

Acute respiratory infections

Week 2 (8 to 14 January 2024). Publication: 17 January 2024.

NATIONAL EDITION

This week's trends

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

Influenza. Influenza viruses continued circulating in mainland France, with eleven regions still in epidemic phase and two regions in pre-epidemic phase.

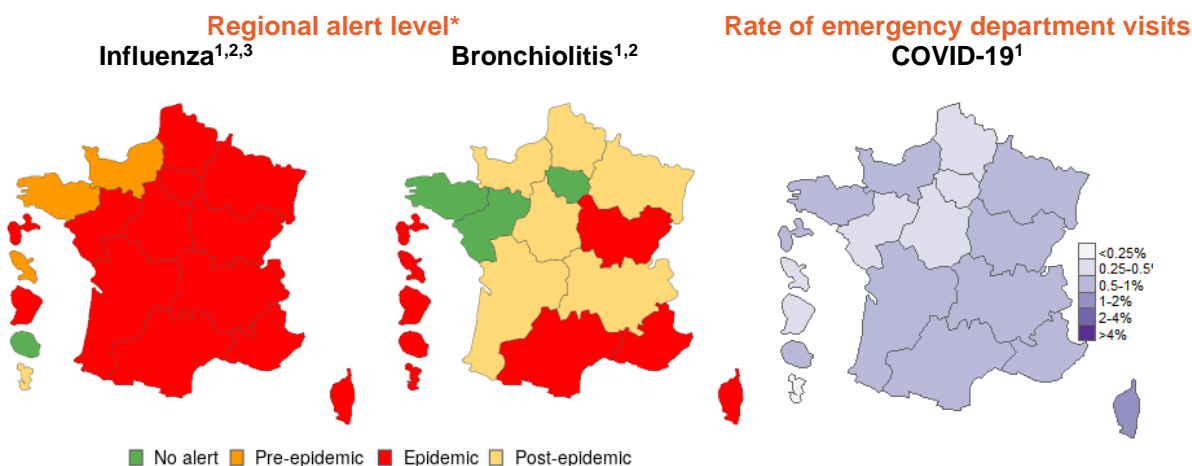
Bronchiolitis. Bronchiolitis indicators continued to decrease in mainland France; four regions remained in epidemic phase. All five overseas regions remained in epidemic phase.

COVID-19. All indicators continued to fall, but SARS-CoV-2 remained in active circulation.

Key indicators

Syndromic indicators

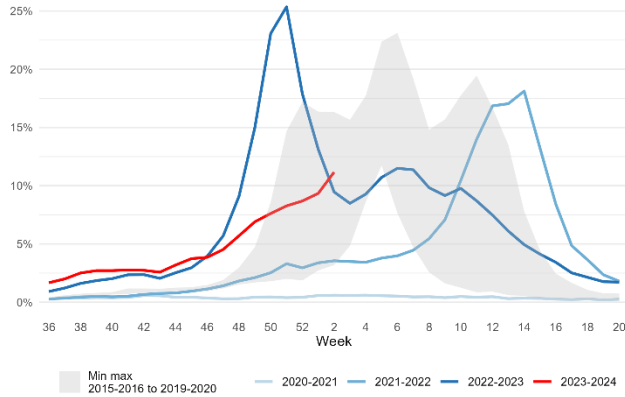
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W02	W02 vs W01	W02	W02 vs W01	W02	W02 vs W01	W02	W02 vs W01
SOS Médecins consultations	21.4%	-0.7 pts	11.2%	+1.8 pts	3.9%	-1.6 pts	1.3%	-0.7 pts
Emergency department visits (OSCOUR®)	5.9%	-1.7 pts	1.4%	-0.1 pts	8.8%	-3.6 pts	0.5%	-0.4 pts
Admissions post-emergency department visit (OSCOUR®)	10.5%	-3.1 pts	1.3%	-0.2 pts	18.6%	-8.1 pts	1.2%	-0.8 pts



*Methodology explained in the [appendix](#). French Antilles: W01 alert level. Source: ¹OSCOUR® network, ²SOS Médecins, ³Sentinelles network

