.

With regard to COVID-19, syndromic indicators were down slightly in private practice and hospitals but remained at high levels. This decrease was observed in all age groups in general practice, and in the 0–4 years and 65+ age groups in hospitals. Positivity rates in general practice and in hospitals remained high. The virological indicators from tests carried out in medical laboratories were in decline in all age groups among the population tested. In wastewater, detection of SARS-CoV-2 continued to rise.

The indicators for influenza/ILI were on the rise in general practice and hospitals. This increase concerned all age groups but particularly 0–14 year-olds and, to a lesser extent, those aged 65 and over. In mainland France, the epidemic progressed: with Île-de-France and Hauts-de-France entering the epidemic phase this week, seven regions were in an epidemic and six in the pre-epidemic phase. Virological data were also rising sharply in general practice and, to a lesser extent, in hospital settings. In overseas France, French Guiana and Mayotte were in the epidemic phase and Guadeloupe entered the pre-epidemic phase.

The bronchiolitis epidemic peaked in week 48 in mainland France. At week 51, syndromic indicators were decreasing for the third consecutive week while remaining high in all regions of France. RSV positivity rates tended to stabilise in general practice and remained relatively stable in hospitals. Other viruses that can cause bronchiolitis continued circulating. In overseas France, four regions remained in an epidemic: Guadeloupe, Martinique, Mayotte and French Guiana.

In long-term care facilities (care homes), the majority of ARI clusters were due to COVID-19. The number of ARI clusters remained high at week 50. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 51, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 28.5% (20.8% of 65–69 year-olds, 26.2% of 70–74 year-olds, 33.9% of 75–79 year-olds and 34.2% of 80+ year-olds). Since 17 October 2023, 30.4% of COVID-19 vaccinations have been carried out at the same time as an influenza vaccine in people aged 65 years and over.

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 are an effective way of protecting against respiratory infections and their complications, by limiting the risk of spreading 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 réspiratoires 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, 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 (INSERM – Sorbonne University)
Virological surveillance (National Reference Centre for Respiratory Infections Virus)
Genomic surveillance: Variant risk analysis
Regional trends: see Regional Bulletins
Open data indicators: Géodes, data.gouv.fr

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