

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 15, 2026 (April 6, 2026 – April 12, 2026)

This report aims to systematically review and compile nationwide surveillance data on acute respiratory infections (ARI), and provides epidemiological information to public health professionals and the general public. Influenza and coronavirus disease 2019 (COVID-19) are reported from ARI sentinel sites consisting of pediatrics and internal medicine departments, while respiratory syncytial virus (RSV) infection, herpangina, pharyngoconjunctival fever, and group A streptococcal pharyngitis are reported from pediatric sentinel sites.

Beginning April 7, 2025 (Week 15), the sentinel selection criteria were revised: Influenza/COVID-19 sentinel sites (approximately 5,000 medical facilities) were replaced by ARI sentinel sites (approximately 3,000 medical facilities), and the number of pediatric sentinel sites was reduced from approximately 3,000 to approximately 2,000. About 10% of those 3,000 sentinel sites send specimens to public health laboratories of each prefecture and are registered as ARI pathogen sentinel sites.

For case-based surveillance, data from the most recent week are aggregated as of the compilation date, and data from previous weeks are re-presented. For laboratory surveillance, data for all periods are aggregated as of the compilation date. The status of infectious disease activity is interpreted by considering both the weekly “trends” and “levels”. Important notes are provided at the end of this report. Please be aware that the reported numbers are provisional and subject to revision.

Weekly Situation Overview

In week 15 of 2026 (April 6, 2026–April 12, 2026), the number of ARI cases per sentinel site was 43.47 (162,008 cases), representing no substantial change compared with the previous week. The number of cases reported per sentinel site for each disease was 1.46 for influenza, 0.63 for COVID-19, 2.28 for group A streptococcal pharyngitis, 0.53 for RSV infection, 0.23 for pharyngoconjunctival fever, 0.03 for herpangina. A total of 82 new hospital admissions due to influenza were reported, representing a decrease of 60 cases compared with the previous week. 315 new hospital admissions due to COVID-19 were reported, representing a decrease of 73 cases from the previous week.

By age group, the highest number of reported cases was observed among individuals aged 0-9 years for influenza and 0-9 years for COVID-19; among individuals aged 1-4 years for RSV infection, 1-4 years for pharyngoconjunctival fever, 1-4 years for herpangina; and among individuals aged 5-14 years for group A streptococcal pharyngitis.

A total of 23 prefectures showed an increase in ARI cases per sentinel site compared with the previous week.

Among the tested positive specimens collected in week 15 of 2026 and reported by the time of analysis, 0 specimens for influenza A virus, 4 specimens for influenza B virus, 2 specimens for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and 5 specimens for RSV.

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1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

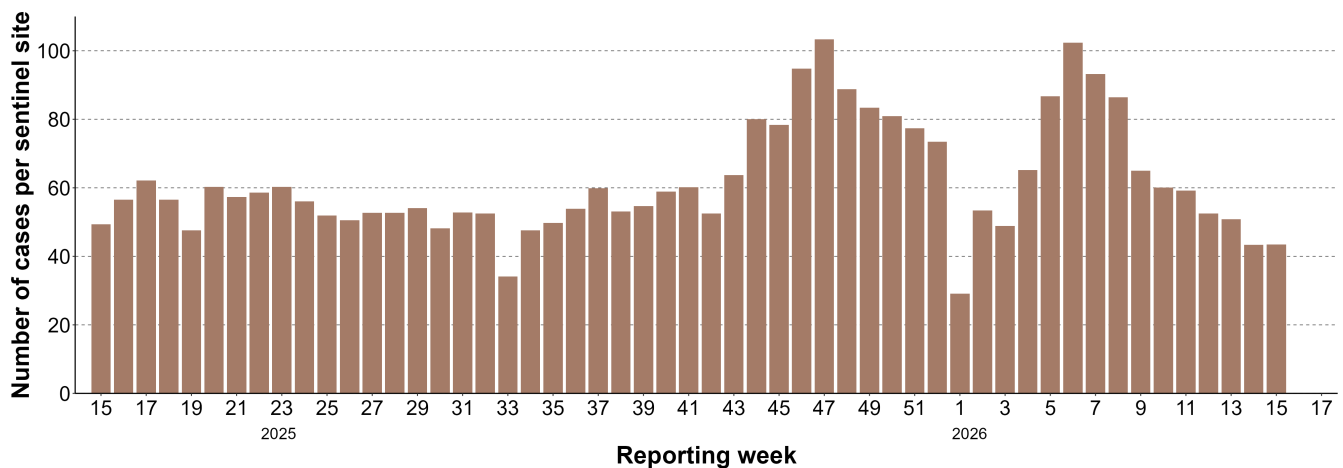
In week 15 of 2026, a total of 3,727 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 43.47 cases per sentinel site (162,008 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.00 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 1.46 for influenza (5,444 cases) and 0.63 for COVID-19 (2,340 cases) (Figure 1A). The number of reporting sentinel sites was 3,735.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.53 for RSV infection (1,186 cases), 0.23 for pharyngoconjunctival fever (529 cases), 0.03 for herpangina (74 cases), and 2.28 for group A streptococcal pharyngitis (5,132 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,255.

Regarding recent trends, influenza decreased for 9 consecutive weeks, COVID-19 decreased for 9 consecutive weeks, RSV infection increased compared with the previous week, pharyngoconjunctival fever increased compared with the previous week, herpangina increased for 2 consecutive weeks, and group A streptococcal pharyngitis increased compared with the previous week.

Figure 1. The weekly number of ARI cases reported per ARI sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026).

Figure 1A. The weekly number of influenza and COVID-19 cases reported per ARI sentinel site

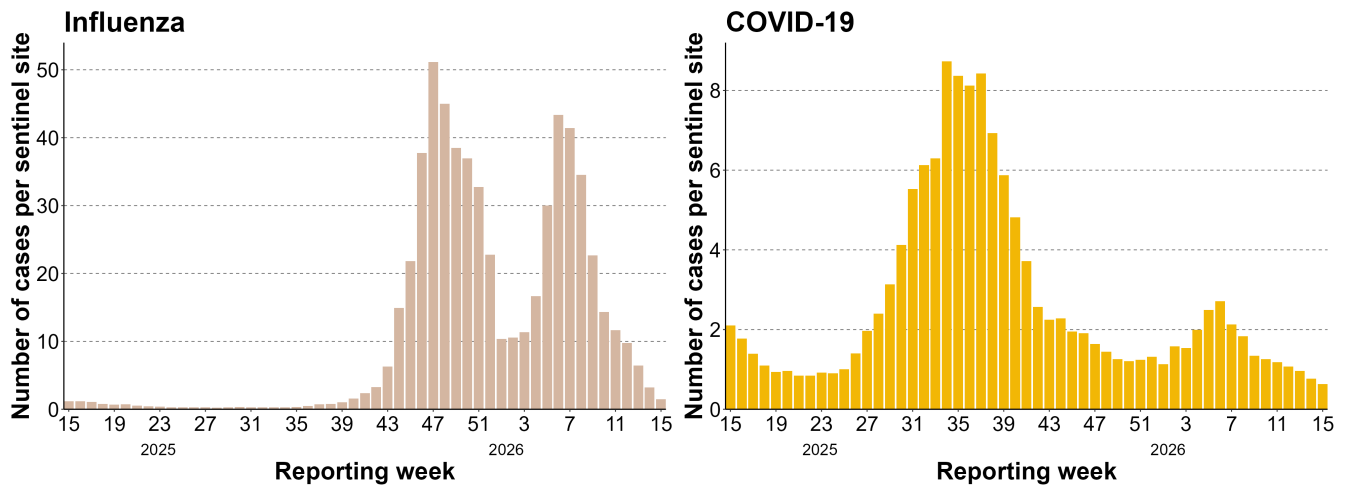
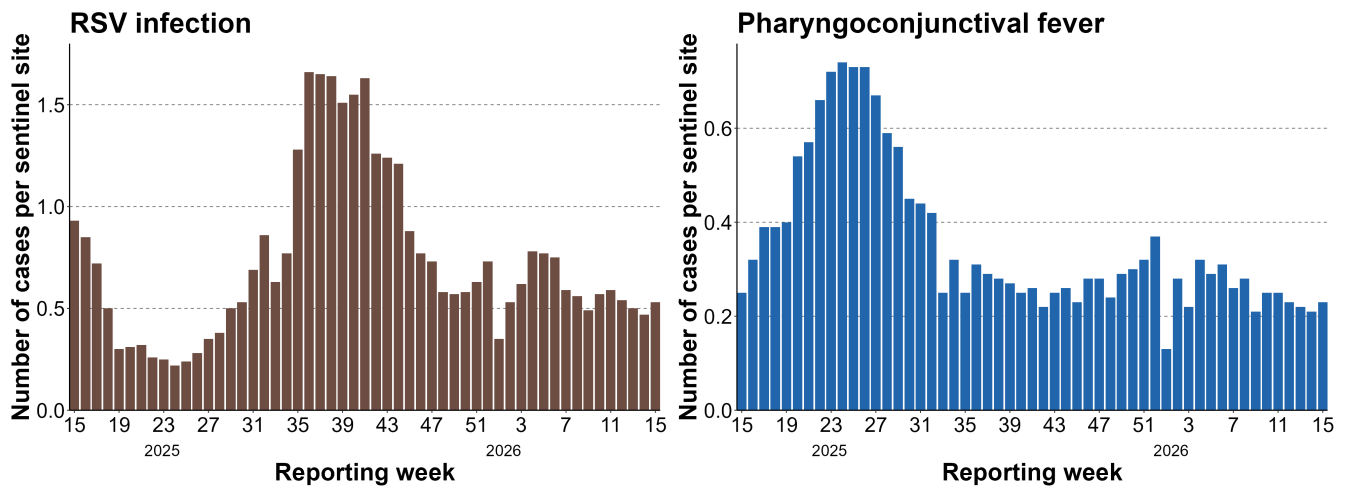
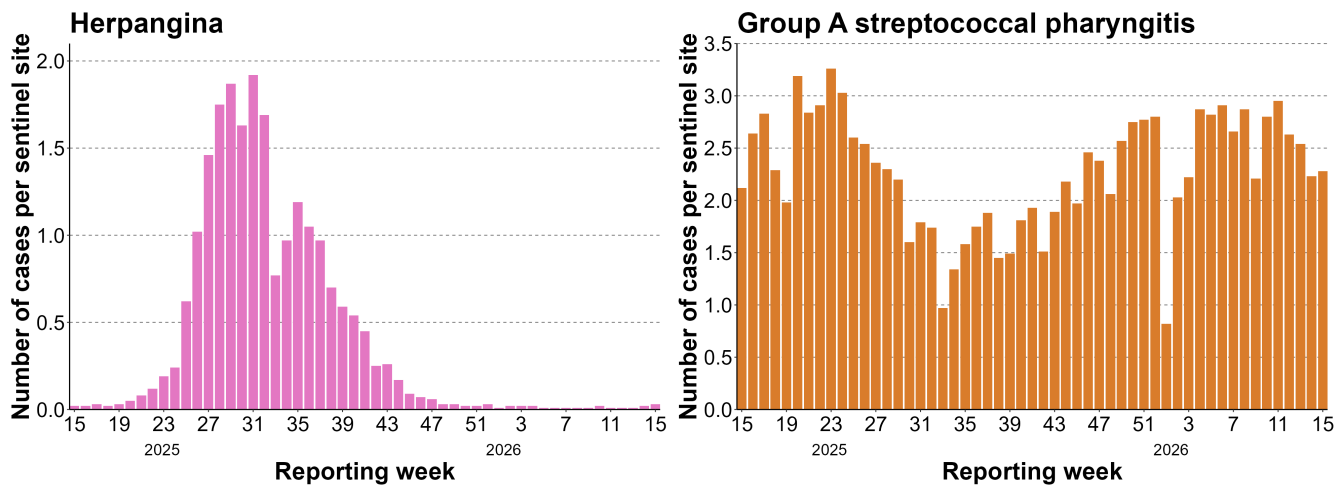


Figure 1B. The weekly number of cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026)

Note: The reported number of cases is a republication of the data presented in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

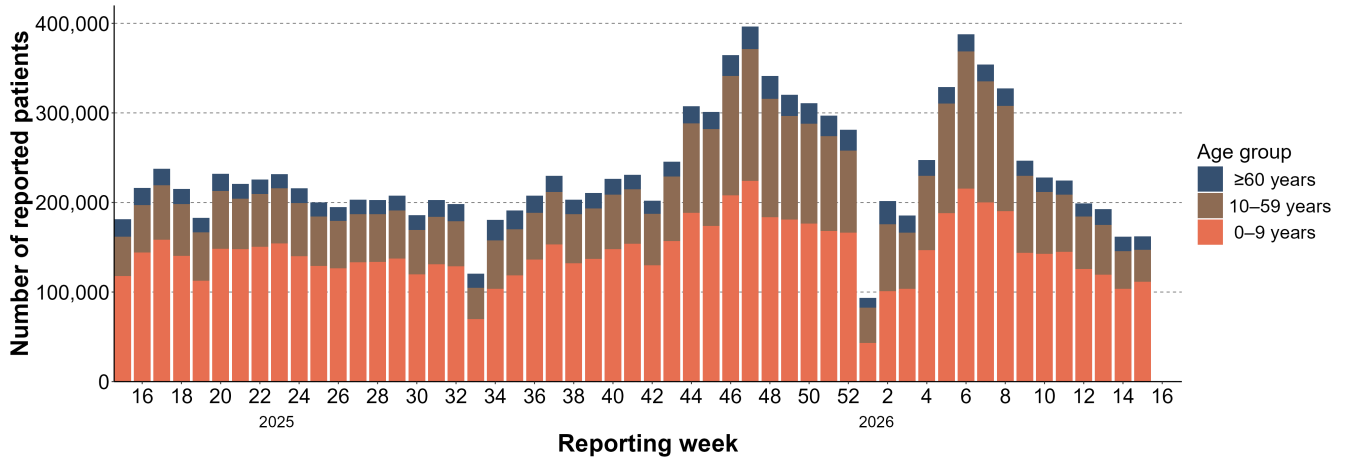
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 15 of 2026, the number of reported cases by age group was 111,352 cases among individuals aged 0–9 years (week-on-week ratio: 1.08), 35,697 cases among individuals aged 10–59 years (week-on-week ratio: 0.85), and 14,959 cases among individuals aged 60 years and older (week-on-week ratio: 0.92) (Figure 2).

For trends in reported cases by age group by disease, please refer to Table 1A and Table 1B.

Weekly reported cases by age group are shown in Figures 2A and 2B. Among individuals aged 60 years and older, the total number of reported cases was 184 and 597, respectively; of these, 38 influenza cases and 254 COVID-19 cases were reported among individuals aged 80 years and older.

Figure 2. Weekly reported ARI cases by age group



Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026)

Note: The reported number of cases is a republication of the data presented in the IDWR for the corresponding week.

Figure 2A. Weekly number of reported influenza and COVID-19 cases by age group

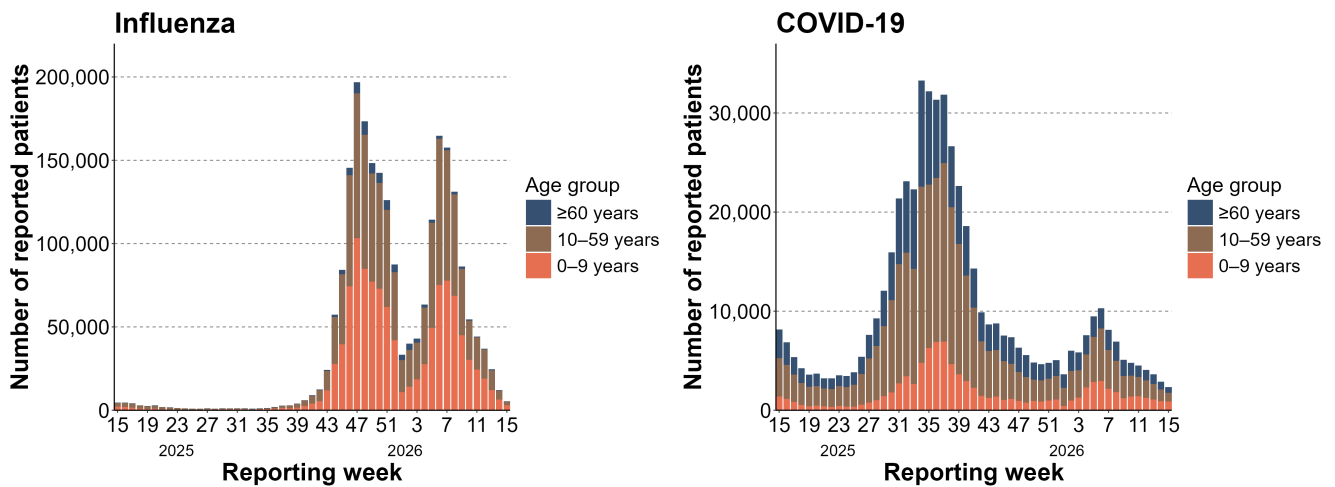
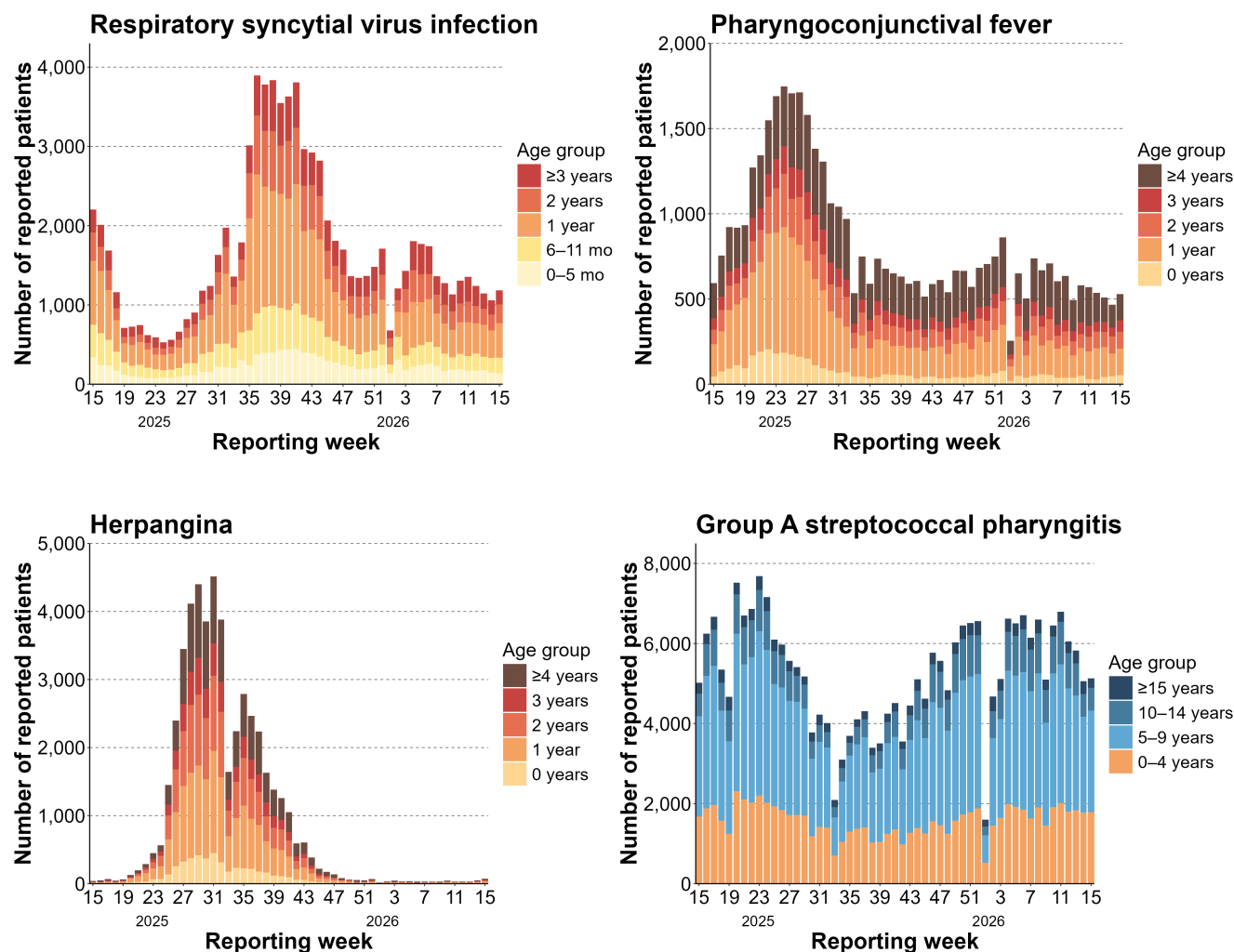


Figure 2B. The weekly number of reported RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases by age group



Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026)

Note: The reported number of cases is a republication of the data presented in the IDWR for the corresponding week.

Table 1A. Reported cases and week-on-week ratio of influenza and COVID-19 by age group in week 15

Age group	Influenza	COVID-19
0–9 years	2,914	874
	(0.46)	(0.96)

Age group	Influenza	COVID-19
10-59 years	2,346 (0.44)	869 (0.74)
≥60 years	184 (0.53)	597 (0.74)
Total	5,444 (0.45)	2,340 (0.81)

Table 1B. Reported cases and week-on-week ratio of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group in week 15

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	333 (1.01)	52 (1.11)	8 (1.14)	32 (1.45)
1-4 years	802 (1.19)	363 (1.11)	50 (1.67)	1,756 (1.00)
5-14 years	42 (0.93)	104 (1.25)	16 (1.33)	3,105 (1.05)
≥15 years	9 (1.00)	10 (1.11)	0 (—)	239 (0.76)
Total	1,186 (1.12)	529 (1.14)	74 (1.51)	5,132 (1.01)

Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 6, 2026 – April 12, 2026)

Note: Values in parentheses indicate the week-on-week ratio. Data for the previous week was based on back-calculated reports from the IDWR

corresponding to the current week. Detailed age-specific reported case numbers are available from the IDWR (Category V infectious diseases under sentinel surveillance). When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by “-”.

