

Acute respiratory infections

Week 52 (25 to 31 December 2023). Publication: 3 January 2024.

NATIONAL EDITION

This week's trends

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

COVID-19. Decrease in indicators in general practice and hospitals but circulation of SARS-CoV-2 still high.

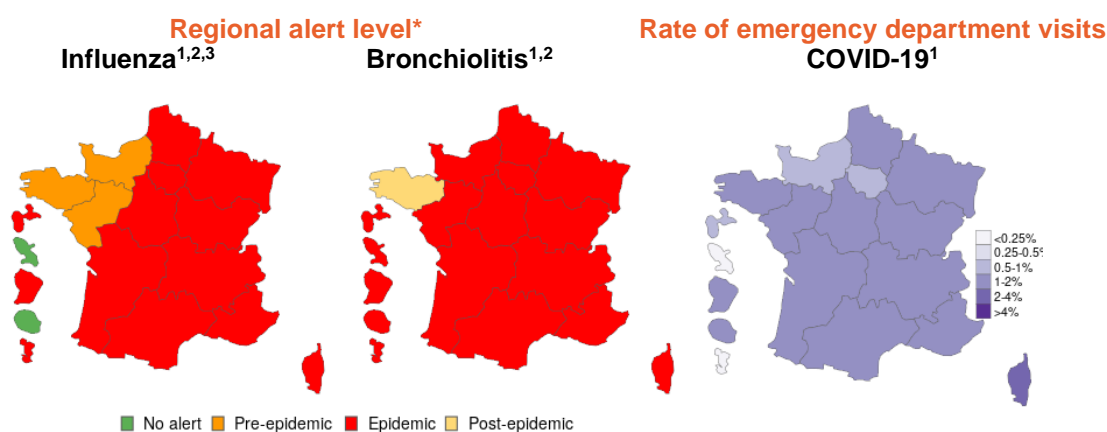
Influenza. Sharp rise in influenza/influenza-like illness indicators in mainland France, particularly in hospitals, with ten regions in the epidemic phase and three in the pre-epidemic phase. The regions of Centre-Val de Loire, Nouvelle-Aquitaine, Corsica and Guadeloupe entered the epidemic phase.

Bronchiolitis. Continuation of the bronchiolitis epidemic in mainland France, with the exception of Brittany, which moved into the post-epidemic phase. Stabilisation of syndromic activity in general practice and decline in hospital indicators. Four overseas regions remain in the epidemic phase.

Key indicators

Syndromic indicators

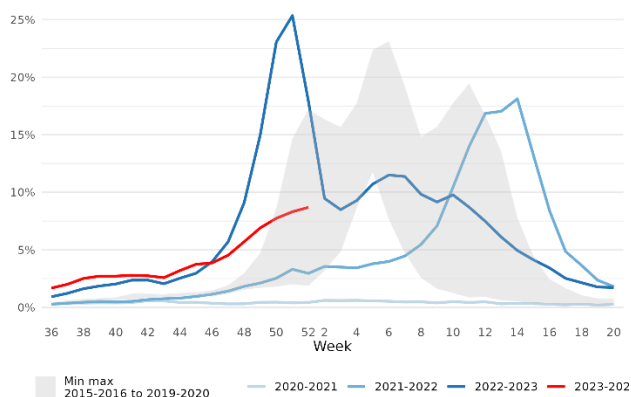
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W52	W52 vs W51	W52	W52 vs W51	W52	W52 vs W51	W52	W52 vs W51
SOS Médecins consultations	22.1%	+0.3 pts	8.7%	+0.4 pts	7.1%	-0.2 pts	2.7%	-1.1 pts
Emergency department visits (OSCOUR®)	8.4%	+1.1 pts	1.7%	+0.6 pts	15.0%	-2.7 pts	1.3%	-0.1 pts
Admissions post-emergency department visit (OSCOUR®)	14.3%	+1.3 pts	1.5%	+0.7 pts	33.2%	-2.3 pts	2.7%	-0.4 pts



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

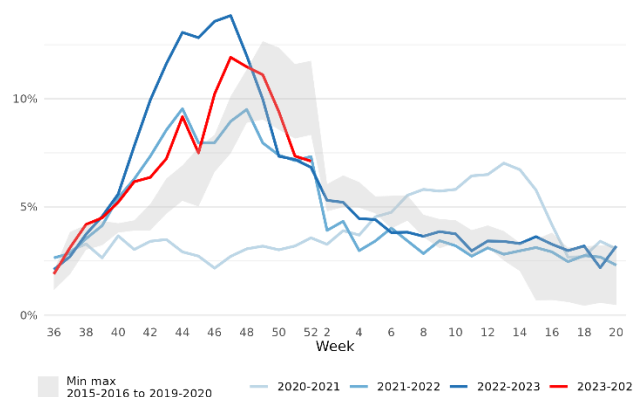
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



