

Acute respiratory infections

Week 1 (1 to 7 January 2024). Publication: 10 January 2024.

NATIONAL EDITION

This week's trends

Acute respiratory infections (ARI). Activity stable in general practice. Indicators down in hospitals, except for an increase in the 65+ age group.

Influenza. Increase in circulation of influenza viruses in mainland France, with eleven regions in epidemic phase and two regions remaining in pre-epidemic phase. Pays de la Loire entered epidemic phase, Martinique pre-epidemic phase and Mayotte post-epidemic phase.

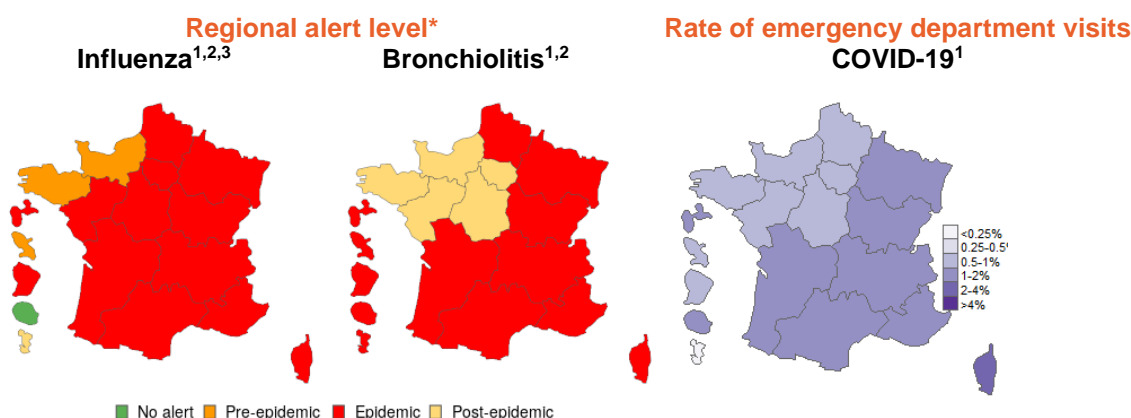
Bronchiolitis. Continuing epidemic in eight regions of mainland France. Decrease in syndromic activity linked to children aged under 2 years, in both general practice and hospitals. Four overseas regions remained in epidemic phase.

COVID-19. Decrease in all indicators, but circulation of SARS-CoV-2 remained active.

Key indicators

Syndromic indicators

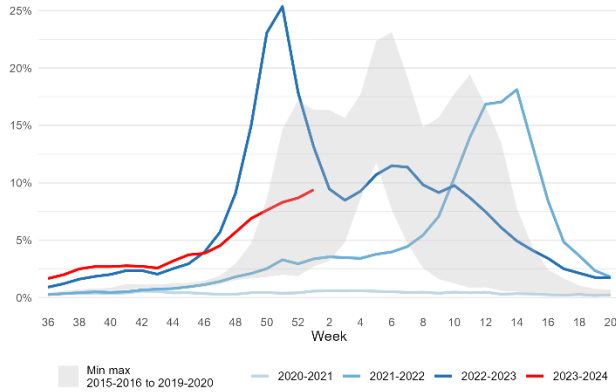
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W01	W01 vs W52	W01	W01 vs W52	W01	W01 vs W52	W01	W01 vs W52
SOS Médecins consultations	22.2%	0 pts	9.4%	+0.7 pts	5.6%	-1.5 pts	2.1%	-0.7 pts
Emergency department visits (OSCOUR®)	7.6%	-0.7 pts	1.6%	-0.1 pts	12.5%	-2.4 pts	1.0%	-0.3 pts
Admissions post-emergency department visit (OSCOUR®)	13.6%	-0.8 pts	1.5%	0 pts	26.9%	-6 pts	2.1%	-0.7 pts



*Methodology explained in the [appendix](#). French Antilles: W52 alert level. Source: ¹OSCOUR® network, ²SOS Médecins, ³Sentinelles network

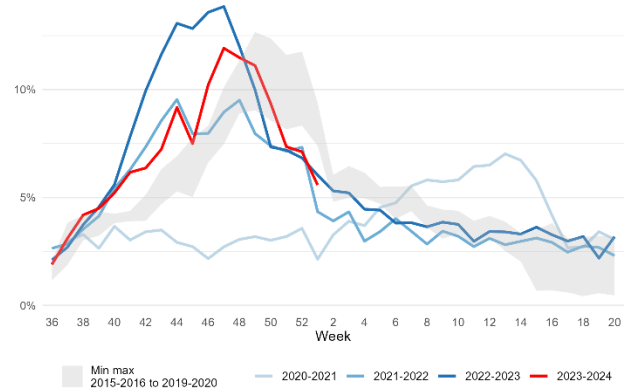
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