1.3. Cases per Sentinel Site by Prefecture

In week 15 of 2026, the three prefectures with the highest ARI cases per sentinel site were Iwate, which recorded the highest value at 68.55, followed by Gunma at 64.16, and Toyama at 63.45 (Figure 3A). The number of prefectures in which the cases per sentinel site increased compared with the previous week was 23 (Table 2). Across all prefectures, the cases per sentinel site ranged from 24.97 to 68.55 (Figure 4).

The three prefectures with the highest cases per sentinel site by disease were Okinawa, Hokkaido, and Yamagata for influenza; Akita, Iwate, and Aomori for COVID-19; Miyazaki, Yamagata, and Nagasaki for RSV infection; Kagoshima, Fukuoka, and Nagasaki for pharyngoconjunctival fever; Kagawa, Shimane/Miyazaki, and Fukui for herpangina; Tottori, Yamagata, and Hokkaido for group A streptococcal pharyngitis (Table 3).

Figure 3A. The number of ARI cases reported per ARI sentinel site by prefecture in week 15

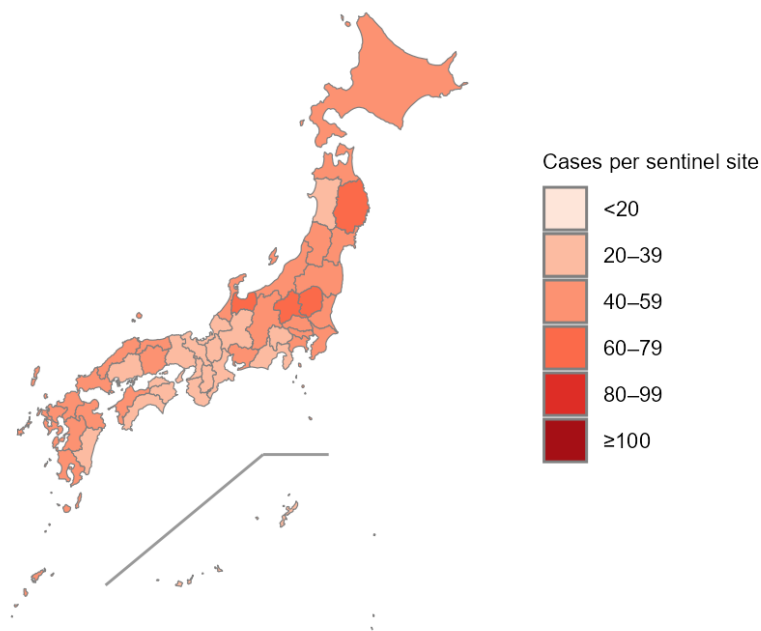
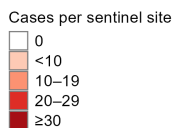
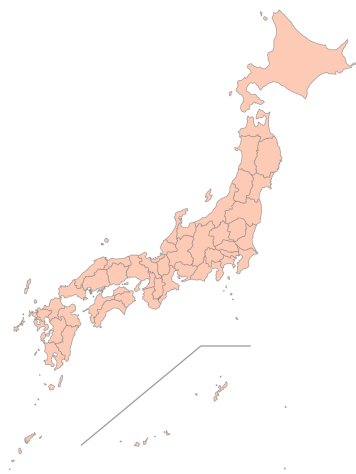
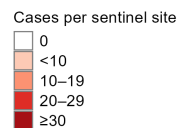
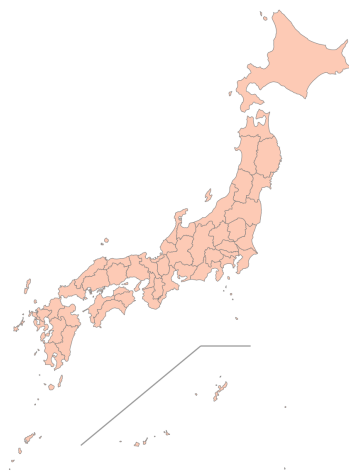


Figure 3B. The number of sentinel-reported infectious disease cases per sentinel site by prefecture for each infectious disease in week 15

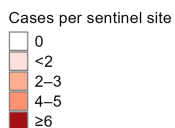
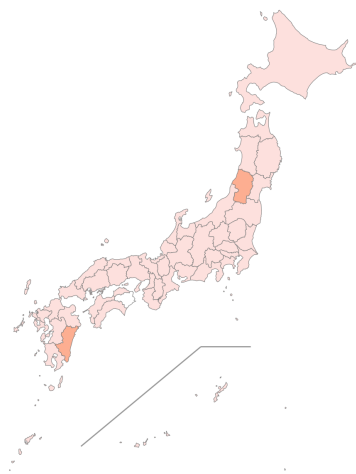
Influenza



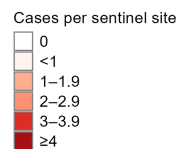
COVID-19



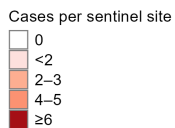
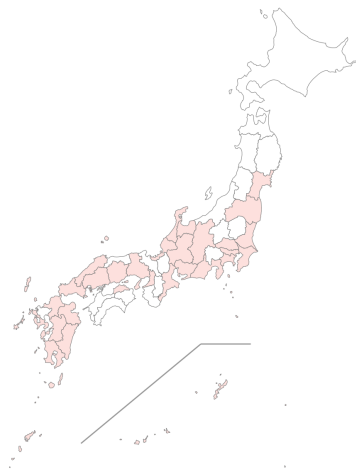
RSV infection



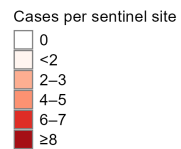
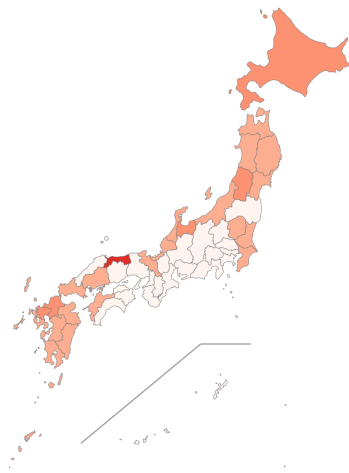
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026
(data range: April 6, 2026 – April 12, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 15

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	7,151	43.34	0.91
Aomori	2,318	44.58	0.90
Iwate	2,879	68.55	0.93
Miyagi	3,038	55.24	0.96
Akita	956	38.24	1.07
Yamagata	1,924	50.63	0.94
Fukushima	2,329	48.52	1.08
Ibaraki	3,209	47.90	0.97
Tochigi	2,971	63.21	0.98
Gunma	2,887	64.16	0.96
Saitama	9,654	54.85	1.01
Chiba	8,611	47.57	1.03
Tokyo	18,167	43.67	1.09
Kanagawa	11,964	50.27	1.05
Niigata	2,469	47.48	0.97
Toyama	2,982	63.45	0.94
Ishikawa	2,309	49.13	1.01
Fukui	1,289	33.05	0.97
Yamanashi	937	26.77	1.06
Nagano	2,524	50.48	0.93
Gifu	1,589	36.11	1.05
Shizuoka	3,726	33.27	0.97
Aichi	8,398	51.52	0.98

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,091	30.30	1.06
Shiga	1,358	34.82	0.59
Kyoto	2,350	38.52	0.97
Osaka	8,277	28.94	1.02
Hyogo	6,119	37.77	1.01
Nara	1,329	31.64	0.99
Wakayama	1,189	26.42	0.92
Tottori	1,332	45.93	1.05
Shimane	1,012	50.60	1.01
Okayama	2,061	41.22	0.94
Hiroshima	3,588	38.58	1.06
Yamaguchi	2,916	47.80	1.01
Tokushima	904	27.39	0.94
Kagawa	732	31.83	1.04
Ehime	1,957	52.89	0.93
Kochi	949	24.97	0.88
Fukuoka	4,992	40.92	0.96
Saga	1,009	42.04	1.05
Nagasaki	2,718	53.29	1.04
Kumamoto	3,351	47.20	1.07
Oita	2,428	41.86	0.92
Miyazaki	949	33.89	1.01
Kagoshima	2,384	41.82	1.02
Okinawa	1,732	39.36	1.70

Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 6, 2026 – April 12, 2026)

Notes: Data for the previous week were based on back-calculated reports from the IDWR corresponding to the current week.

When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by “-”.

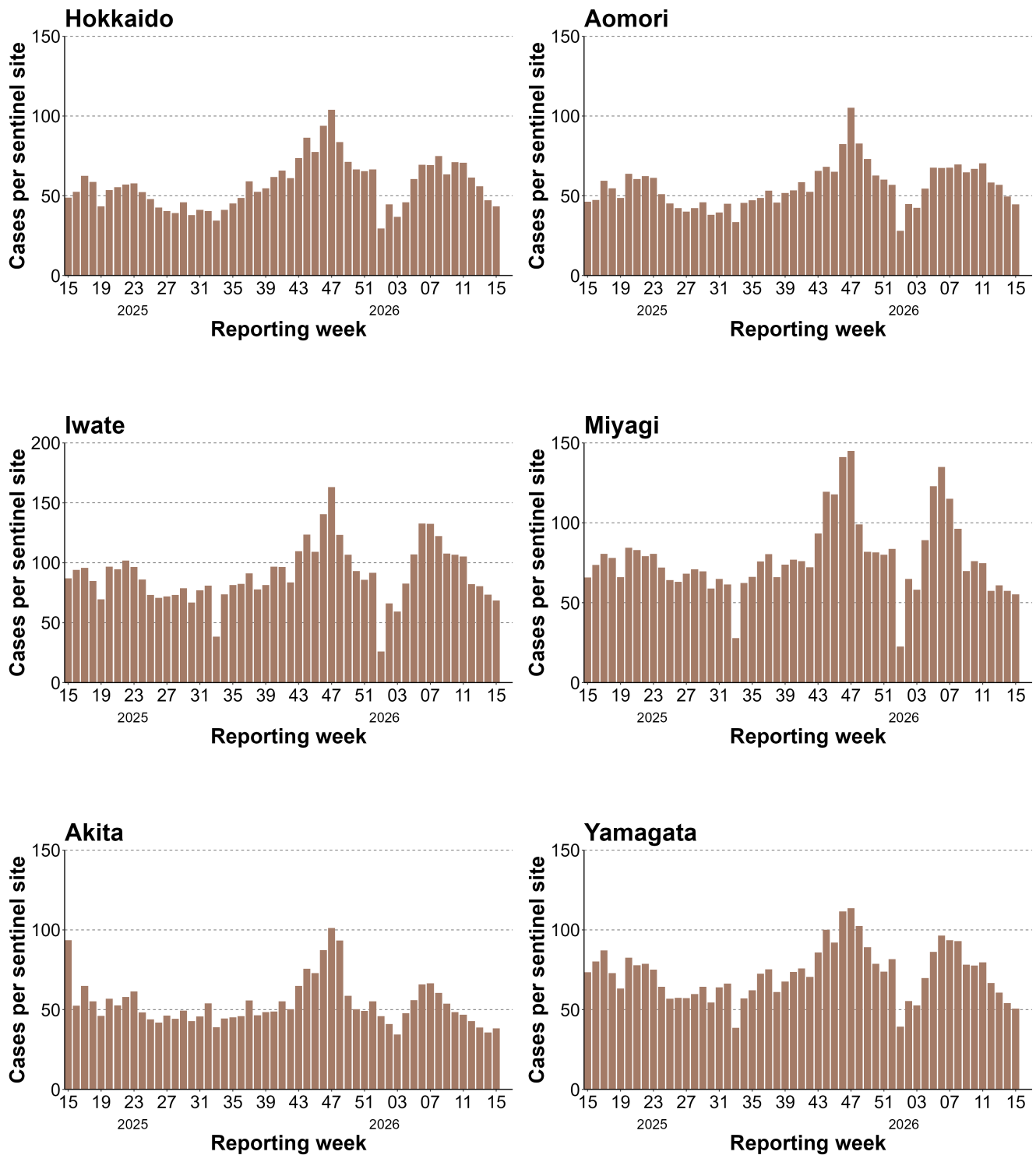
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 15

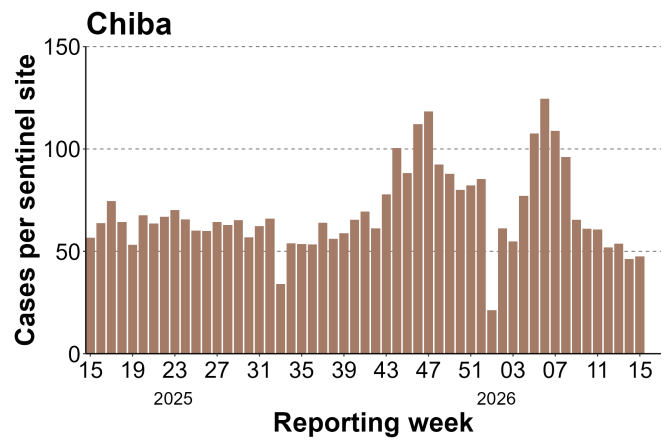
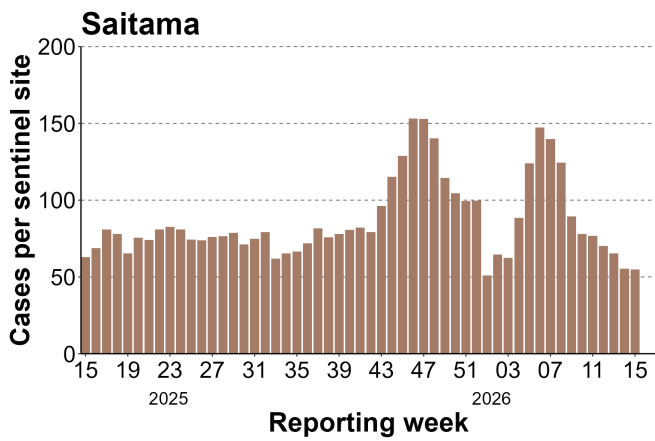
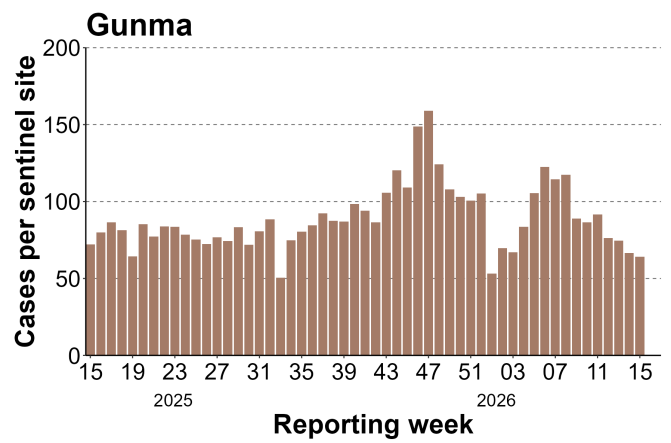
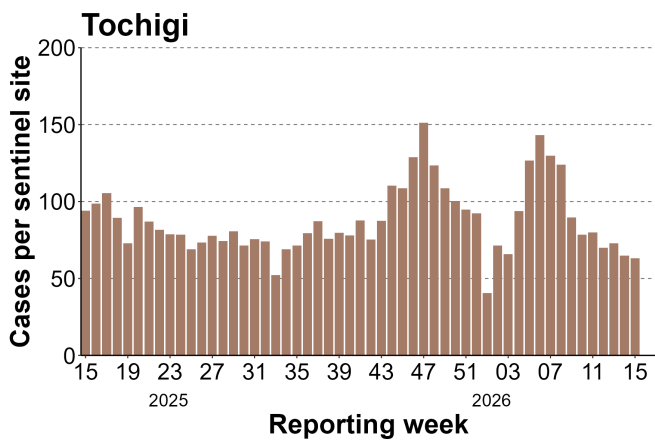
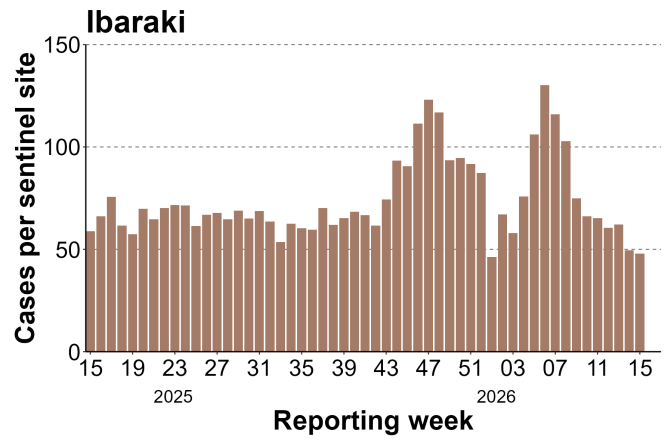
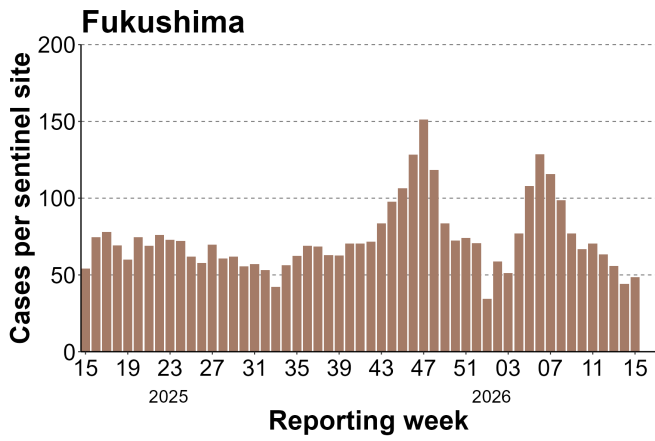
Infectious diseases	Prefectures		
Influenza	Okinawa (4.36)	Hokkaido (4.29)	Yamagata (4.03)
COVID-19	Akita (2.36)	Iwate (2.24)	Aomori (2.10)
RSV infection	Miyazaki (2.07)	Yamagata (2.04)	Nagasaki (1.94)
Pharyngoconjunctival fever	Kagoshima (1.29)	Fukuoka (0.76)	Nagasaki (0.71)
Herpangina	Kagawa (0.38)	Shimane (0.27)	Miyazaki (0.27)
Group A streptococcal pharyngitis	Tottori (7.21)	Yamagata (5.27)	Hokkaido (5.00)

