

## Acute respiratory infections

Week 4 (22 to 28 January 2024). Publication: 31 January 2024.

NATIONAL EDITION

### This week's trends

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

**Influenza.** The epidemic continued in mainland France, with a sharp rise in all indicators. In overseas France, French Guiana and the French West Indies were also in epidemic phase.

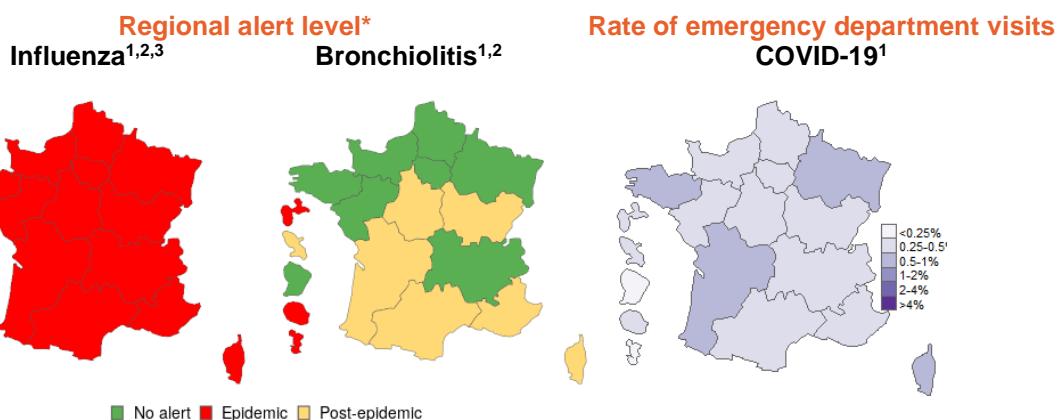
**Bronchiolitis.** No regions of mainland France were in epidemic phase. Indicators stabilised or slightly increased at low levels in mainland France. Three overseas regions remained in epidemic phase.

**COVID-19.** All indicators decreasing or stable at low levels.

### Key indicators

#### Syndromic indicators

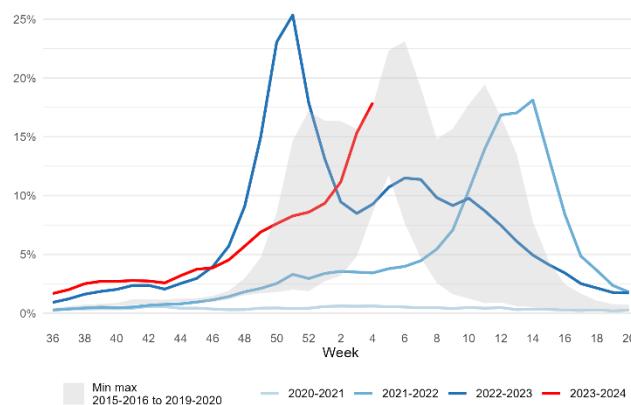
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W04	W04 vs W03	W04	W04 vs W03	W04	W04 vs W03	W04	W04 vs W03
SOS Médecins consultations	27.1%	+2.3 pts	17.9%	+2.6 pts	4.4%	+0.3 pts	0.9%	-0.2 pts
Emergency department visits (OSCOUR®)	7.1%	+0.9 pts	3.2%	+0.9 pts	7.9%	+0.2 pts	0.4%	0 pts
Admissions post-emergency department visit (OSCOUR®)	10.8%	+0.6 pts	2.9%	+0.9 pts	16.2%	+0.6 pts	0.8%	-0.1 pts



\*Methodology explained in the [appendix](#). French West Indies: W03 alert level. Source: <sup>1</sup>OSCOUR® network, <sup>2</sup>SOS Médecins, <sup>3</sup>Sentinelles network

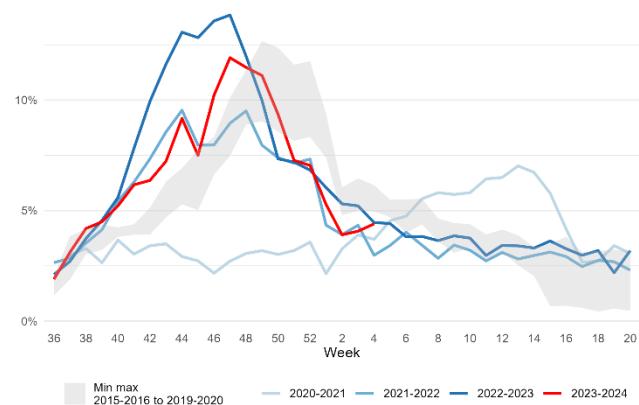
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