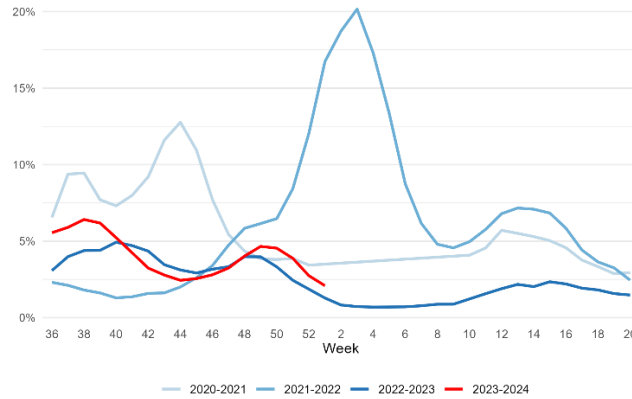
Source: SOS Médecins

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	
	W01	W01 vs W52	W01	W01 vs W52	W01	W01 vs W52
General practice (Sentinelles network, National Reference Centres)	34.1%	+12.4 pts	4.5%	+0.7 pts	16.9%	-7.7 pts
Hospitals (RENAL network, National Reference Centres)	10.9%	+0.5 pts	7.8%	-0.9 pts	13.9%	-3.0 pts

SARS-CoV-2	
	W01 vs W52
Positivity rate of tests in medical laboratories	-5.2 pts
Wastewater surveillance (SUM'Eau)*	-49%

*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 1, indicators for acute respiratory infections were stable in general practice. They were down in hospitals, except among people aged 65 and over. During this second week of the school holidays, influenza activity across mainland France was on the rise in general practice and stable in hospitals. The bronchiolitis epidemic continued in parts of mainland France, but with a decrease in syndromic indicators in both general practice and hospitals. All COVID-19 indicators were down but SARS-CoV-2 remained in active circulation. Hospital indicators reflected a high circulation of respiratory viruses, with a very marked increase in the detection of influenza viruses. Against this backdrop, and in addition to vaccination against influenza and COVID-19, the systematic use of protective measures remains essential, particularly wearing a mask when symptomatic, in crowded places or in the presence of people at risk, as well as frequently washing hands and airing interiors.

The circulation of influenza viruses intensified in week 1, with a clear increase in positivity rates in both general practice and hospitals. According to SOS Médecins data, activity in general practice was on the rise. In hospitals, emergency department indicators were down, except for the proportion of admissions for influenza among all admissions, which remained stable. In mainland France, the influenza epidemic continued to spread, with the region of Pays de la Loire entering the epidemic phase. A total of eleven regions were in the epidemic phase and two remained in the pre-epidemic phase. In the French overseas departments and regions, French Guiana and Guadeloupe were in the epidemic phase, Martinique entered the pre-epidemic phase and Mayotte entered the post-epidemic phase.

The bronchiolitis epidemic continued in eight regions of mainland France. Five regions were in the post-epidemic phase: four regions since week 1 (Centre-Val de Loire, Île-de-France, Normandy and Pays de la Loire) and Brittany since week 52. Emergency department visits and admissions post-visit for bronchiolitis in children under the age of 2 years were down for the fifth consecutive week. The number of SOS Médecins consultations decreased after stabilising in week 52. RSV positivity rates stabilised in general practice and decreased in hospitals. In overseas France, four regions remained in an epidemic: Guadeloupe, Martinique, Mayotte and French Guiana.

With regard to COVID-19, syndromic indicators in all age groups continued to fall in both general practice and hospitals. 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 was in sharp decline this week.

In long-term care facilities (care homes), the vast majority of ARI clusters were due to COVID-19 but the share of clusters linked to influenza has been rising since week 51. The number of clusters seemed to be decreasing since week 50 but remained high. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 1, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 29.0% (21.2% of 65–69 year-olds, 26.7% of 70–74 year-olds, 34.5% of 75–79 year-olds and 34.9% of 80+ year-olds). Since 17 October 2023, 30.0% 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 of preventing respiratory infections and their complications by limiting the spread of these viruses: wearing a mask in the event of symptoms, in crowded places or 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 Viral Respiratory Infections)

Genomic surveillance: Variant risk analysis

Regional trends: see Regional Bulletins

Open data indicators: Géodes, data.gouv.fr

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