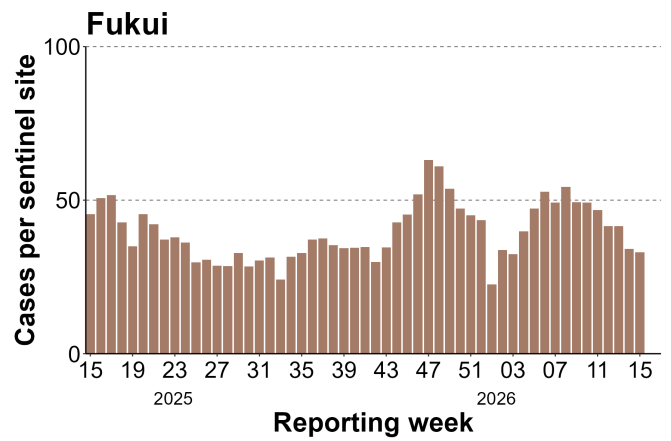
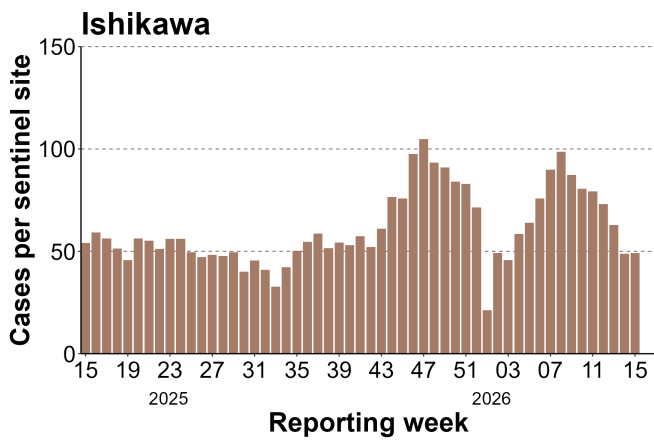
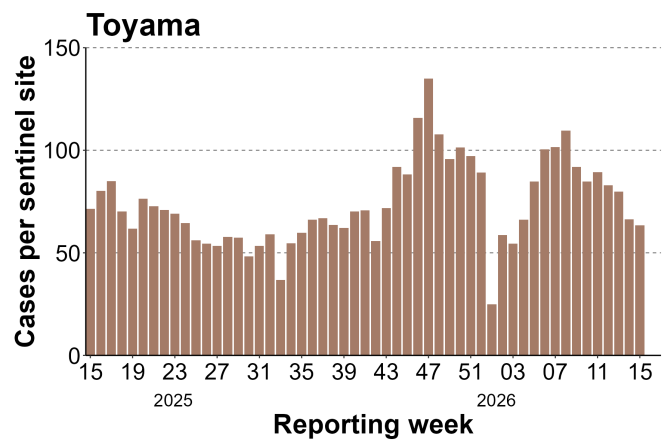
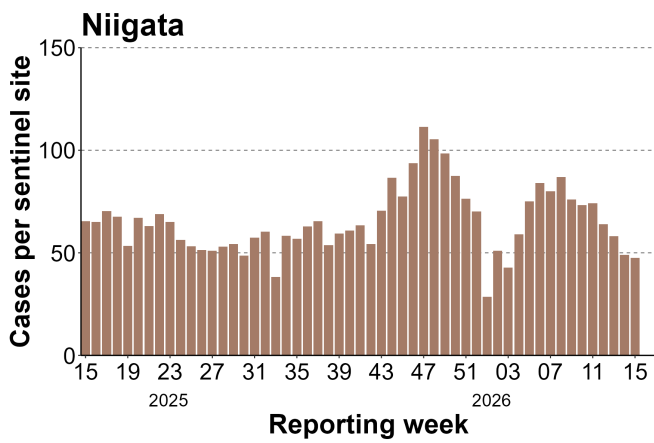
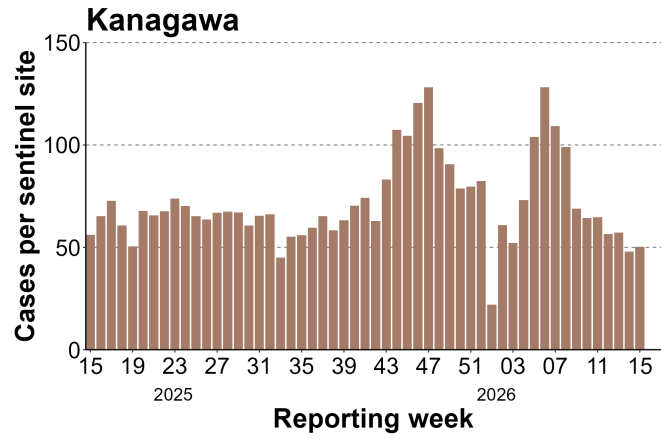
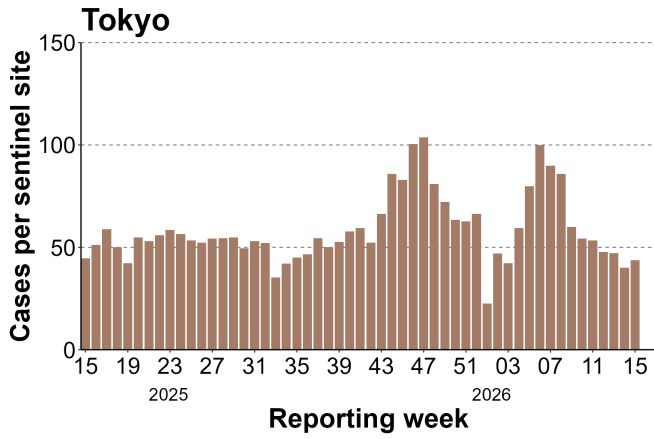
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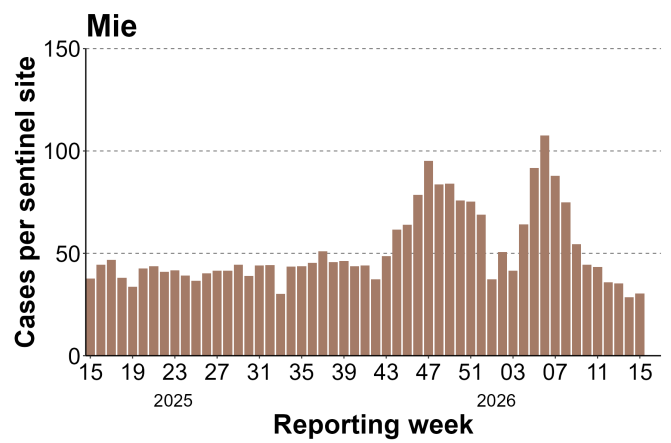
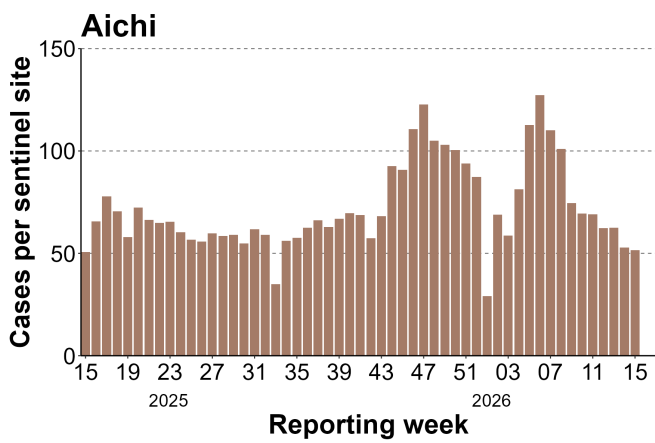
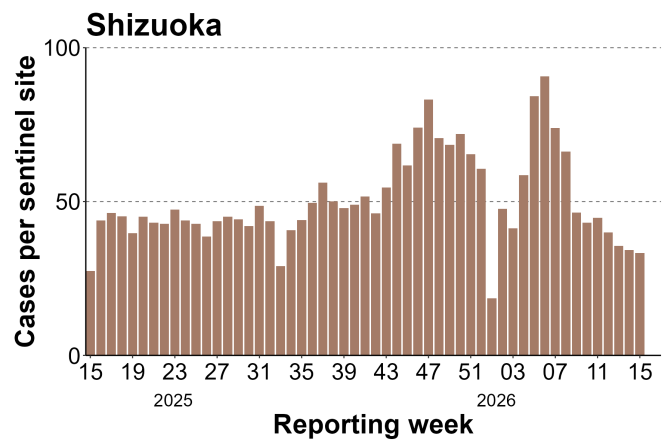
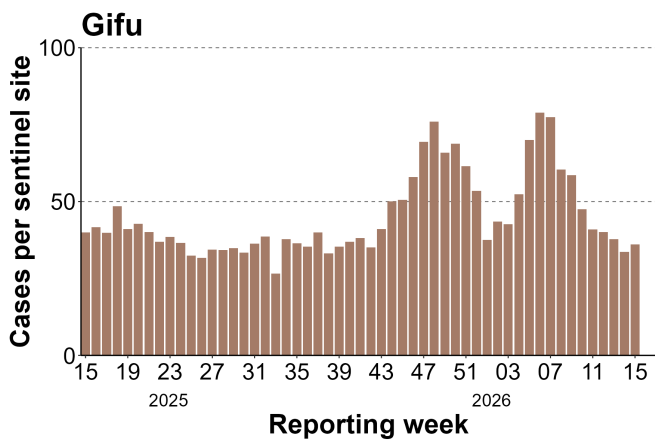
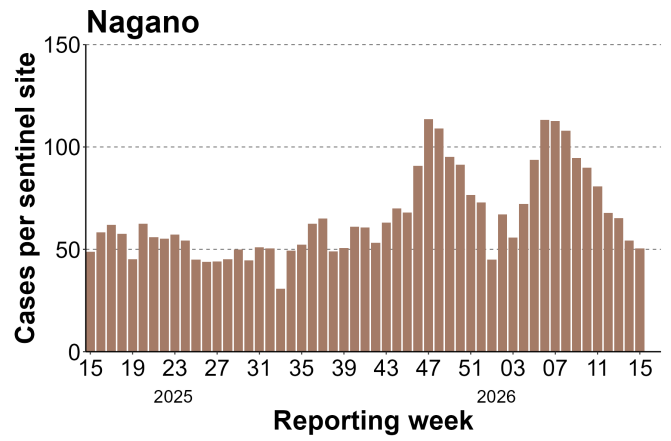
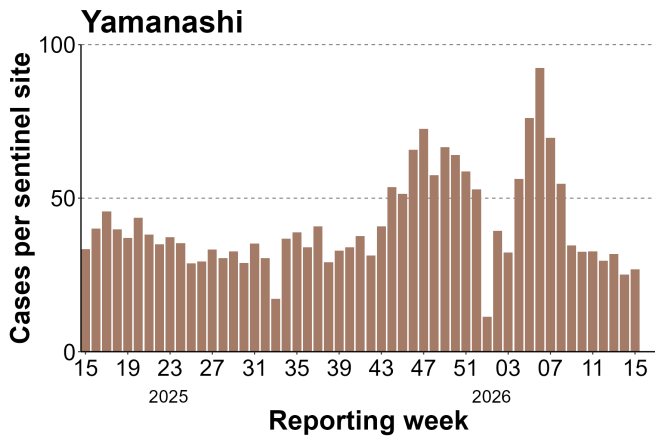
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

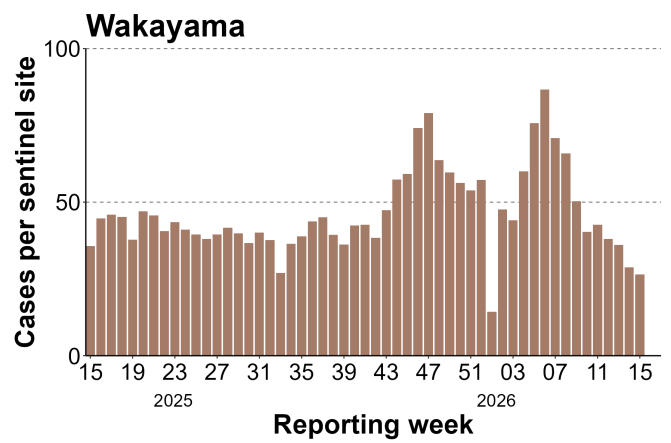
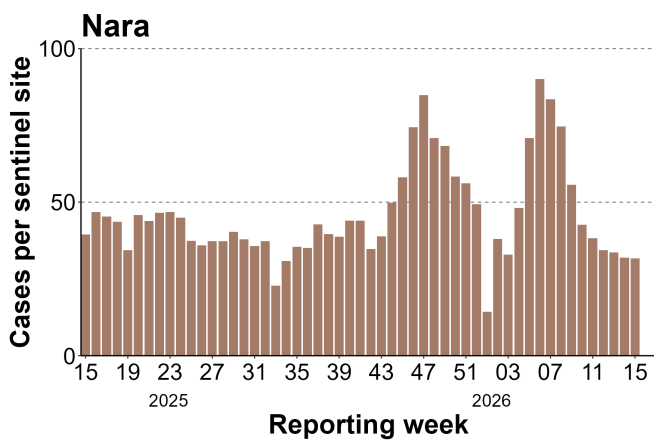
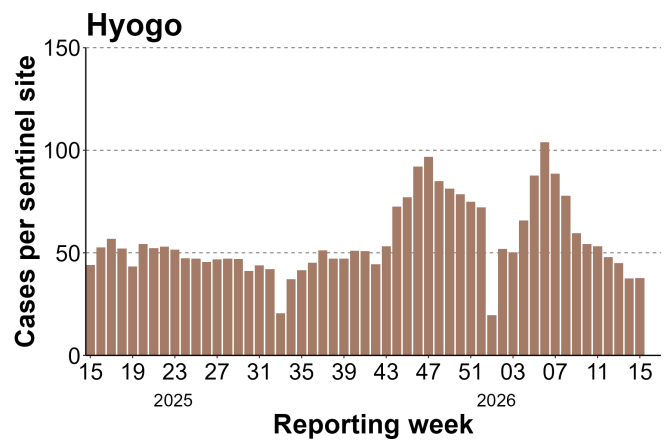
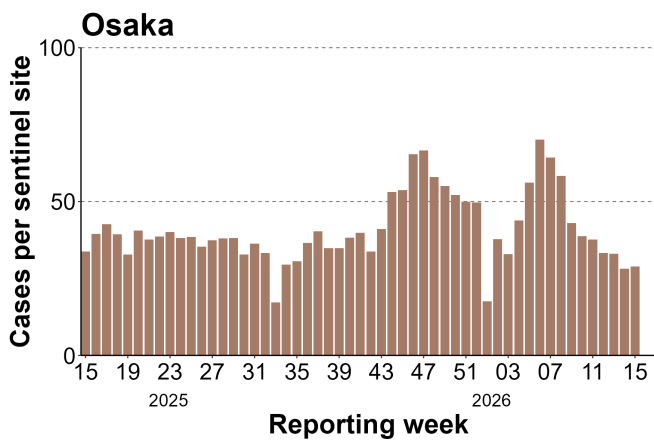
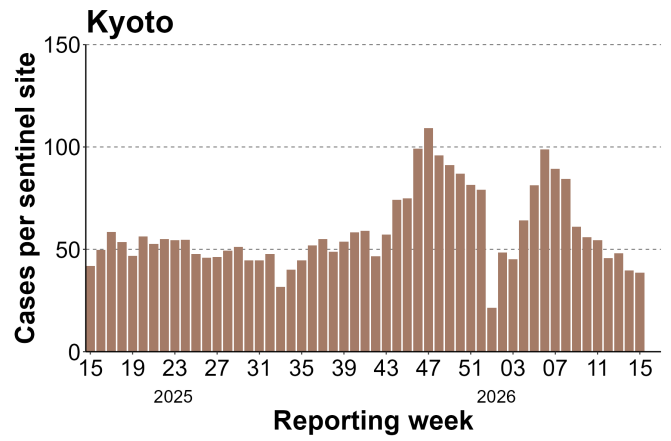
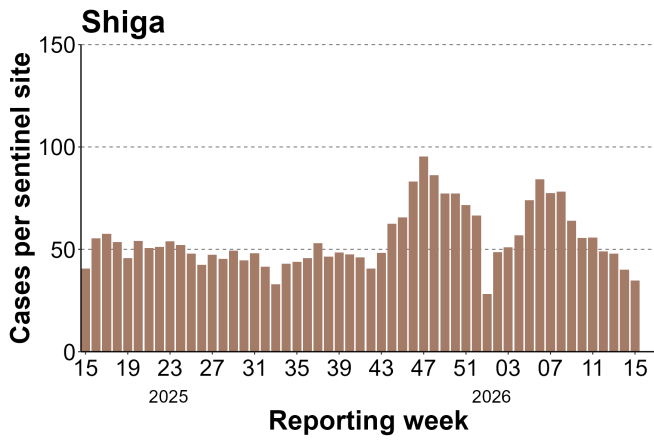
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

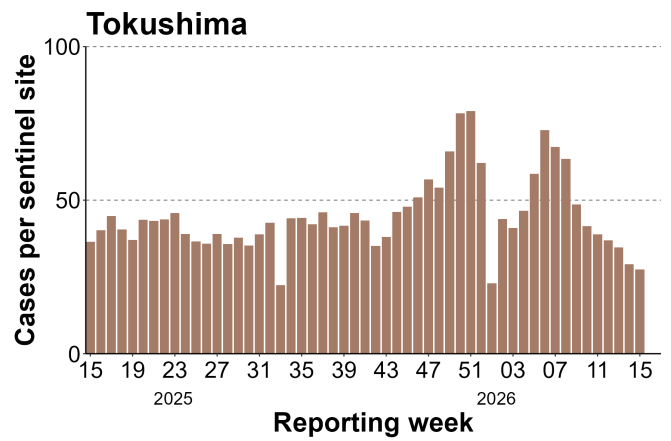
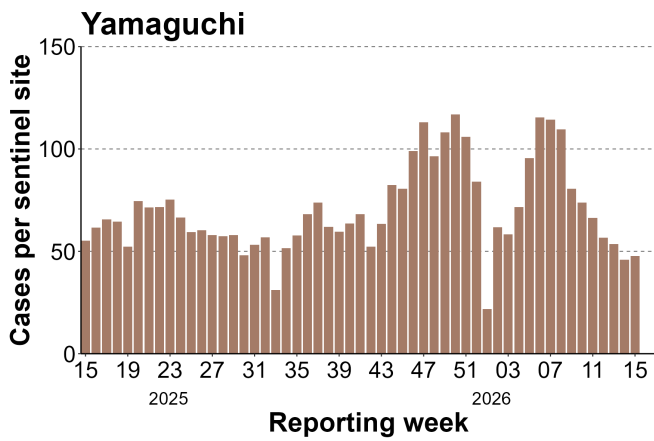
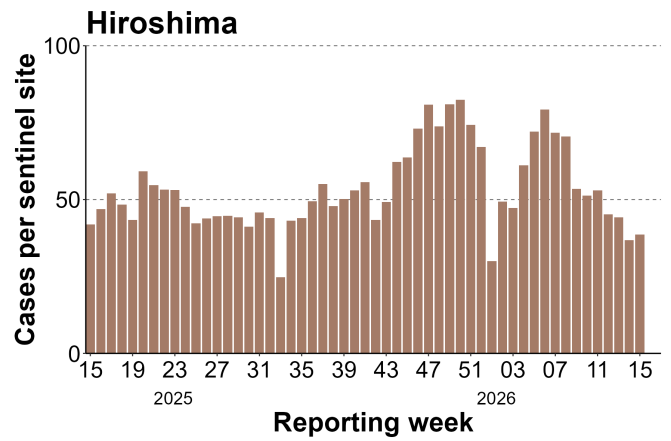
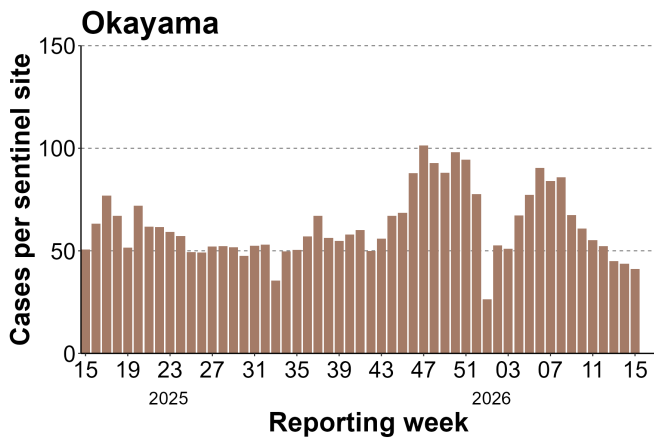
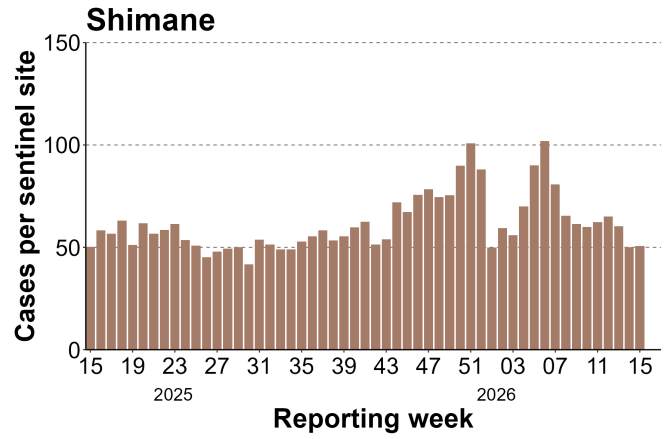
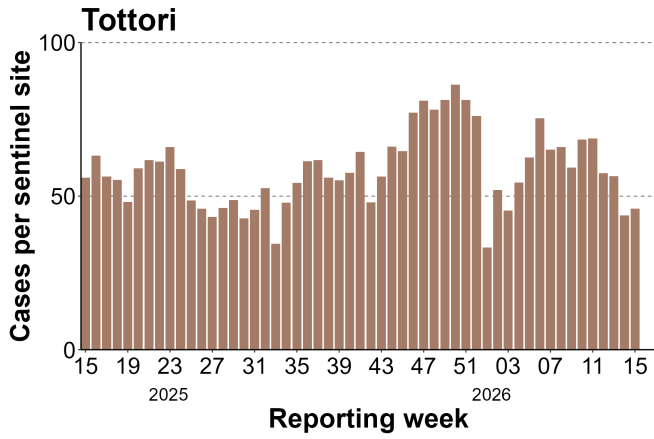


