

## Acute respiratory infections

Week 9 (26 February to 3 March 2024). Publication: 6 March 2024

NATIONAL EDITION

### This week's trends

**Acute respiratory infections (ARI).** Activity decreasing in both general practice and hospitals, in all age groups.

**Influenza.** All indicators decreasing further in both general practice and hospitals in mainland France, with seven regions entering post-epidemic phase.

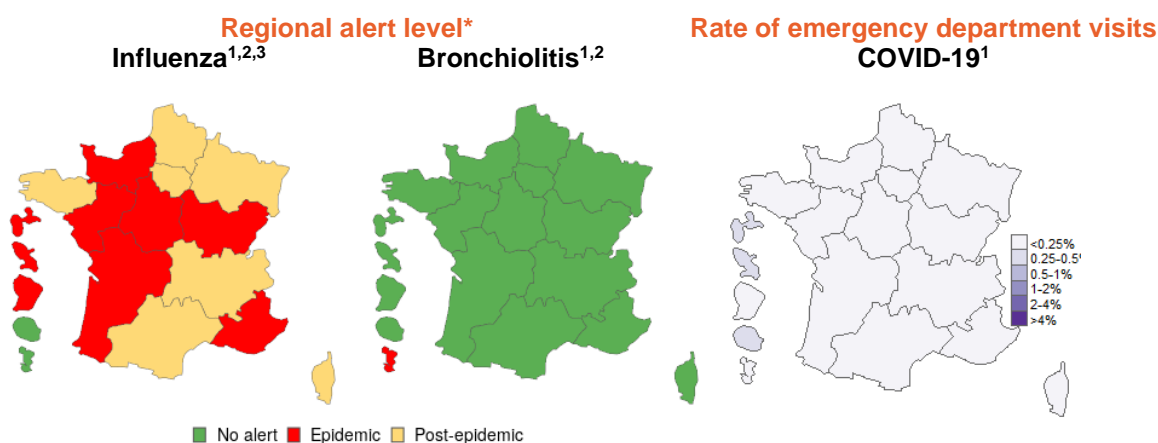
**Bronchiolitis.** Mayotte still in epidemic phase. All other regions at baseline level.

**COVID-19.** Indicators remain at low levels.

### Key indicators

#### Syndromic indicators

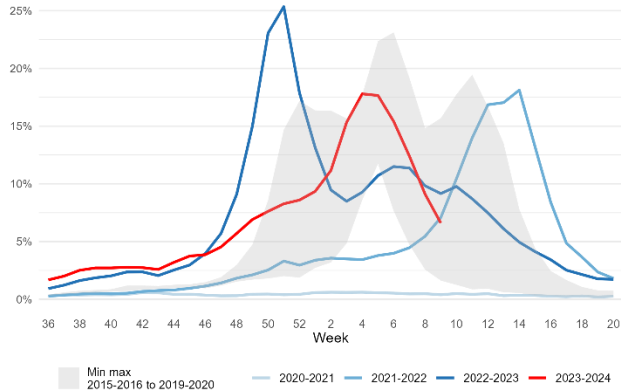
Share of pathology among	Lower ARI*		Influenza		Bronchiolitis (<2 years)		COVID-19	
	W09	W09 vs W08	W09	W09 vs W08	W09	W09 vs W08	W09	W09 vs W08
SOS Médecins consultations	15.0%	-2.4 pts	6.6%	-2.5 pts	4.4%	+0.4 pts	0.3%	0 pts
Emergency department visits (OSCOUR®)	4.2%	-0.6 pts	0.9%	-0.6 pts	7.2%	-0.2 pts	0.1%	0 pts
Admissions post-emergency department visit (OSCOUR®)	8.3%	-0.4 pts	1.0%	-0.5 pts	14.2%	-0.3 pts	0.3%	0 pts



\*Methodology explained in the [appendix](#). French West Indies: W08 alert level. Source: <sup>1</sup>OSCOUR® network, <sup>2</sup>SOS Médecins, <sup>3</sup>Sentinelles network

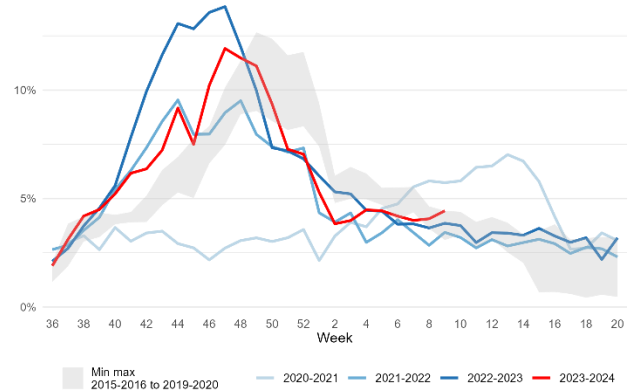
Read the [regional bulletins](#) (French only) by Santé publique France for the epidemiological situation in each region.