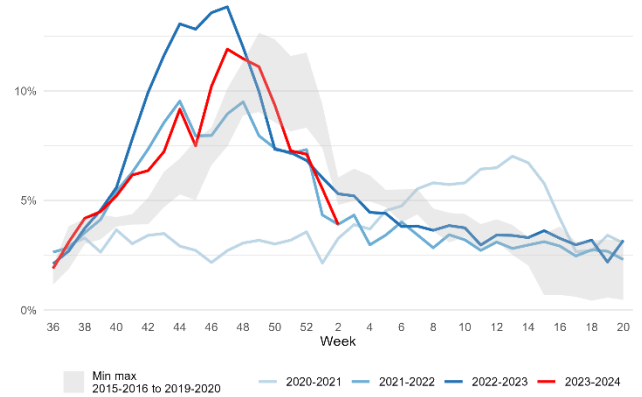
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

Share of influenza-like illness among SOS Médecins consultations



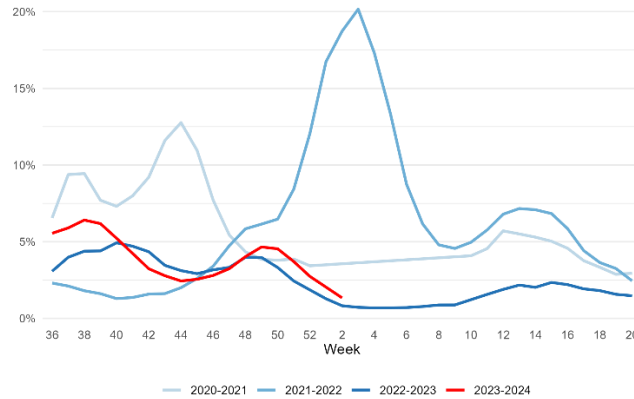
Source: SOS Médecins

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

	Influenza viruses		RSV		SARS-CoV-2	
	W02	W02 vs W01	W02	W02 vs W01	W02	W02 vs W01
General practice (Sentinelles network, National Reference Centres)	30.3%	-4.8 pts	2.8%	-3.2 pts	9.7%	-6.5 pts
Hospitals (RENAL network, National Reference Centres)	9.8%	-1.3 pts	4.3%	-2.6 pts	11.4%	-2.0 pts

SARS-CoV-2	
	W02 vs W01
Positivity rate of tests in medical laboratories	10.0% -4.2 pts
Wastewater surveillance (SUM'Eau)*	5,061 -52.5%

*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 2, indicators for acute respiratory infections were decreasing in both general practice and hospital settings. However, activity for influenza/influenza-like illness (ILI) remained very intense in mainland France. Bronchiolitis indicators in mainland France continued to fall, with only four regions remaining at epidemic levels. All COVID-19 indicators continued to fall, but SARS-CoV-2 was still in active circulation. Circulation of respiratory viruses remained at a high level, despite a decrease in hospitals for SARS-CoV-2 and respiratory syncytial virus (RSV). 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, frequently washing hands and airing interiors.

The circulation of influenza viruses remained at a high level in week 2, despite a decrease 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 up for 0–4 year-olds and down for all other age groups. This increase among young children in the back-to-school period could also be seen in other age groups over the coming weeks. The epidemic continued in mainland France, with eleven regions in the epidemic phase and two in the pre-epidemic phase. In the French overseas departments and regions, French Guiana and Guadeloupe remained in the epidemic phase, Martinique in the pre-epidemic phase, Mayotte in the post-epidemic phase.

The bronchiolitis epidemic continued in four regions of mainland France (Bourgogne-Franche-Comté, Corsica, Occitania and Provence-Alpes-Côte d'Azur). Four new regions have entered the post-epidemic phase (Hauts-de-France, Grand Est, Nouvelle-Aquitaine and Auvergne-Rhône-Alpes) and three regions have returned to the baseline level (Brittany, Pays de la Loire and Île-de-France). SOS Médecins consultations, emergency department visits and admissions post-visit for bronchiolitis in children under the age of 2 years were down. The RSV positivity rate fell in samples taken in general practice as well as in hospitals. All five French overseas departments and regions (Guadeloupe, Martinique, Mayotte, Reunion Island and French Guiana) remained in an epidemic.

With regard to COVID-19, syndromic indicators in all age groups continued to fall in both general practice and hospitals, as did positivity rates. Virological indicators based on tests carried out in medical laboratories were also down in all age groups. In wastewater, the detection of SARS-CoV-2 was in further 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 appeared to be in decline since week 50 but remained at a high level. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

At the end of week 2, COVID-19 vaccination coverage within the autumn 2023 campaign among people aged 65 and over was 29.4% (21.3% of 65–69 year-olds, 27.0% of 70–74 year-olds, 35.1% of 75–79 year-olds and 35.6% of 80+ year-olds). Since 17 October 2023, 29.7% 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 (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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