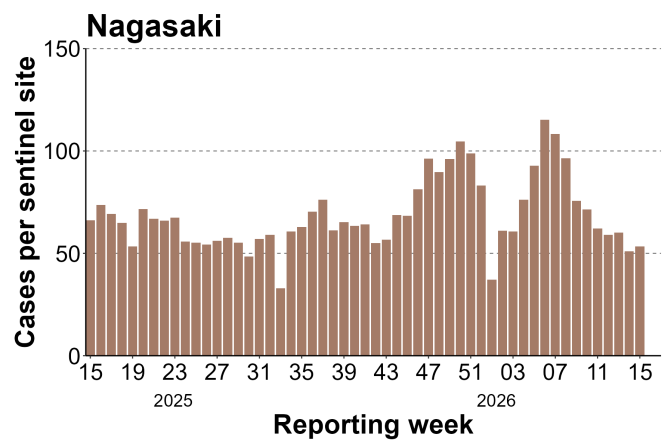
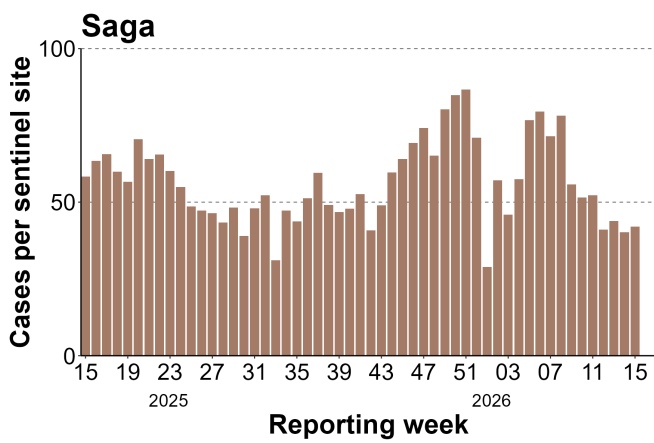
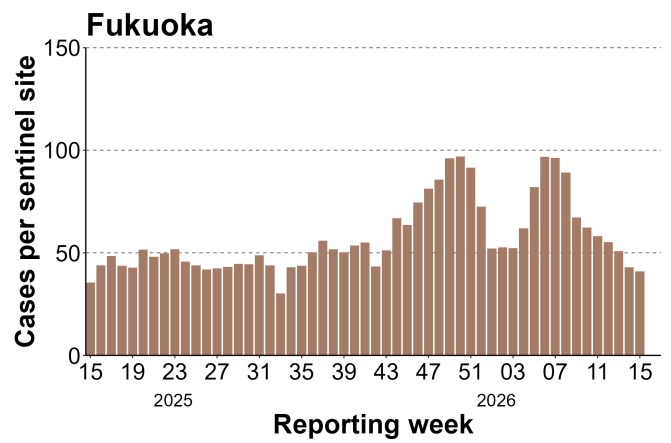
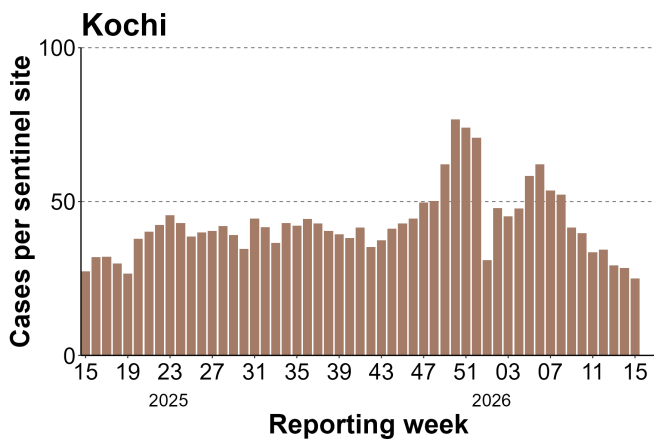
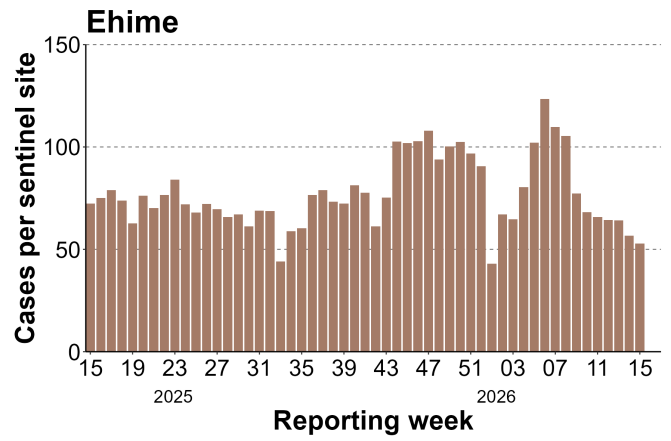
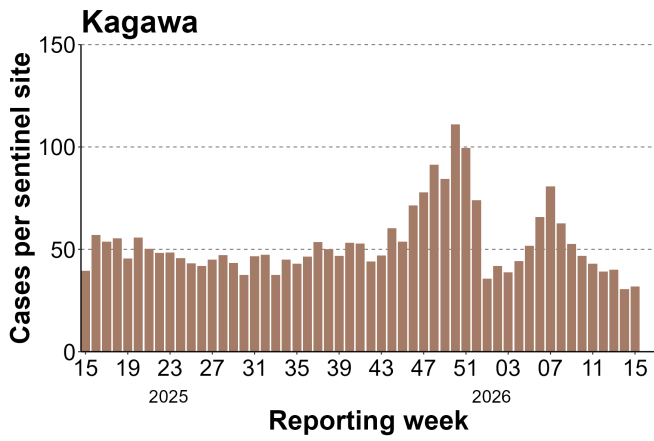


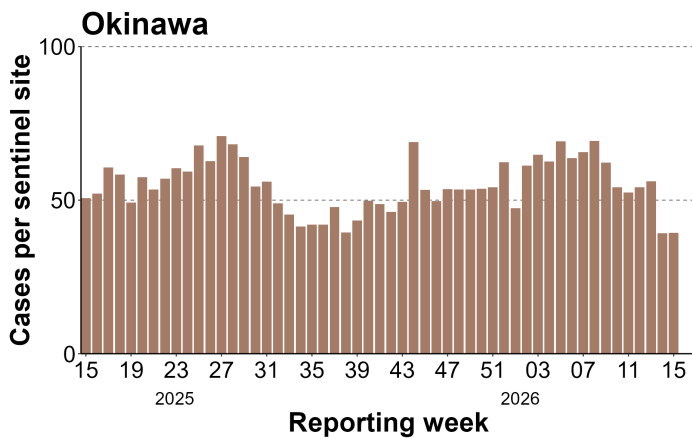
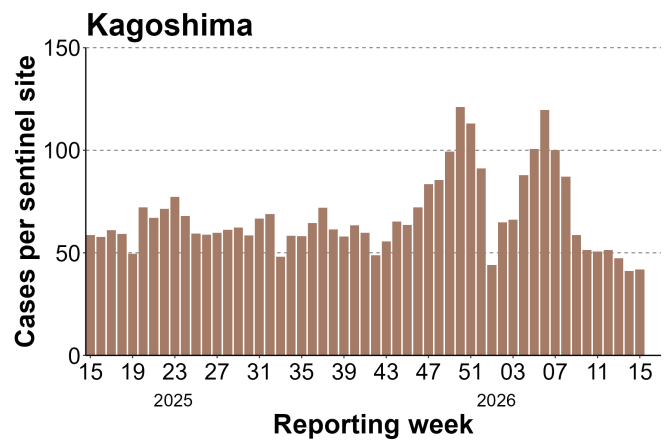
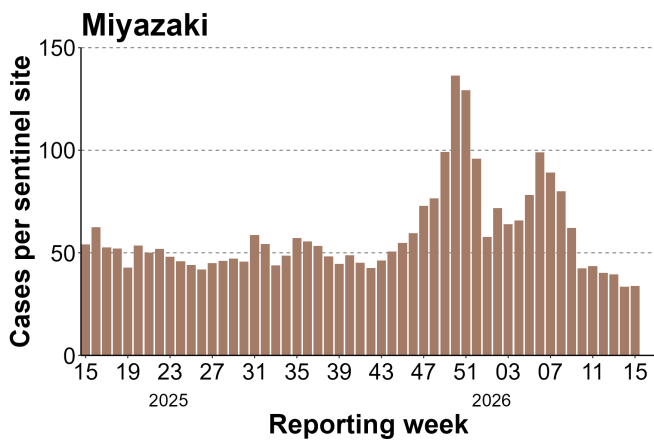
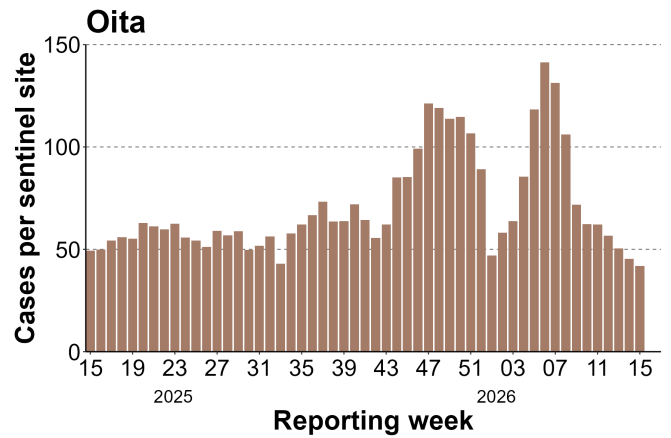
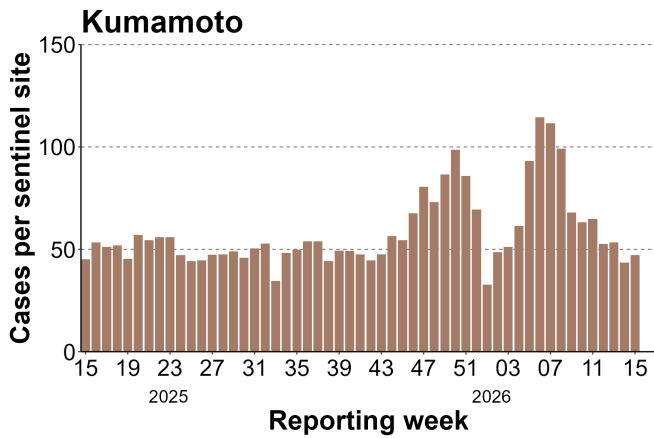












Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026)

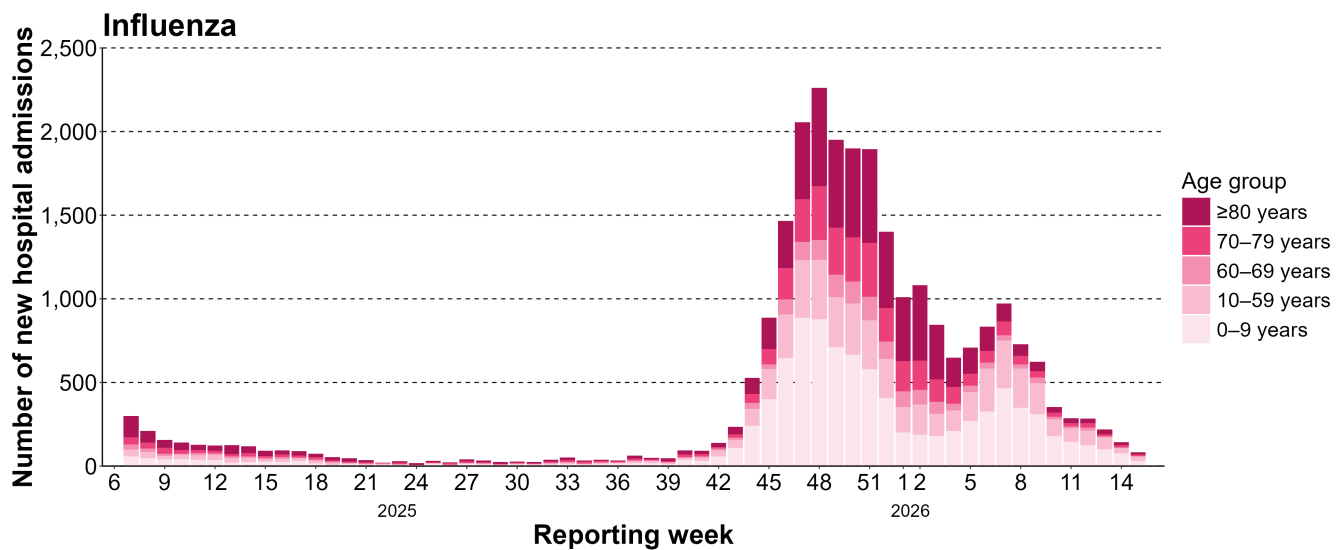
Note: The reported number of cases is a republication of the data presented in the IDWR for the corresponding week.

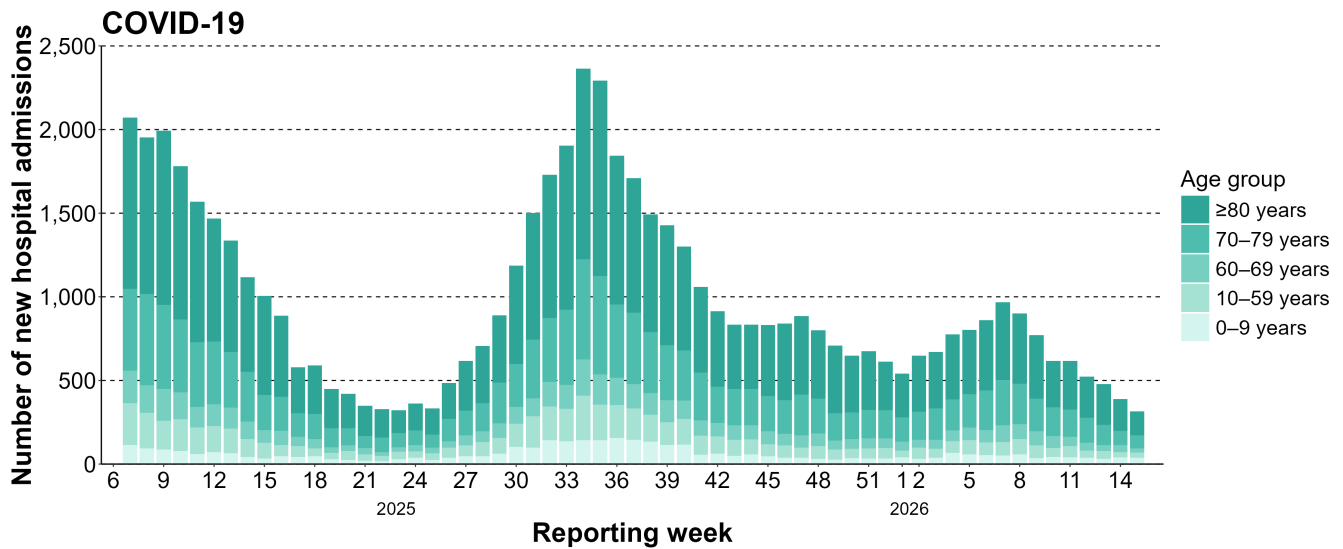
1.4. Nationwide New Hospital Admissions for Influenza and COVID-19

Trends in the number of new hospitalized patients reported from designated sentinel medical facilities in week 15 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 82 new hospitalizations due to influenza were reported, representing a decrease of 60 cases compared with the previous week. 315 new hospitalizations due to COVID-19 were reported, representing a decrease of 73 cases from the previous week.

For the number of cases and trends in each age group, please refer to Table 4.

Figure 5. The weekly number of new hospital admissions with influenza and COVID-19 reported by designated sentinel hospitals





Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026)

Table 4. Number of new hospital admissions and week-on-week ratio by age group, reported from designated sentinel hospitals in week 15

Age group	Influenza	COVID-19
0-9 years	32	37
	(0.42)	(0.90)
10-59 years	24	33
	(0.75)	(1.06)
60-69 years	5	24
	(1.25)	(0.56)
70-79 years	8	77
	(0.62)	(0.93)
≥80 years	13	144
	(0.76)	(0.76)
Total	82	315
	(0.58)	(0.81)

Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 6, 2026 – April 12, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

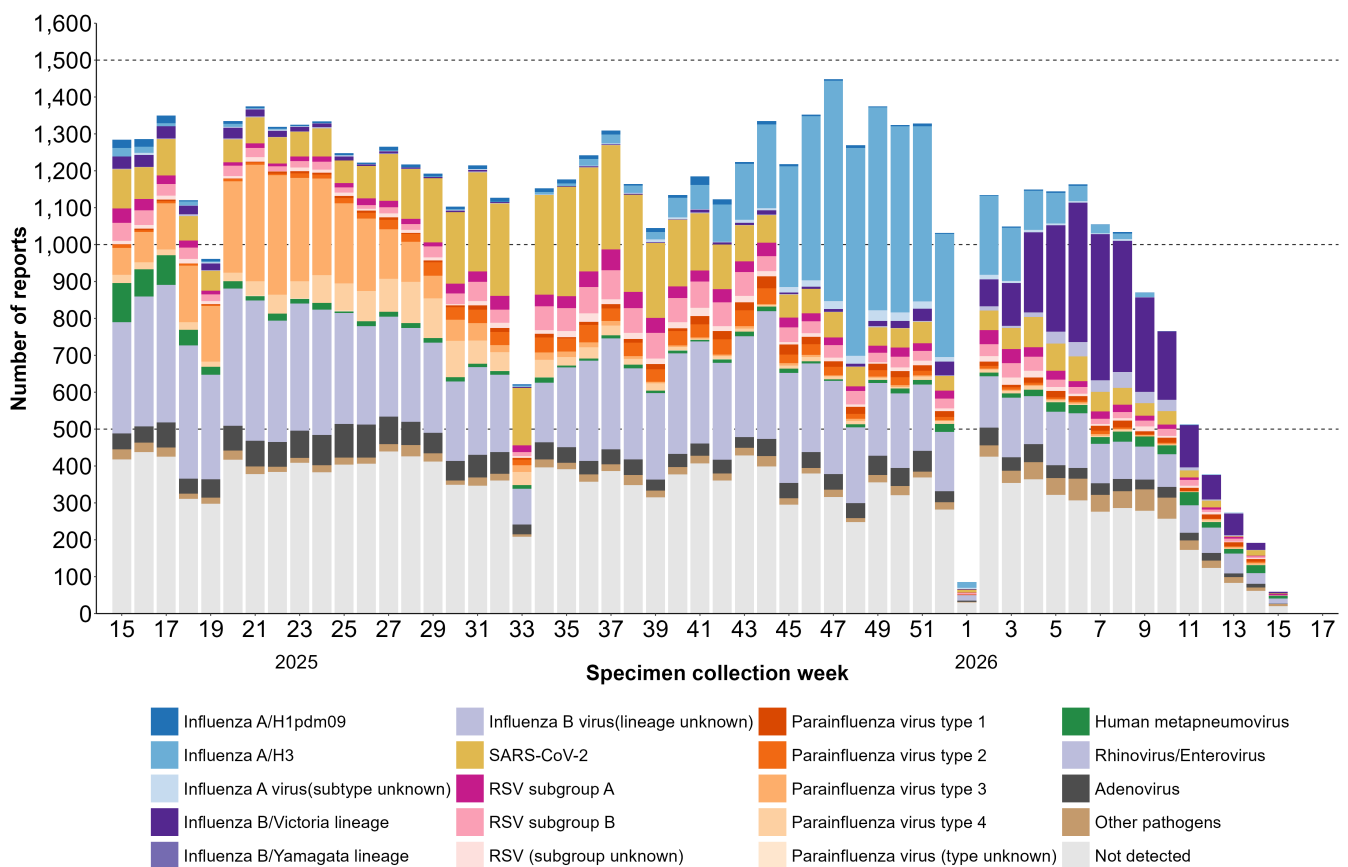
Among specimens collected at ARI pathogen sentinel sites (hereafter referred to as ARI pathogen sentinel sites) in week 15 of 2026 and reported by the time of analysis, a total of 54 specimens were reported. Of these, 0 specimens were positive for influenza A virus, 4 specimens for influenza B virus, 2 specimens for SARS-CoV-2, and 5 specimens for RSV tested positive (Figure 6).

The pathogen-specific test positivity was 0% for influenza A virus, 7.4% for influenza B virus, 3.7% for SARS-CoV-2, and 9.3% for RSV (Figure 7).

Specimens collected in week 10 (March 2–8) have mostly been registered with test results at the time of aggregation. For the numbers and the most frequently detected pathogen by region, please refer to Table 5.

Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in reference 1. For week 15, 1specimens of RSV and 1specimens of rhinovirus/enterovirus were reported.

Figure 6. The weekly number of detected pathogens based on specimen collection week



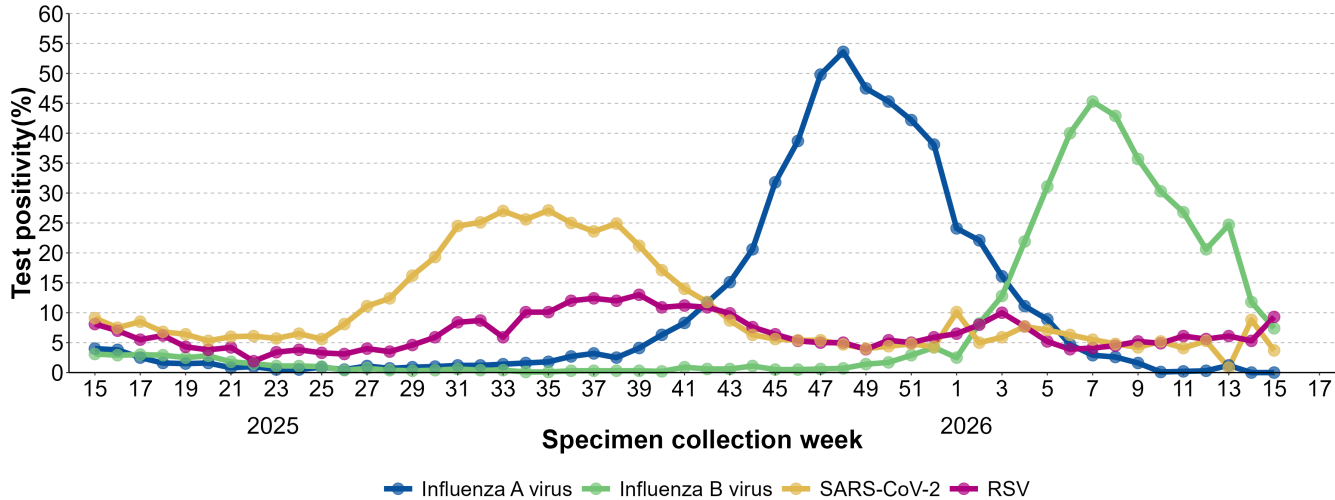
Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026).

Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports. When multiple pathogens are detected from a single specimen, all detected pathogens are counted.

“Rhinovirus/Enterovirus” indicates that either rhinovirus or/and enterovirus was detected.