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



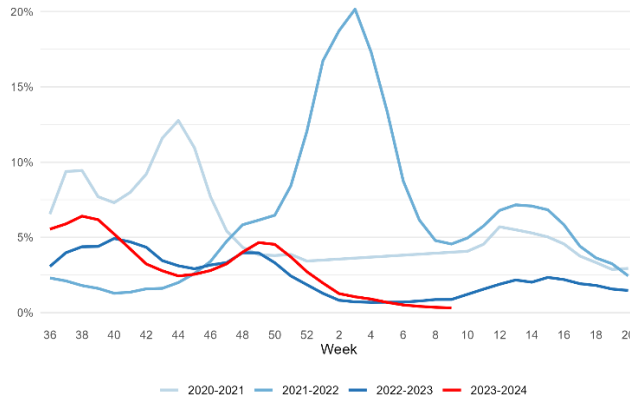
Source: SOS Médecins

### 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	
	W09	W09 vs W08	W09	W09 vs W08	W09	W09 vs W08
General practice (Sentinelles network, National Reference Centres)	31.7%	-1.7 pts	1.0%	+0.1 pts	0.0%	0 pts
Hospitals (RENAL network, National Reference Centres)	6.3%	-3.9 pts	1.0%	-0.1 pts	2.8%	-0.7 pts

SARS-CoV-2	
	W09 vs W08
Positivity rate of tests in medical laboratories	-0.4 pts
Wastewater surveillance (SUM'Eau)*	-14.6%

\*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 9, indicators for acute respiratory infections were decreasing further in general practice and in hospitals. In mainland France, influenza indicators were down for the third week running. Seven of the 13 regions entered the post-epidemic phase this week. However, the circulation of influenza viruses remained active. COVID-19 indicators remained at low levels, indicating limited circulation of SARS-CoV-2. The bronchiolitis epidemic ended in all regions of mainland France in week 7, and in the overseas territories only Mayotte was still experiencing an epidemic. In this context, the systematic use of protective measures remains important in crowded places or in the presence of people at risk, particularly wearing a mask if symptomatic.**

In mainland France, all indicators for influenza were again in sharp decline for all age groups, in both general practice and hospital settings. In general practice, the proportion of SOS Médecins activity for influenza-like illness (ILI) was low in all age groups; likewise in hospitals for the proportion of admissions post-emergency department visit due to ILI. However, the circulation of influenza viruses was still active and six regions remained in the epidemic phase. In the French overseas departments and regions, French Guiana, Guadeloupe and Martinique remained in the epidemic phase.

The syndromic and virological indicators for COVID-19 were falling or stable at low levels. The positivity rate was down in general practice and in hospitals. In wastewater, detection of SARS-CoV-2 continued to drop from already low levels.

For bronchiolitis, in mainland France all syndromic indicators have been stable at low levels since late-January 2024. In overseas France, Mayotte remained in the epidemic phase.

In long-term care facilities (care homes), the number of ARI clusters reported has been relatively stable at a moderate level since early-January, with the majority attributed to influenza. A downward trend seemed to begin in week 7.

At the end of the vaccination campaign that ran from October 2023 to February 2024, COVID-19 vaccination coverage among people aged 65+ was 30.2% (21.6% of 65–69 year-olds, 27.5% of 70–74 year-olds, 36.0% of 75–79 year-olds and 36.9% of 80+ year-olds). During the campaign, 29.1% of COVID-19 vaccinations for people aged 65+ were carried out at the same time as an influenza vaccination.

In this context, the systematic use of protective measures remains important in crowded places or in the presence of people at risk, particularly wearing a mask if symptomatic, hand washing and frequent ventilation of closed 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 *Bulletin des infections respiratoires aiguës*, 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

## Editorial team

Sibylle Bernard-Stoecklin, Christine Campèse, Joséphine Cazaubon, Bruno Coignard, Anne Fouillet, Rémi Hanguéhard, Frédéric Jourdain, Alain-Claude Kouamen, Anna Maisa, Nicolas Méthy, Damien Mouly, Harold Noël, Isabelle Parent du Châtelet, Yann Savitch, Justine Schaeffer, Laïla Toro, Adriana Traore, Sophie Vaux, Delphine Viriot

The team would like to thank the Infectious Diseases Division, the Regions Division, the Data Support, Processing and Analysis Division, and the Prevention and Health Promotion Division for their contributions.

Citation: Acute Respiratory Infections Bulletin. National edition. Week 9 (26 February to 3 March 2024). Saint-Maurice: Santé publique France, 4 p. Director of publication: Caroline Semaille. Date of publication: 6 March 2024

Contact: [presse@santepubliquefrance.fr](mailto:presse@santepubliquefrance.fr)