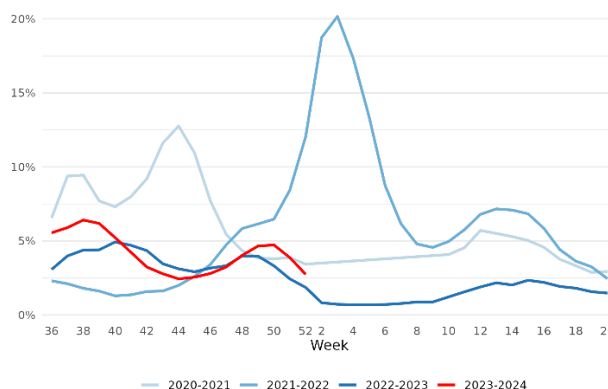
Source: SOS Médecins

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

Positivity rate of samples	Influenza viruses		RSV		SARS-CoV-2	
	W52	W52 vs W51	W52	W52 vs W51	W52	W52 vs W51
General practice (Sentinelles network, National Reference Centres)	19.6%	+2.3 pts	3.6%	-5.6 pts	19.6%	-2.8 pts
Hospitals (RENAL network, National Reference Centres)	10.7%	+4.0 pts	9.4%	-1.4 pts	16.6%	-2.5 pts

SARS-CoV-2	
	W52 vs W51
Positivity rate of tests in medical laboratories	-5.6 pts
Wastewater surveillance (SUM'Eau)*	**

*Ratio of SARS-CoV-2 viral concentration to ammoniacal nitrogen concentration.

**Incomplete data for W52. 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 52, indicators for acute respiratory infections were increasing in both general practice and hospital settings across all age groups. Syndromic indicators for COVID-19 were declining in general practice and hospitals across all age groups, but detection of SARS-CoV-2 in wastewater remained high. Influenza activity was rising sharply in mainland France, particularly in hospitals. The bronchiolitis epidemic was ongoing in mainland France, although syndromic indicators stabilised in general practice and decreased in hospitals. The circulation of SARS-CoV-2, RSV (respiratory syncytial virus) and rhinoviruses remained intense and there was a marked increase in the detection of influenza viruses. Against this backdrop of respiratory viruses in high circulation, and in addition to vaccination against influenza and COVID-19, the systematic use of protective measures remains crucial, particularly wearing a mask when symptomatic, in crowded places and in the presence of people at risk.

With regard to COVID-19, syndromic indicators stabilised or continued to fall in general practice, but remained at high levels. This decrease during the school holiday period was observed for all age groups, in general practice as well as in hospitals, except for the 0–4 age group, where there was a slight increase in hospital admissions. The positivity rate was down in general practice and in hospitals. Virological indicators based on tests carried out in medical laboratories were also down in all age groups. In wastewater, detection of SARS-CoV-2 remained at a high level.

Indicators of influenza/ILI (influenza-like illness) were rising sharply, reflecting an intensification in the circulation of influenza viruses in France. This increase affected all age groups, and was particularly marked in hospitals, especially among 0–14 year-olds and those aged 65 and over. In mainland France, the epidemic continued to spread, with the regions of Centre-Val de Loire, Nouvelle-Aquitaine and Corsica entering the epidemic phase. A total of ten regions were in the epidemic phase and three in the pre-epidemic phase. There was also a marked increase in virological data in general practice and hospitals. In the French overseas departments and regions, French Guiana and Mayotte remained in an epidemic and Guadeloupe entered the epidemic phase. In Reunion Island, the indicators returned to their baseline levels.

The bronchiolitis epidemic continued in mainland France, except in Brittany, which entered the post-epidemic phase. Emergency department visits and admissions post-visit for bronchiolitis in children under the age of 2 were down for the fourth week running, but remained high. The number of SOS Médecins consultations stabilised after falling for three weeks. RSV positivity rates decreased in general practice and 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), ARI clusters were mainly due to COVID-19. The number of ARI clusters remained high in week 51. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 52, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 28.7% (21.0% of 65–69 year-olds, 26.4% of 70–74 year-olds, 34.2% of 75–79 year-olds and 34.5% of 80+ year-olds). Since 17 October 2023, 30.2% of COVID-19 vaccinations for people aged 65 and over have been carried out at the same time as an influenza vaccination.

In this context, the systematic use of protective measures in addition to vaccination remains an effective way to prevent respiratory infections and their complications by limiting the risk of spreading these viruses: wearing a mask when symptomatic, in crowded places and in the presence of vulnerable people, washing hands and regularly airing enclosed spaces.

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 (National Reference Centre for Respiratory Infection Viruses)

Genomic surveillance: Variant risk analysis

Regional trends: see Regional Bulletins

Open data indicators: Géodes, data.gouv.fr

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