“Other pathogens” denotes detection of pathogens not listed in the legend. For weeks and regions with no detection or no reports, it should be noted that this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

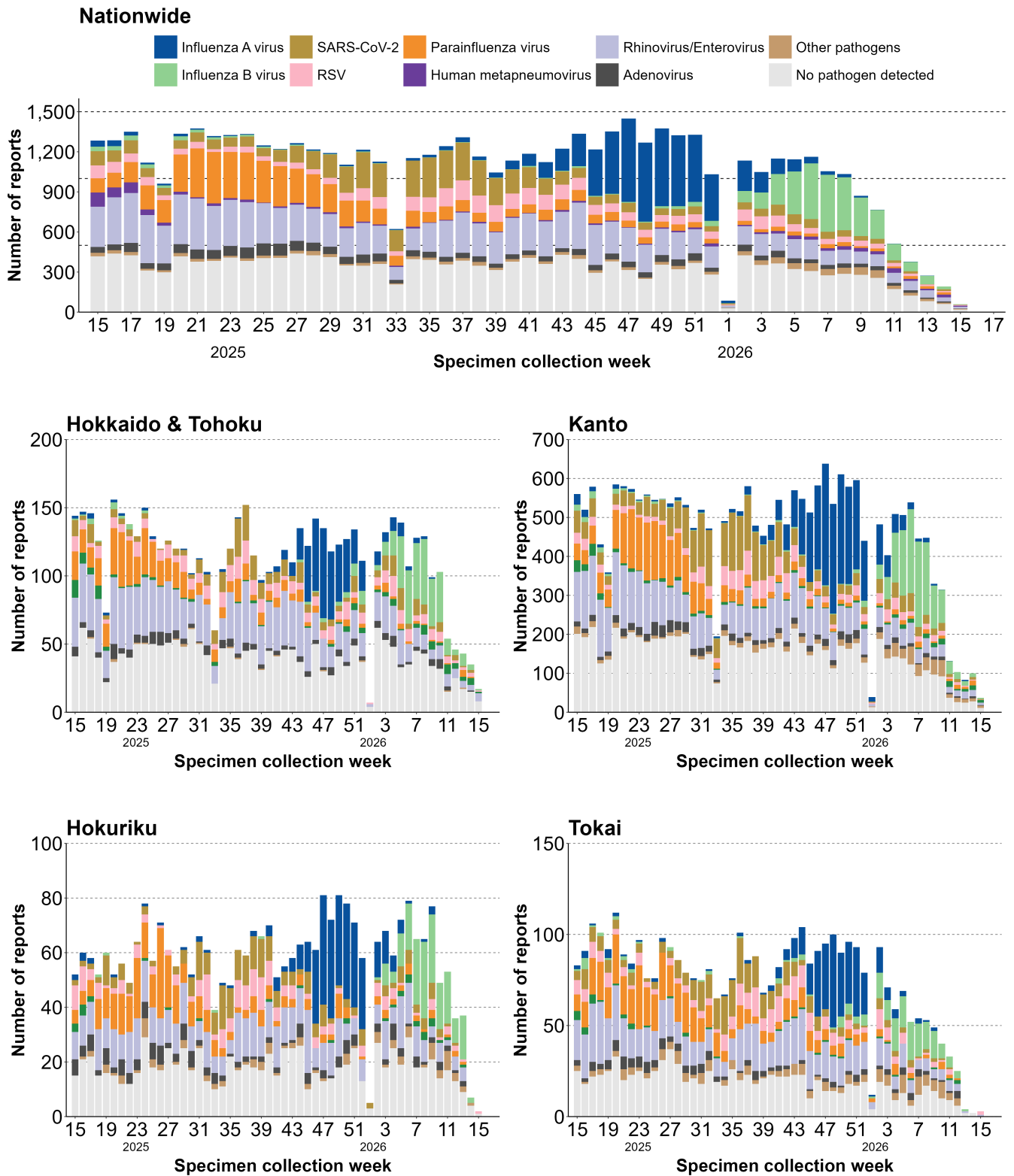
Figure 7. The weekly pathogen-specific test positivity based on specimen collection week

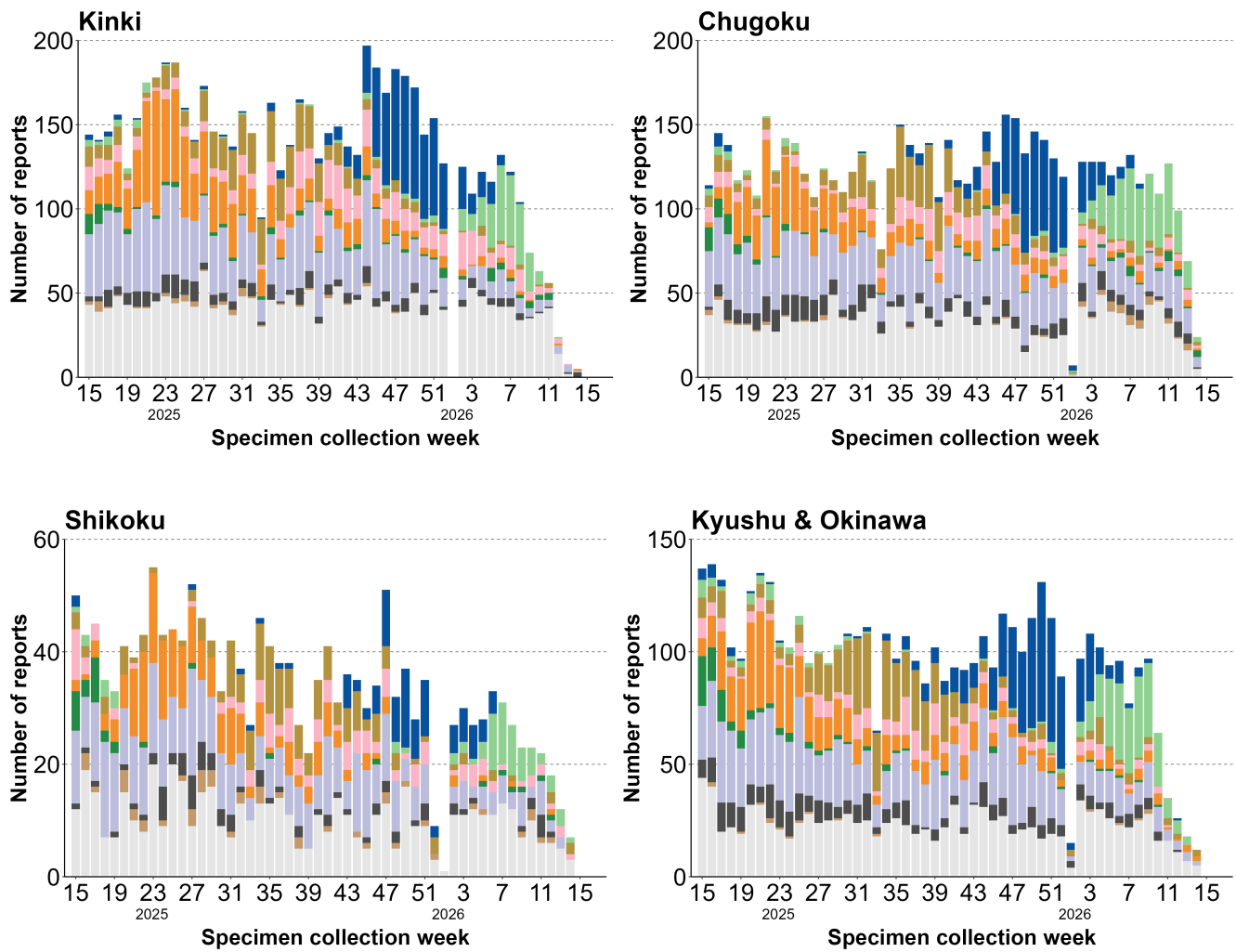


Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026).

Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: $(\text{number positive} / \text{number tested}) \times 100$. Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports.

Figure 8. Weekly reported cases by pathogen at the national and regional levels, by specimen collection week





Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 – April 12, 2026).

Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation and may not necessarily match figures published in previous reports. When multiple pathogens are detected from a single specimen, all detected pathogens are counted. “Rhinovirus/enterovirus” indicates that either rhinovirus or enterovirus was detected. “Other pathogens” refers to pathogens not listed in the legend. For weeks and regions with no detection or no reports, it should be noted that this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

Table 5. Number of specimens and most frequently detected pathogen by region in week 15

Region	Number of specimens	Most frequently detected pathogen
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Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	99	Influenza B virus
Kanto	292	Influenza B virus
Hokuriku	46	Influenza B virus
Tokai	33	Other pathogens
Kinki	61	Influenza B virus
Chugoku	102	Influenza B virus
Shikoku	22	Influenza B virus
Kyushu & Okinawa	57	Influenza B virus

Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 6, 2026 – April 12, 2026)

Definition of region

Hokkaido & Tohoku: Hokkaido, Aomori, Iwate, Miyagi, Akita, Yamagata, Fukushima

Kanto: Ibaraki, Tochigi, Gunma, Saitama, Chiba, Tokyo, Kanagawa, Yamanashi, Nagano

Hokuriku: Niigata, Toyama, Ishikawa, Fukui

Tokai: Gifu, Shizuoka, Aichi, Mie

Kinki: Shiga, Kyoto, Osaka, Hyogo, Nara, Wakayama

Chugoku: Tottori, Shimane, Okayama, Hiroshima, Yamaguchi

Shikoku: Tokushima, Kagawa, Ehime, Kochi

Kyushu & Okinawa: Fukuoka, Saga, Nagasaki, Kumamoto, Oita, Miyazaki, Kagoshima, Okinawa

Interpretive Notes

Sentinel definitions and the composition of reporting sites changed on 7 April 2025 (week 15). Time-series comparisons across this date must be interpreted with caution. Figures in the original report demarcate this change.

Reporting tends to decrease during certain holiday periods, such as the year-end/New Year holidays (around weeks 52–1), Golden Week (around week 18), the Obon holidays (around week 33), and Silver Week (around week 39). The specific weeks may vary by year depending on the arrangement of public holidays and weekends.

“Cases per sentinel site” reflect both disease activity and care-seeking/reporting behavior; shifts in the denominator (participation, holidays) can influence observed levels.

Counts are provisional and subject to backfill due to delayed reporting and data

correction.

Laboratory surveillance data shown for all weeks reflect the information available at the time of compilation. Testing items for specimens collected may vary, depending on municipalities or regional public health laboratories. In addition, because the time required for testing and reporting differs among these laboratories, the number of pathogen detections for a given specimen collection week may be delayed or later revised. Thus, aggregated values should be considered provisional.

References

●Infectious Diseases Weekly Report (IDWR)

<https://id-info.jihs.go.jp/en/surveillance/idwr/index.html>

●Infectious Agents Surveillance Report (IASR)

<https://id-info.jihs.go.jp/en/surveillance/iasr/index.html>

●Japan Institute for Health Security (JIHS) The Infectious Disease Information Website

<https://id-info.jihs.go.jp/en/>

●Ministry of Health, Labour and Welfare website [Japanese]

•Acute Respiratory Infection (ARI)

<https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou/kekkaku-kansenshou19/ari.html>

•Influenza

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/kekkaku-kansenshou/infuleenza/index.html

•COVID-19

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html

•RSV infection

https://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou19/rs_qa.html

•Pharyngoconjunctival fever

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/kekkaku-kansenshou/pcf.html

•Herpangina

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/kekkaku-kansenshou/herpangina.html

●Graphical Overview of Infectious Diseases

https://www.jihs.go.jp/content10/030/en_Dashboard.html

●Genomic surveillance of SARS-CoV-2 (including quarantine specimens and specimens from incoming travelers)[Japanese]

<https://id-info.jihs.go.jp/surveillance/iasr/45/532/article/030/index.html>

●Sariants of SARS-CoV-2[Japanese]

<https://id-info.jihs.go.jp/relevant-information/covid-19/variants/index.html>

Supplementary information 1: Test results by specimen collection week using fully automated genetic testing systems

Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
Influenza A/H1	0	0	0	0	0	0
Influenza A/H1pdm09	0	0	0	0	0	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	0	2	1	0	0	0
Influenza B virus	7	8	3	2	1	0
SARS-CoV-2	2	0	1	0	2	0
RSV	1	1	0	0	0	1
Parainfluenza virus 1	0	1	0	0	0	0
Parainfluenza virus 2	0	0	0	0	0	0
Parainfluenza virus 3	0	0	0	0	0	0
Parainfluenza virus 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	0	0	3	2	0	0
Rhinovirus/Enterovirus	3	3	5	2	0	1
Human metapneumovirus	0	0	1	0	1	0
Adenovirus	0	0	2	0	0	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	0	0	0
Coronavirus OC43	3	2	1	0	0	0
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0

Pathogen	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
Chlamydia pneumoniae	0	0	1	0	0	0
Mycoplasma pneumoniae	1	0	1	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: March 02, 2026 to April 12, 2026)

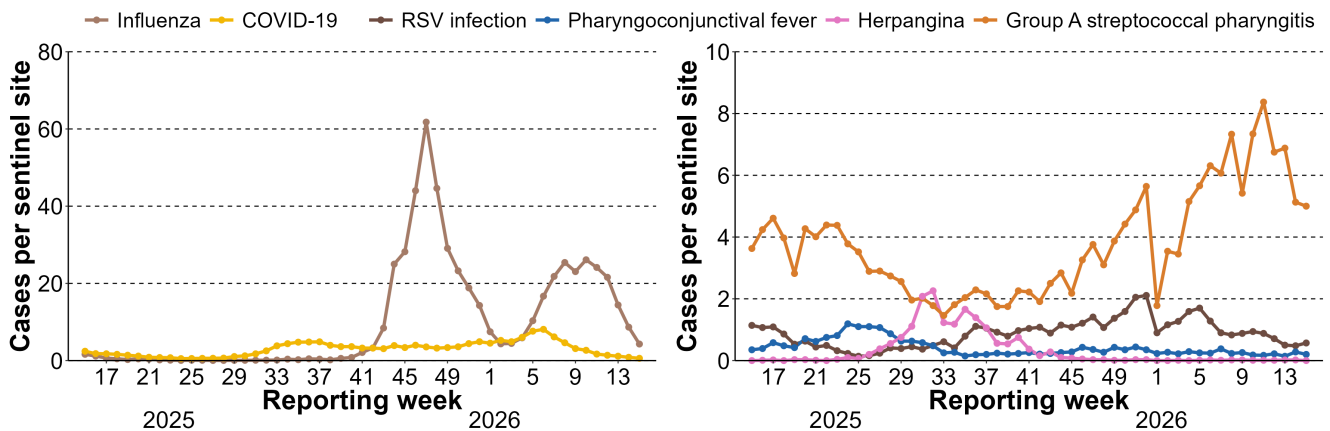
Note: As reporting is based on voluntary participation by medical institutions, the number of reported cases should be interpreted as reference values. A total of 19 medical institutions participated between week 10 and week 15.

Note: Rhinovirus/enterovirus indicates detection of either rhinovirus or enterovirus.

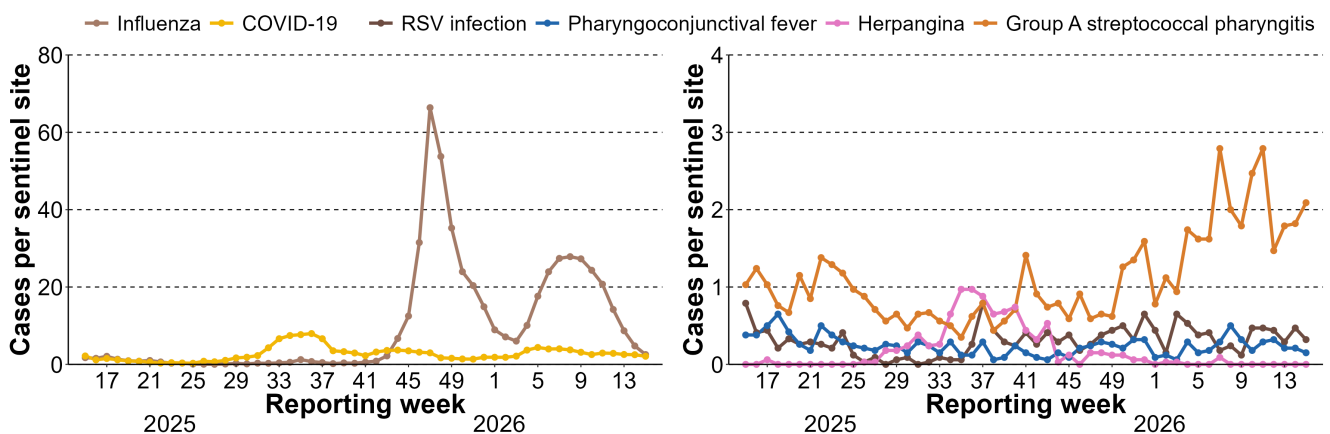
Note: Records labeled only as “cov” or “flu” are excluded from this table.

Supplementary information 2. Weekly cases per sentinel site by prefecture for each disease