### Share of influenza-like illness among SOS Médecins consultations



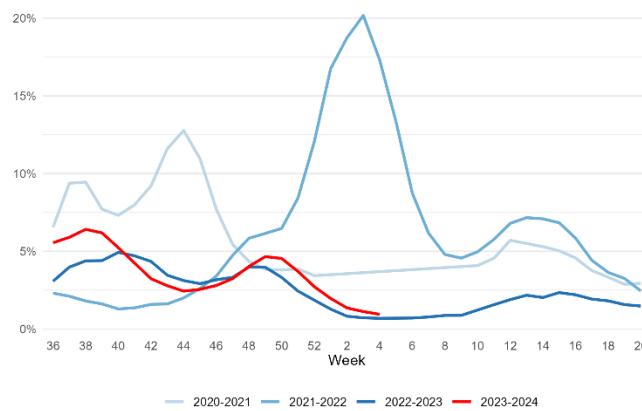
Source: SOS Médecins

### 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	W04	W04 vs W03	W04	W04 vs W03	W04	W04 vs W03
General practice (Sentinelles network, National Reference Centres)	59.3%	+15.7 pts	2.1%	-0.6 pts	5.2%	-2.0 pts
Hospitals (RENAL network, National Reference Centres)	20.6%	+6.0 pts	2.4%	-0.8 pts	7.1%	-1.3 pts

### SARS-CoV-2

#### W04 W04 vs W03

Positivity rate of tests in medical laboratories	6.5%	-1.5 pts
Wastewater surveillance (SUM'Eau)*	1,789	-68.7%

\*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 4, indicators for acute respiratory infections were increasing in both general practice and hospital settings. In mainland France, the flu epidemic continued with a sharp rise in all indicators. As for bronchiolitis, all regions of mainland France were clear of the epidemic, while three overseas regions remained in epidemic phase. All COVID-19 indicators continued to fall. Detection of influenza viruses continued to rise sharply, in both general practice and hospitals. Against this backdrop, influenza vaccination remains essential and COVID-19 vaccination should continue in line with current recommendations. The systematic use of protective measures also remains important, particularly wearing a mask when symptomatic, in crowded places or in the presence of people at risk, frequently washing hands and airing interiors.

The influenza epidemic is intensifying in mainland France. There was a sharp rise in all indicators, both in general practice and in hospitals, across all age groups, and particularly for admissions post-emergency department visit in the 15–64 age group. In the French overseas departments and regions, French Guiana and the French West Indies remained in epidemic phase; in Mayotte, influenza indicators had returned to their baseline levels.

With regard to bronchiolitis, as of week 3 all regions of mainland France were clear of the epidemic phase. The Auvergne-Rhône-Alpes region returned to baseline level, while six regions remained in post-epidemic phase. The various indicators (emergency department visits and admissions post-visit for bronchiolitis, SOS Médecins consultations for bronchiolitis) have stabilised or increased slightly, but remain at low levels. The respiratory syncytial virus (RSV) positivity rate fell in samples taken in general practice and in hospitals. In the French overseas departments and regions, Guadeloupe, Reunion Island and Mayotte remained in epidemic phase, while Martinique remained in post-epidemic phase and French Guiana returned to baseline level.

With regard to COVID-19, positivity rates fell in general practice and hospitals, as did syndromic indicators in almost all age groups, stabilising at a low level in children. Virological indicators based on tests carried out in medical laboratories continued to fall in all age groups. In wastewater, detection of SARS-CoV-2 was also down.

In long-term care facilities (care homes), the share of ARI clusters due to influenza has been rising since mid-December (week 51) and was in majority since mid-January (week 2). After a decline since late December, the number of reported clusters had stabilised at a moderate level for several weeks. Particular attention is paid to this population due to the potentially severe impact of ARI on vulnerable individuals.

Against this backdrop of respiratory viruses in active circulation, and in addition to vaccination against influenza and COVID-19, it is essential for people to systematically adopt protective measures, particularly 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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Contact: [presse@santepubliquefrance.fr](mailto:presse@santepubliquefrance.fr)