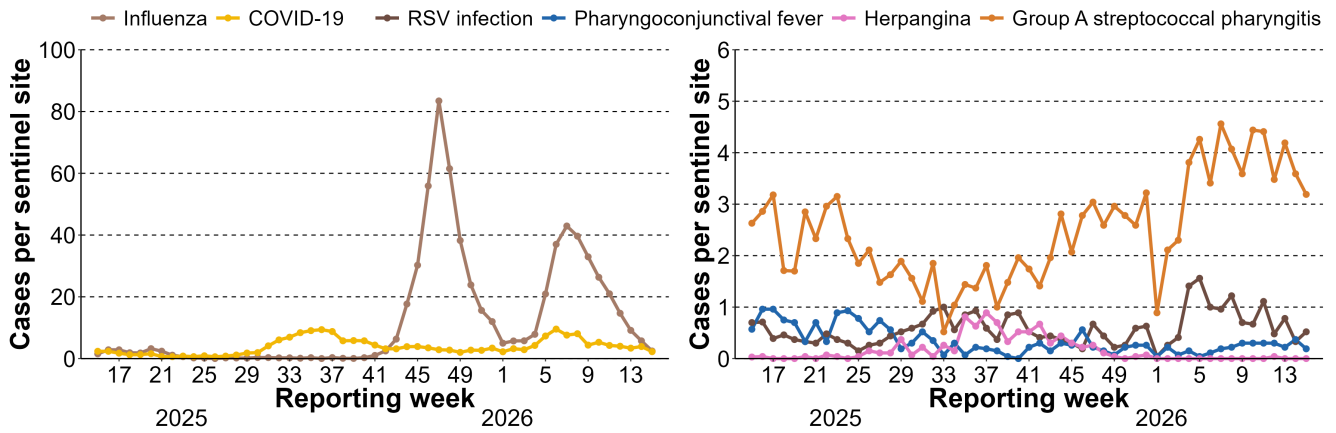
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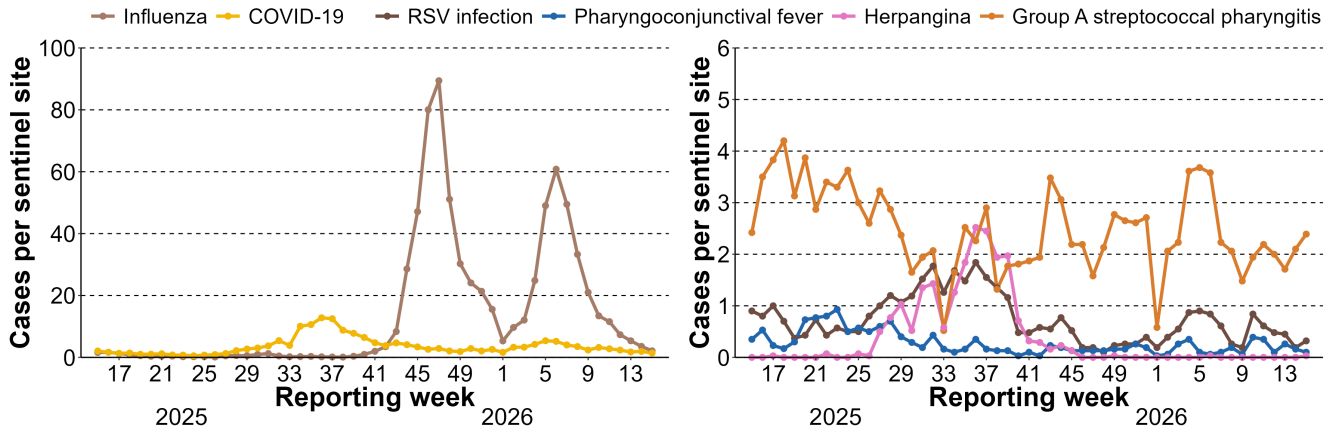
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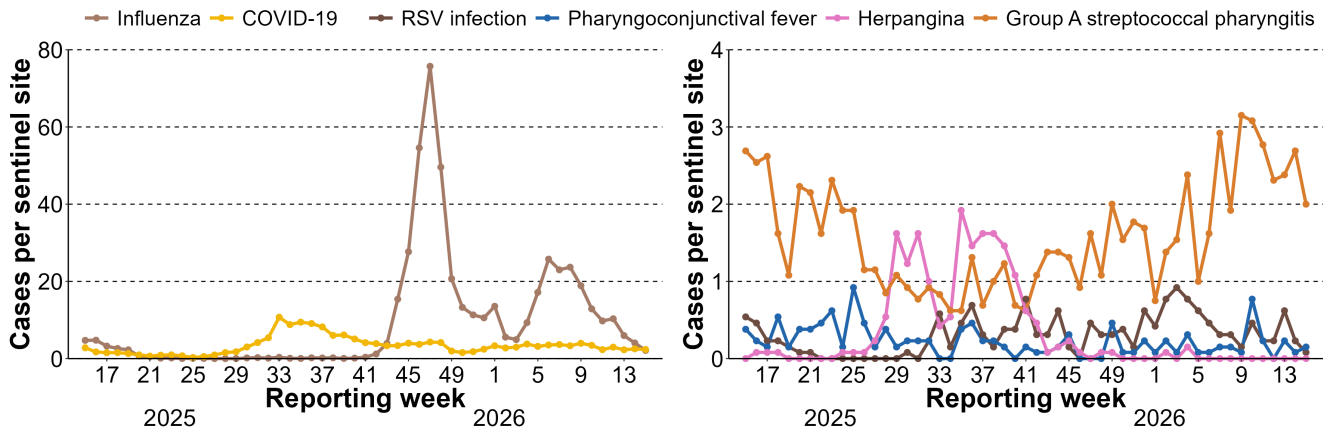
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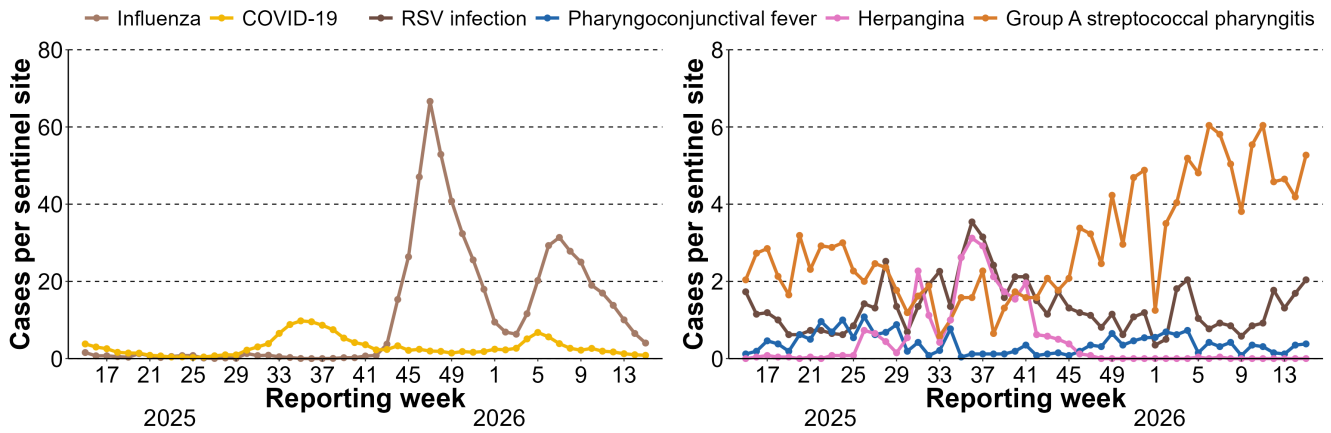
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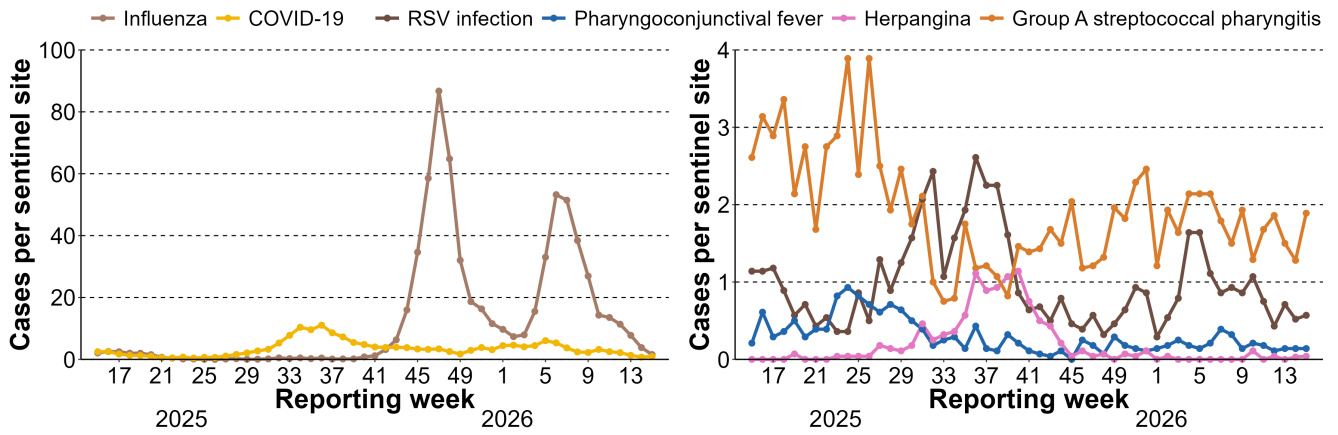
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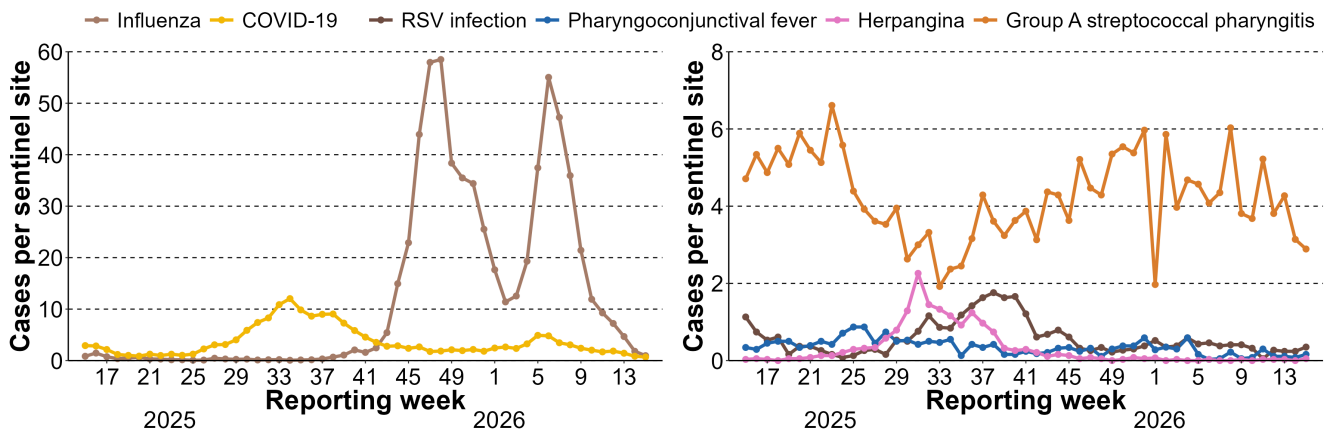
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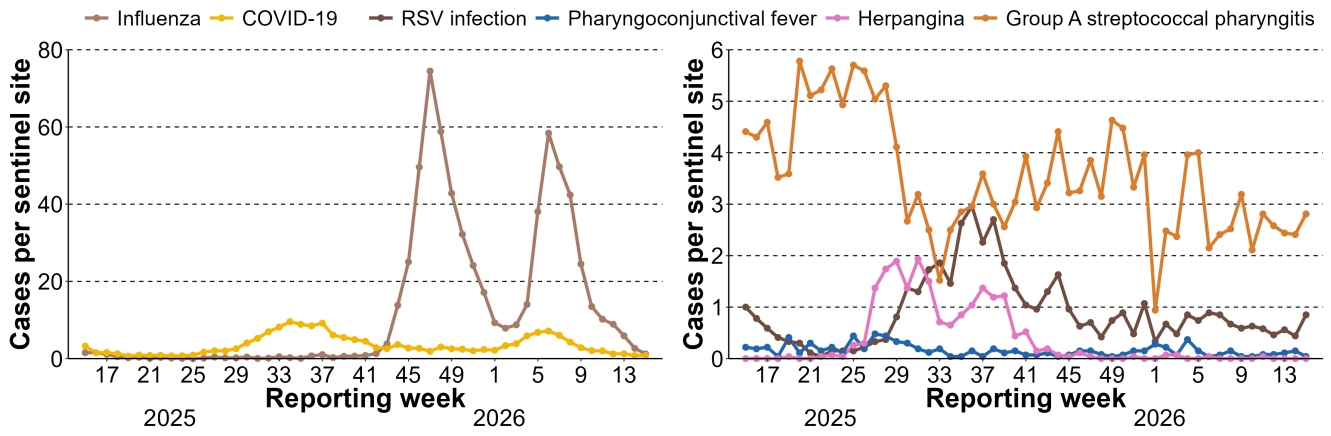
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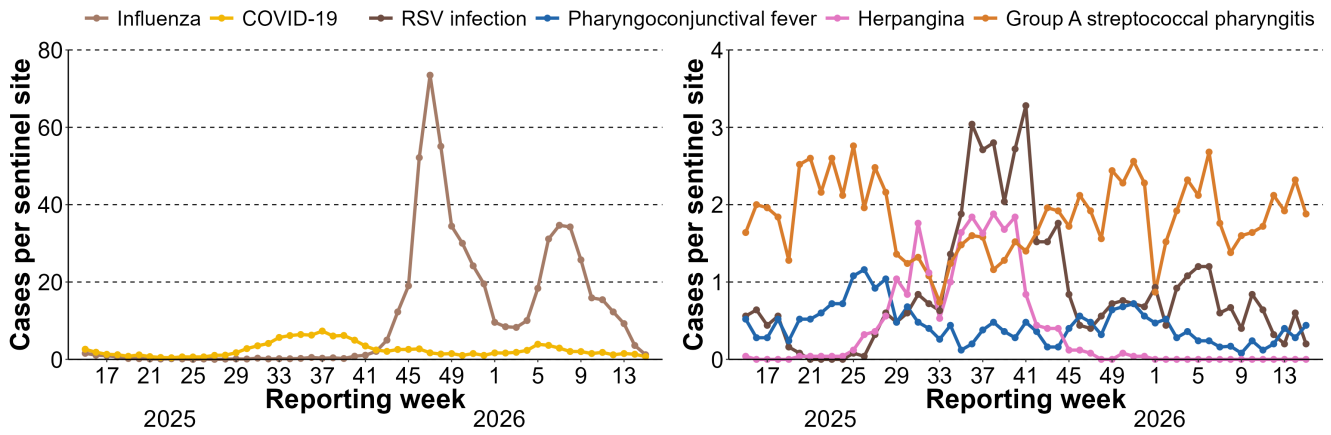
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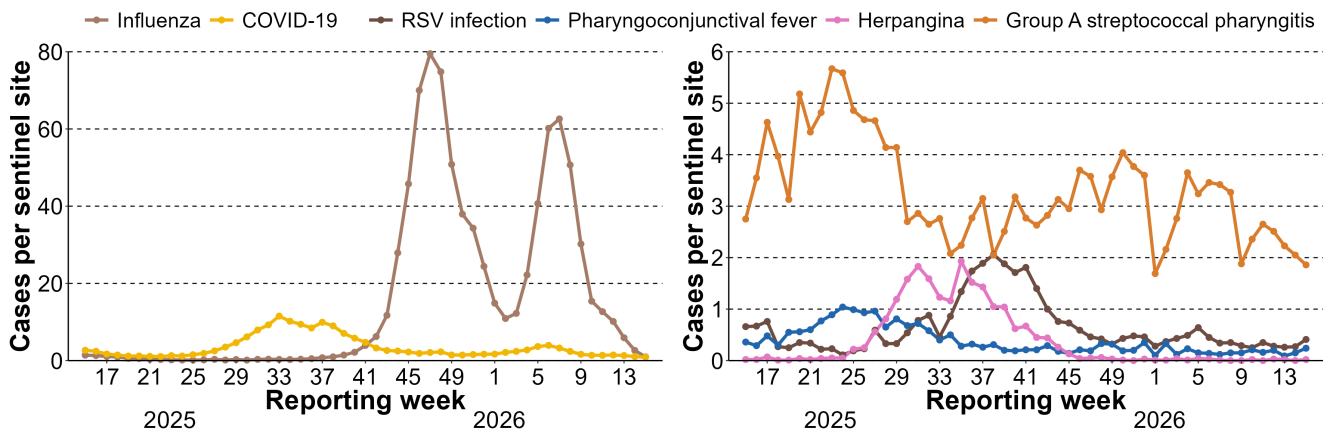
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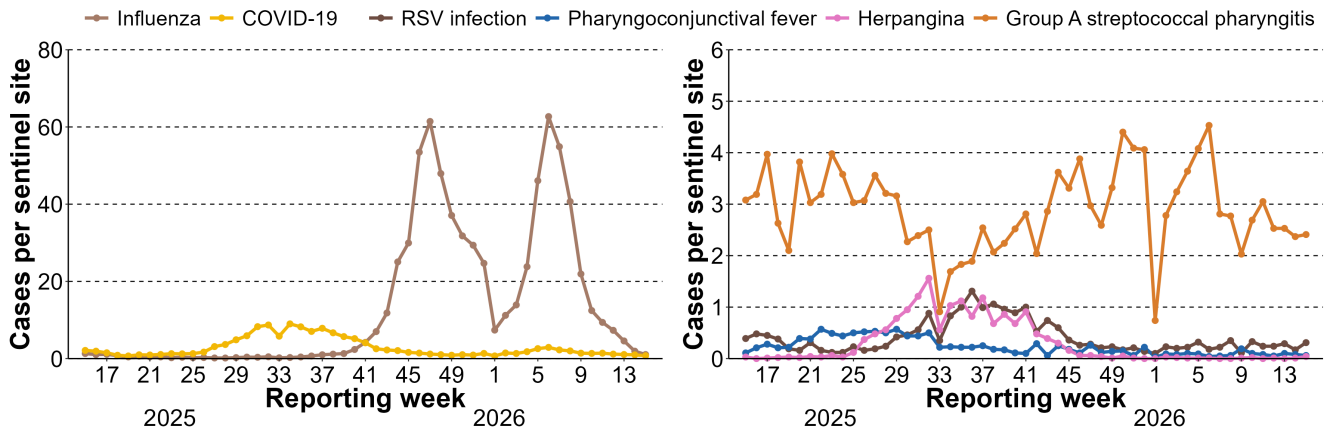
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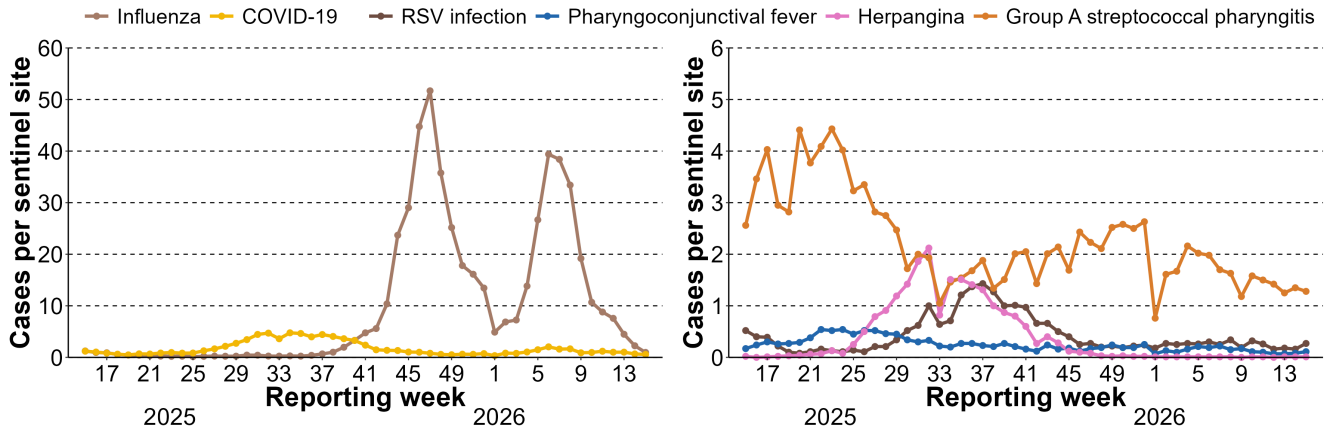
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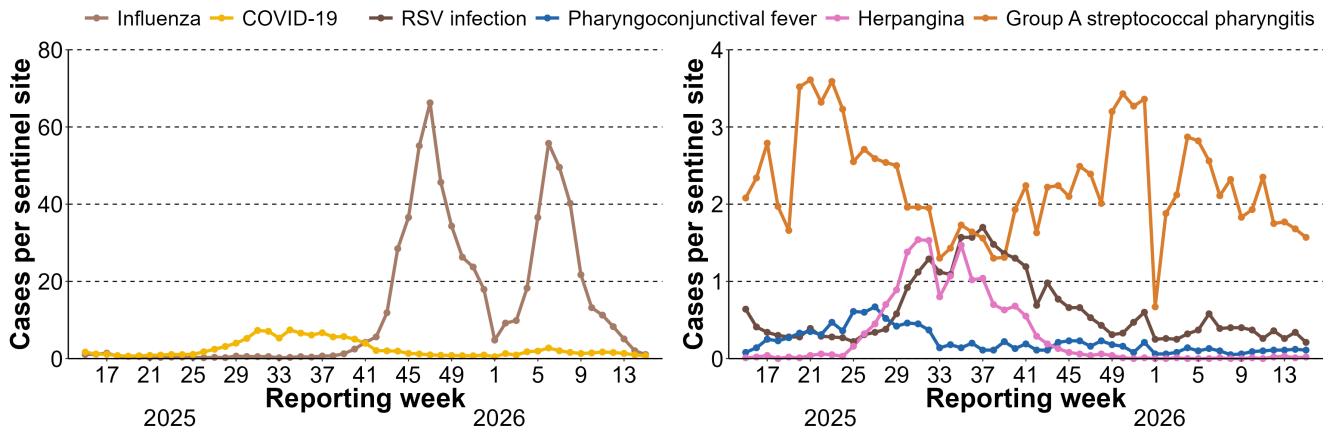
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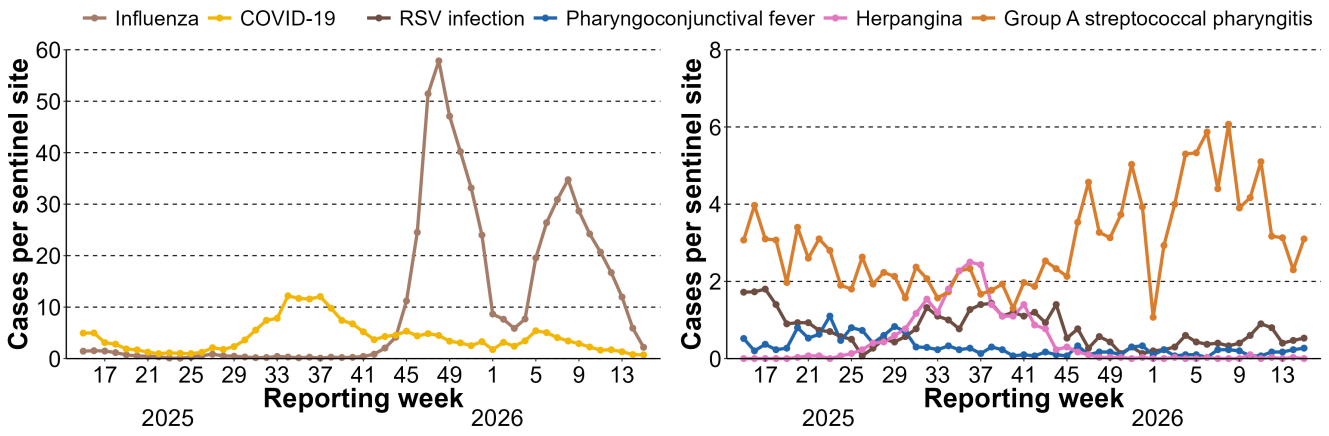
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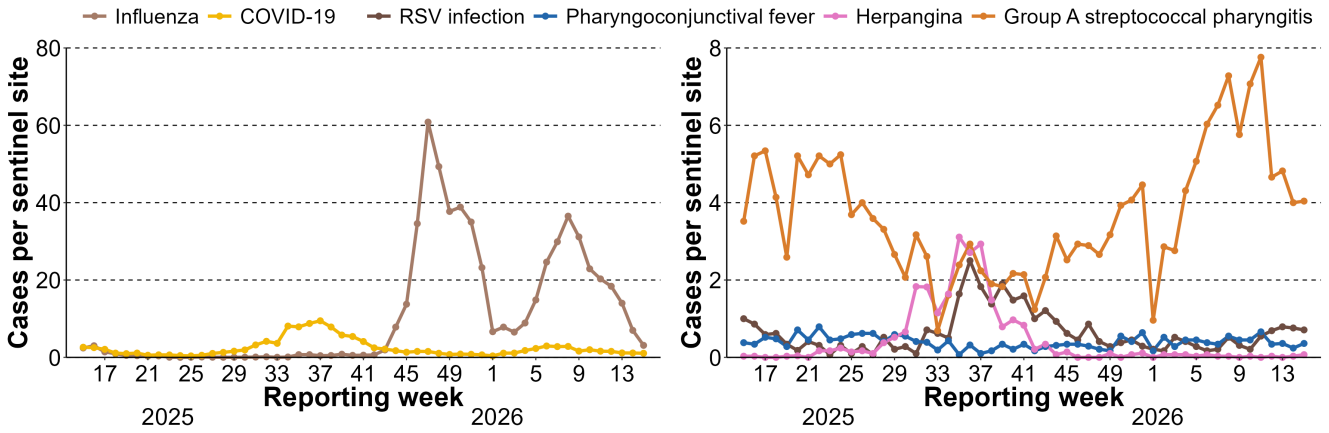
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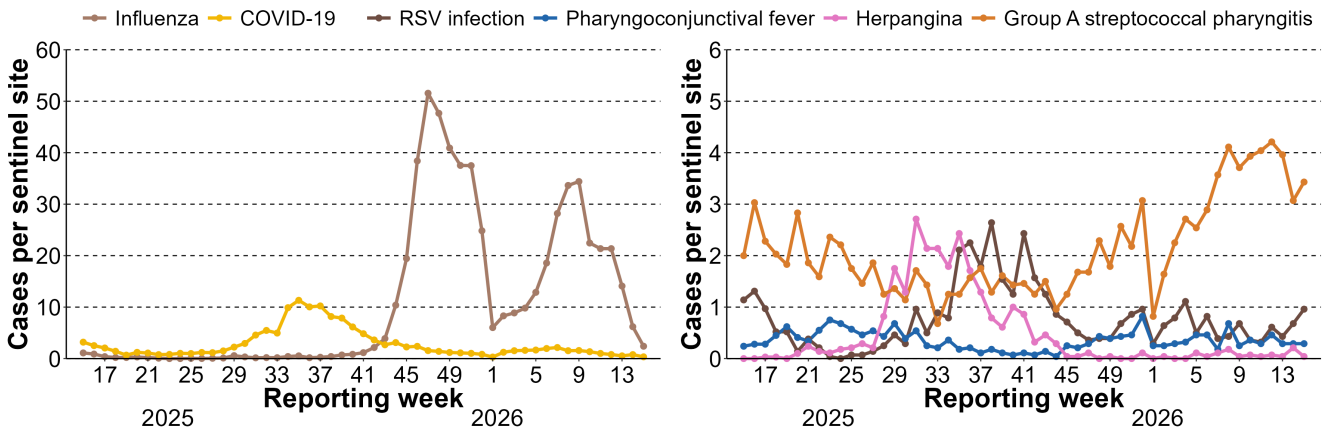
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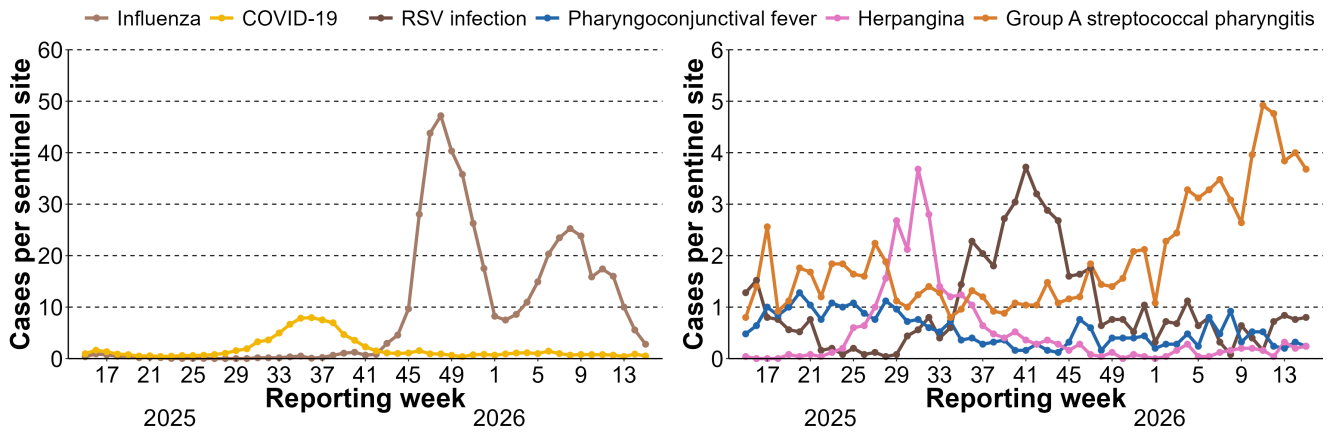
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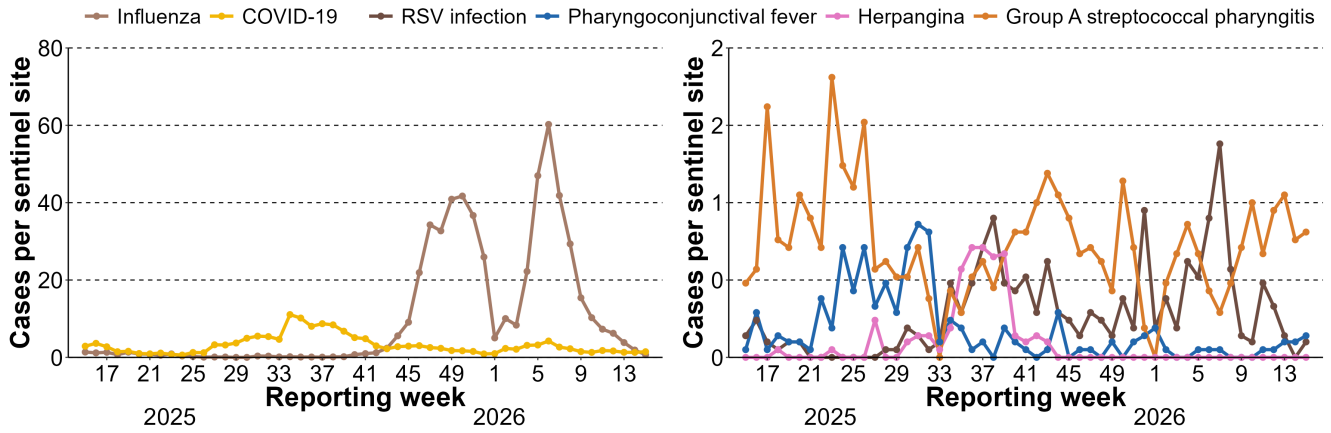
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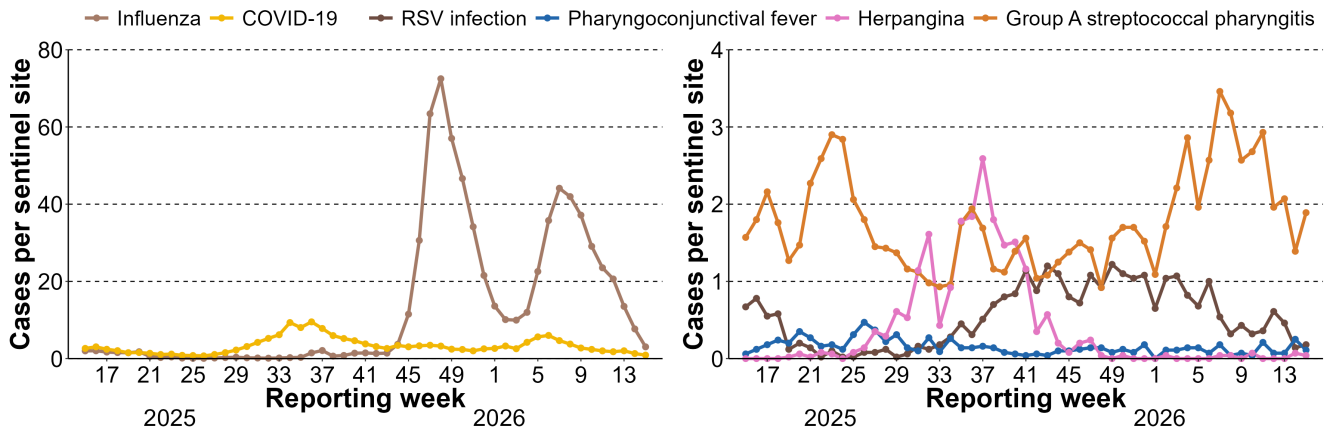
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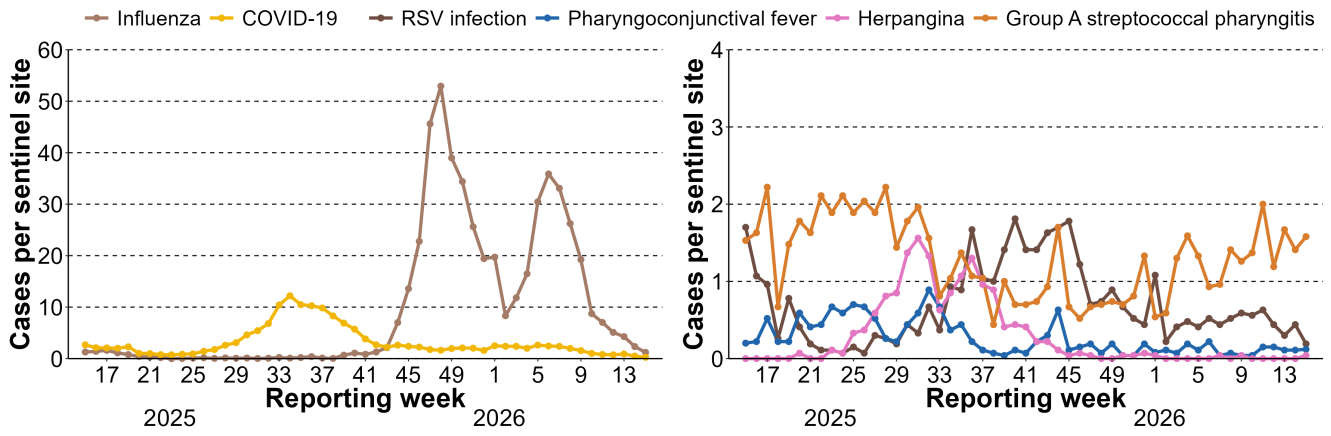
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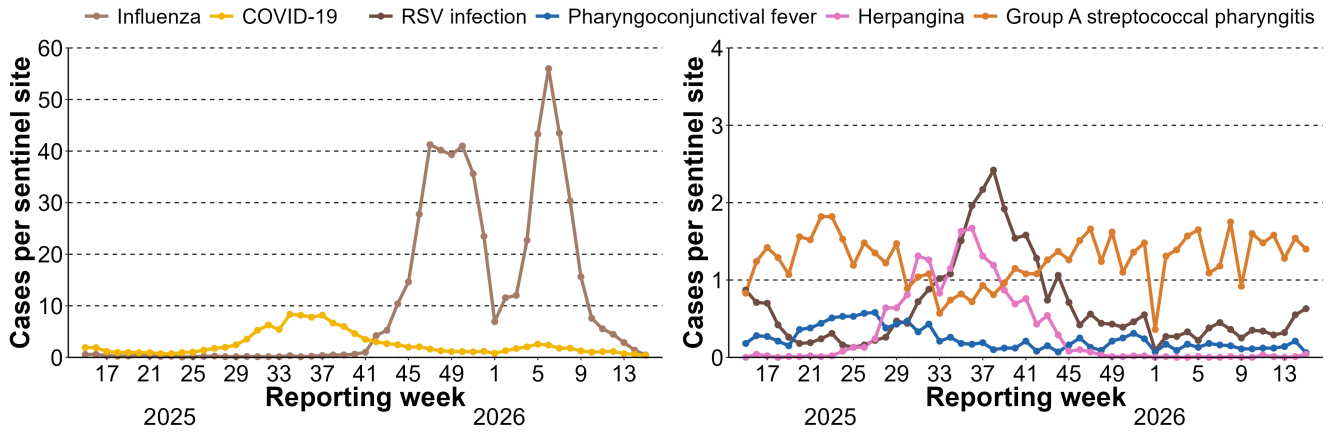
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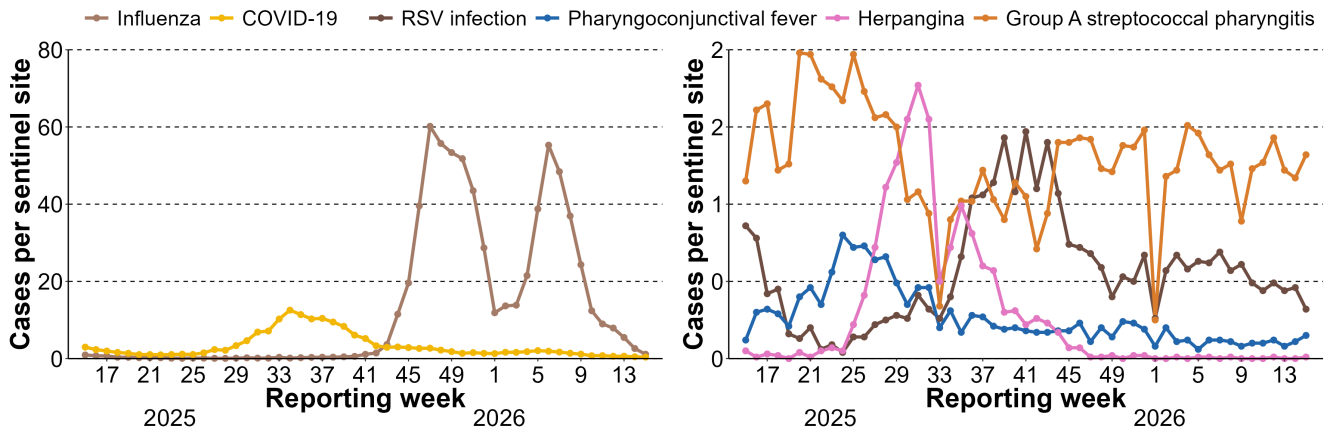
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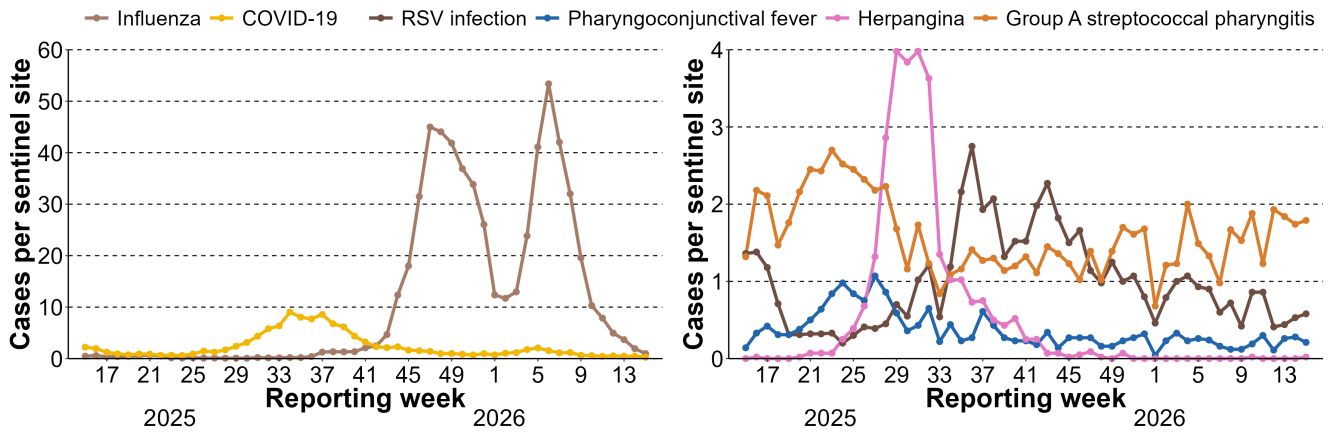
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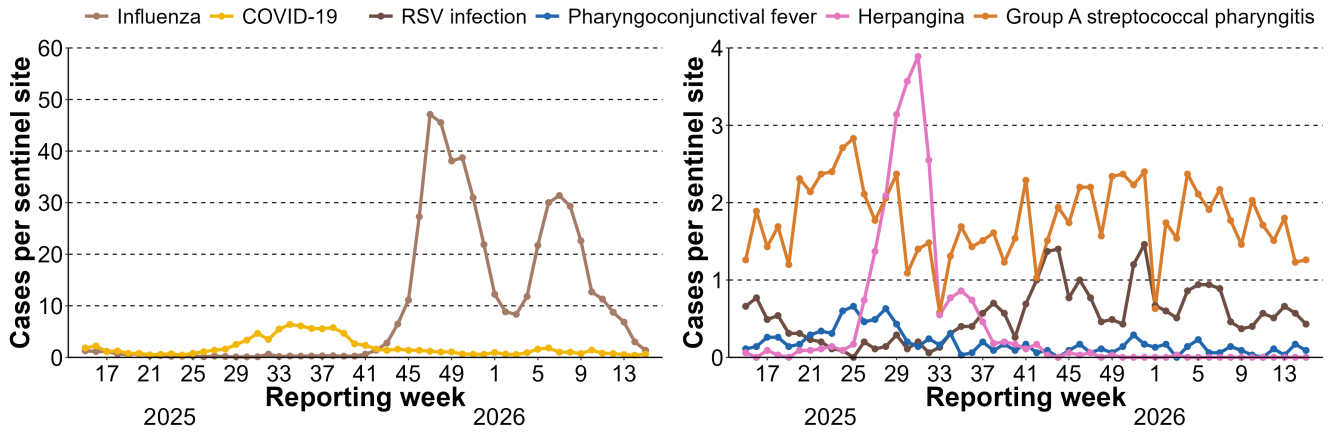
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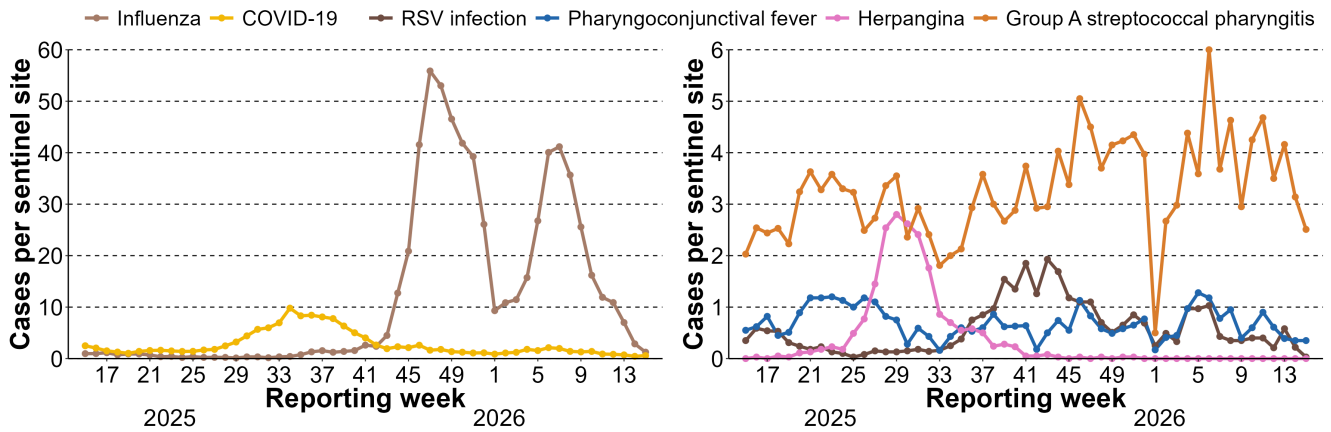
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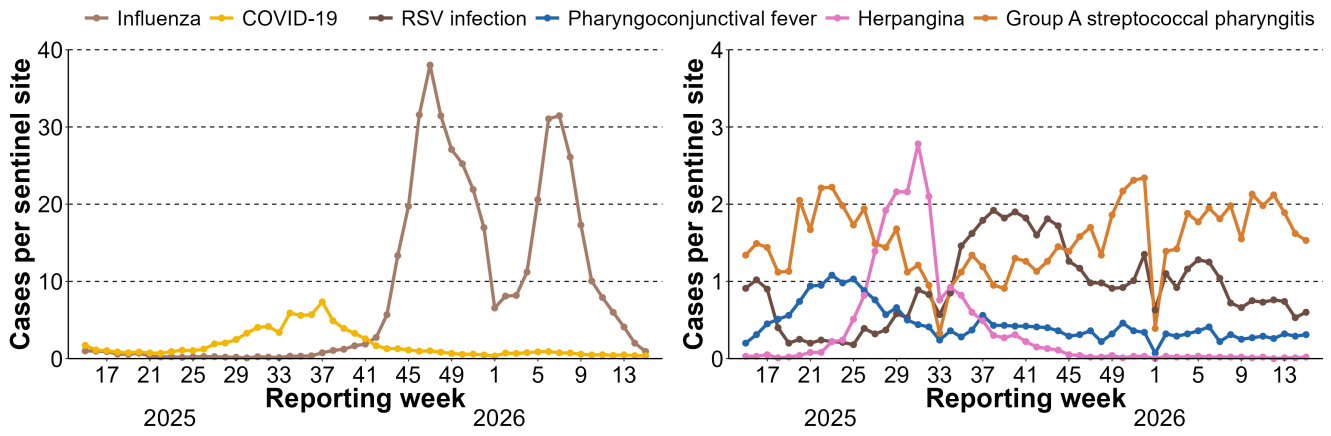
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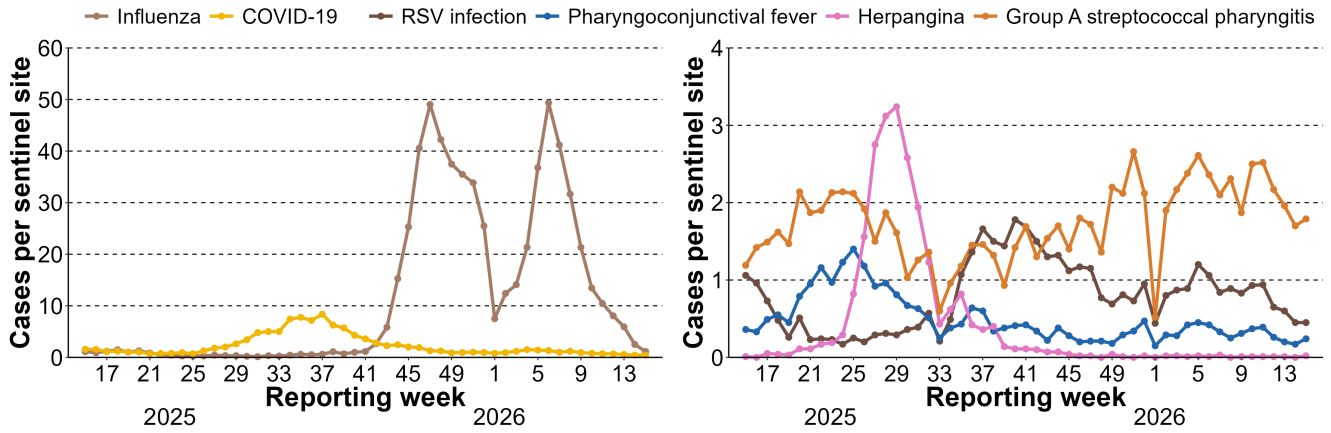
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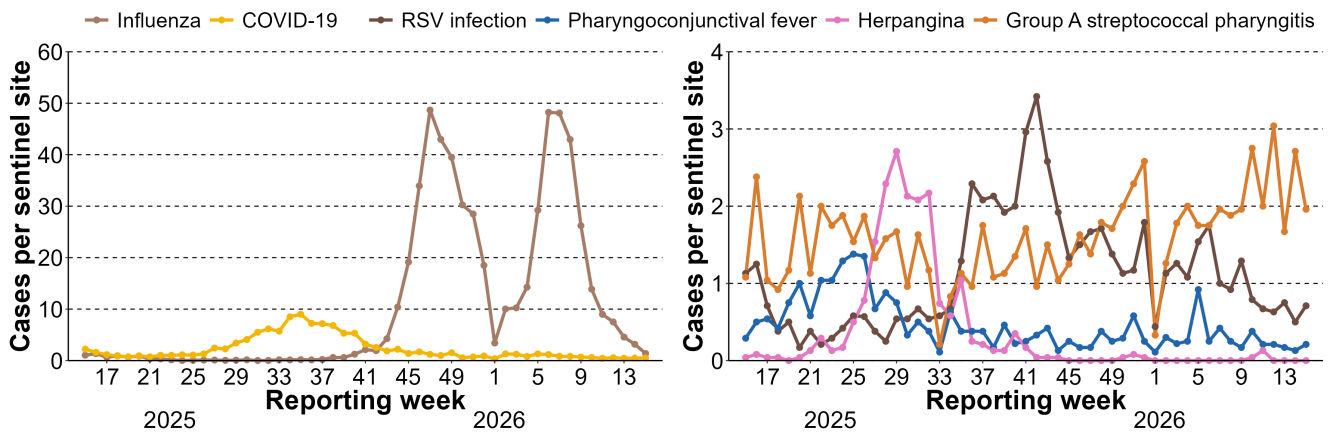
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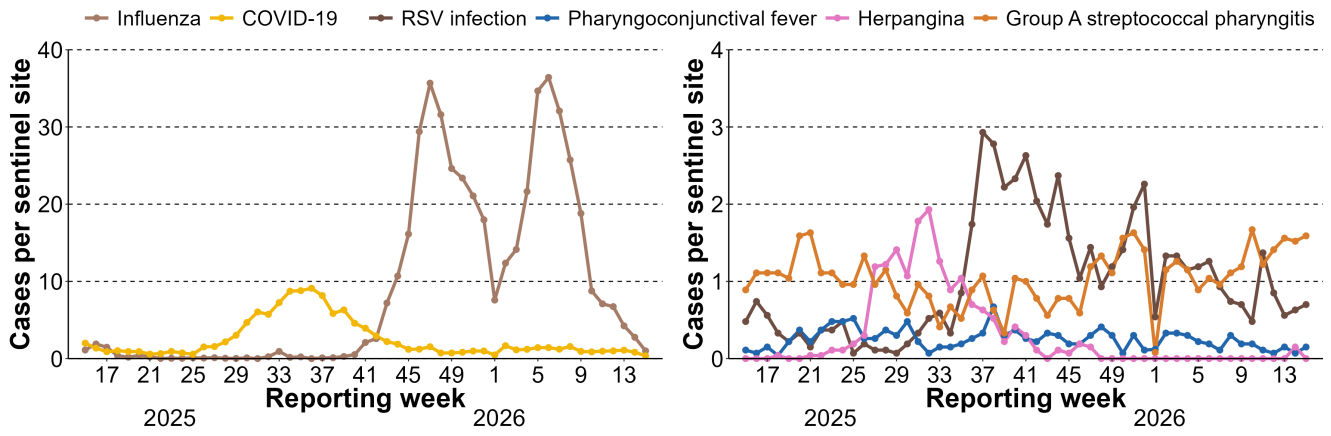
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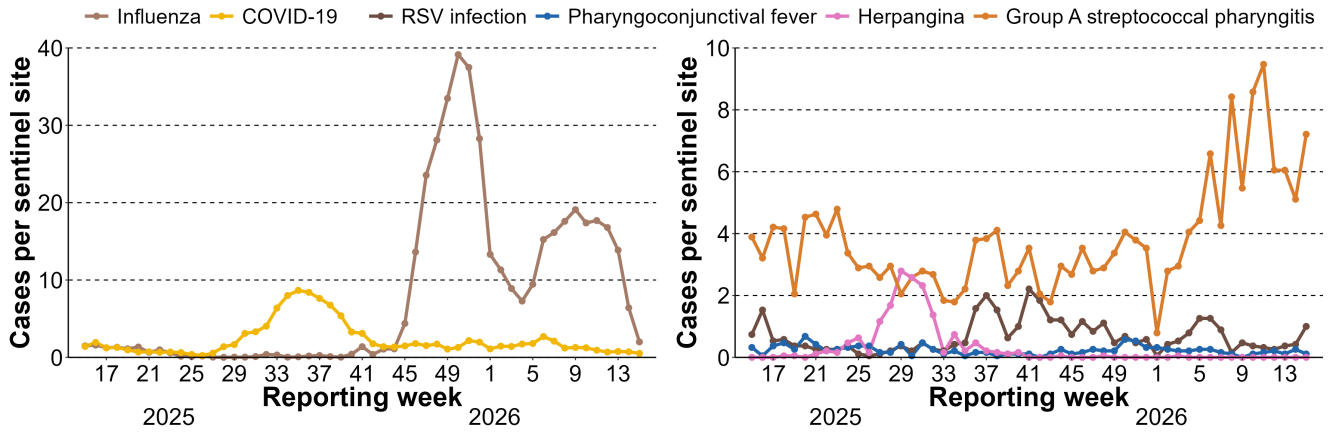
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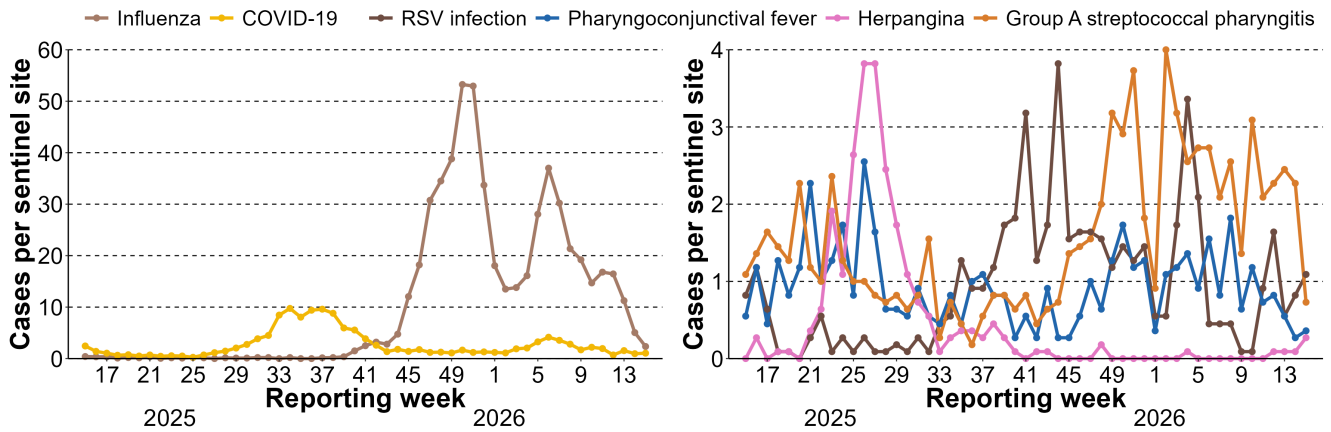
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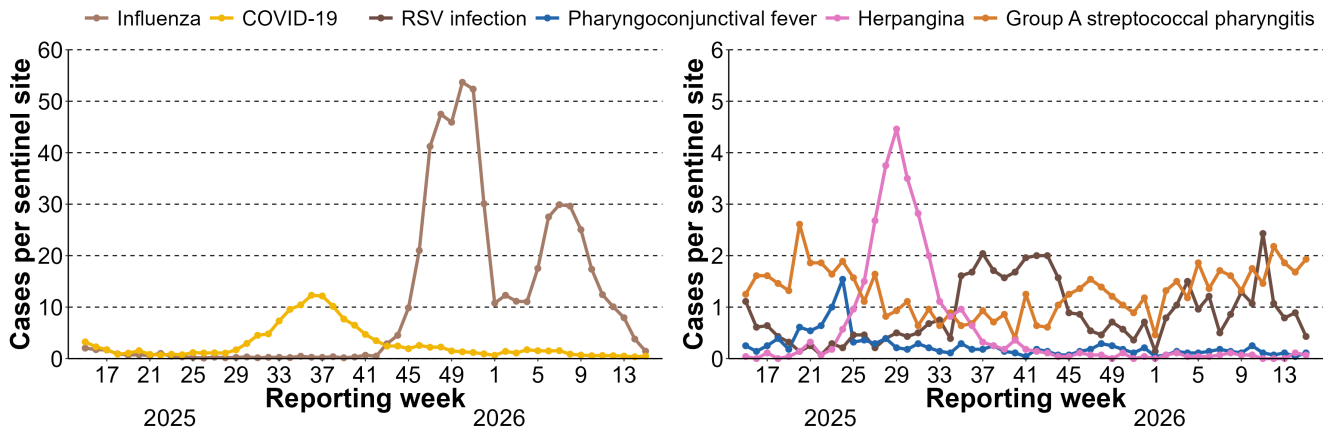
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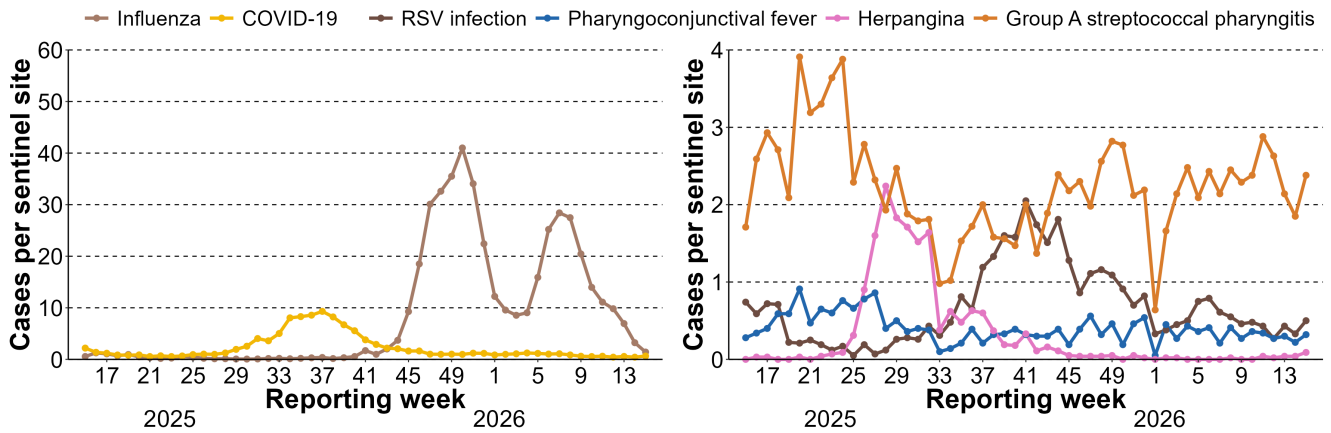
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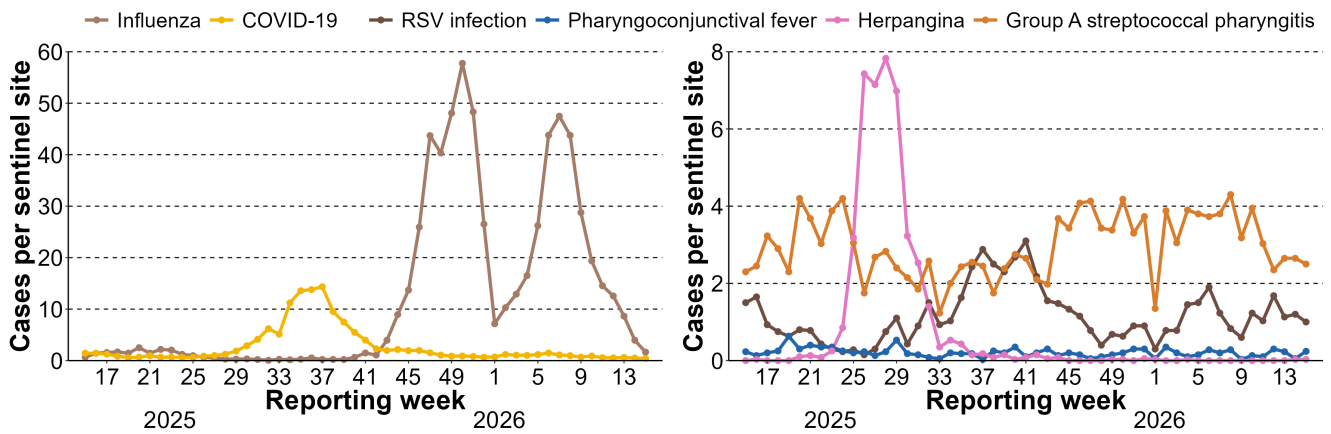
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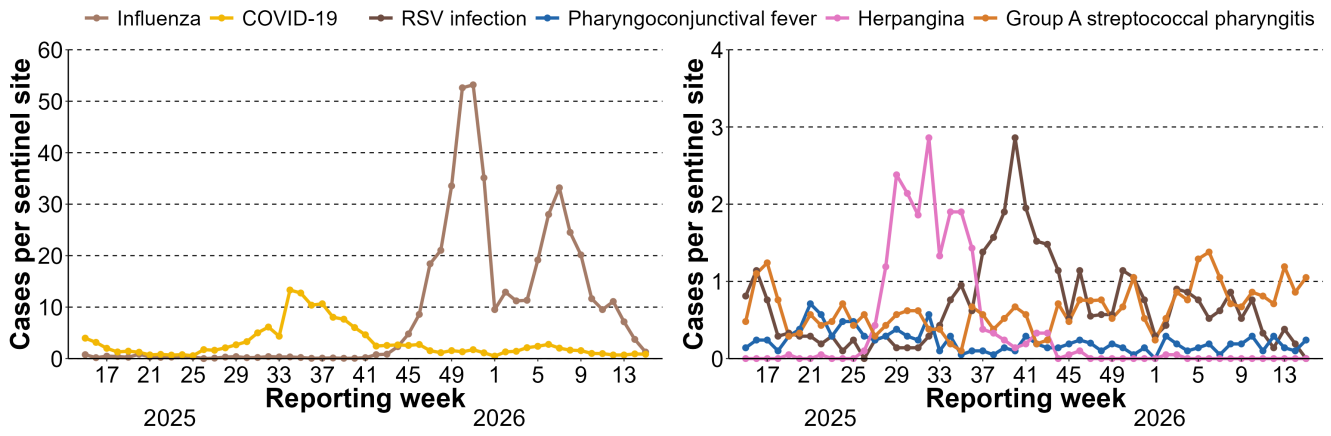
Hiroshima



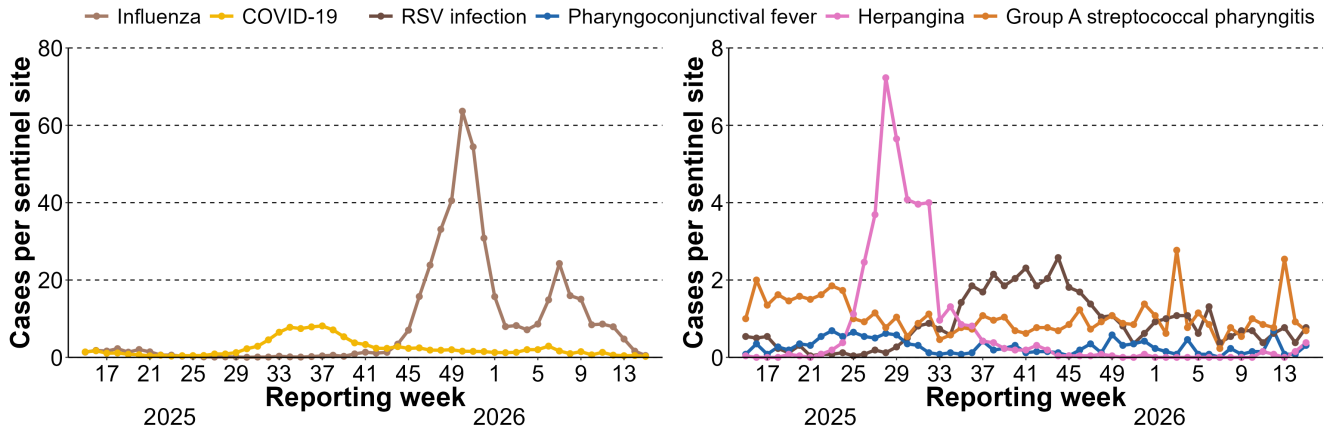
Yamaguchi



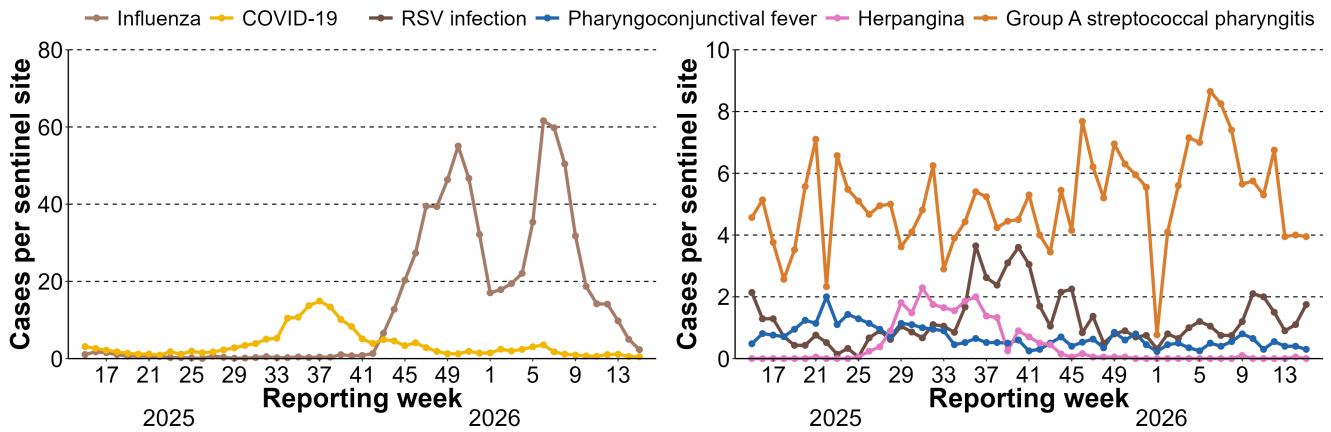
Tokushima



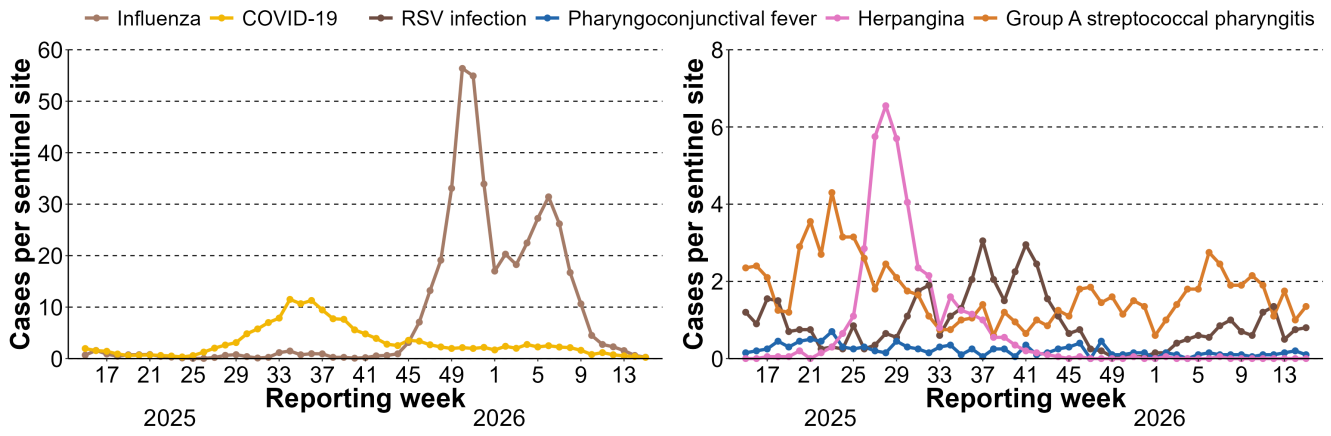
Kagawa



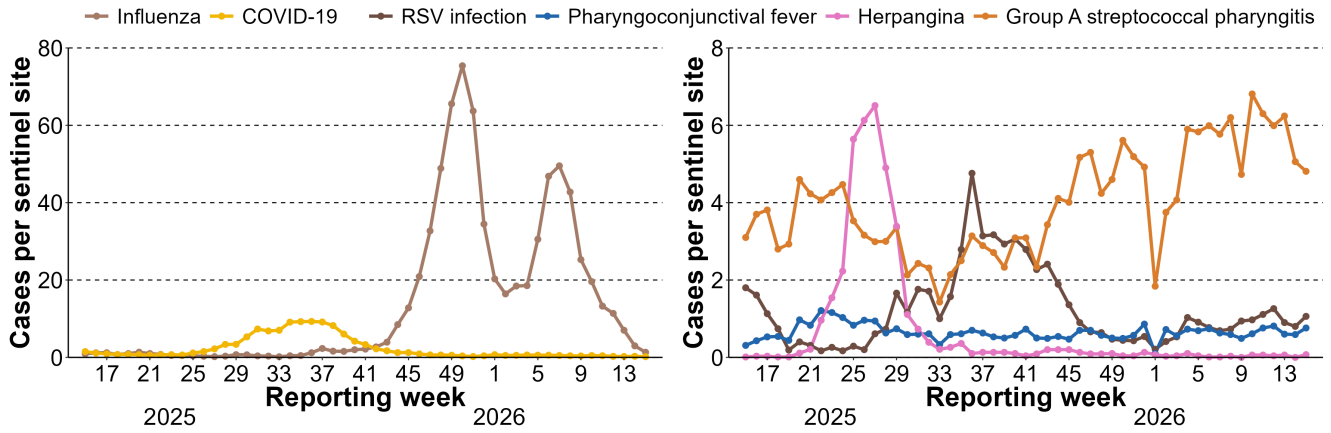
Ehime



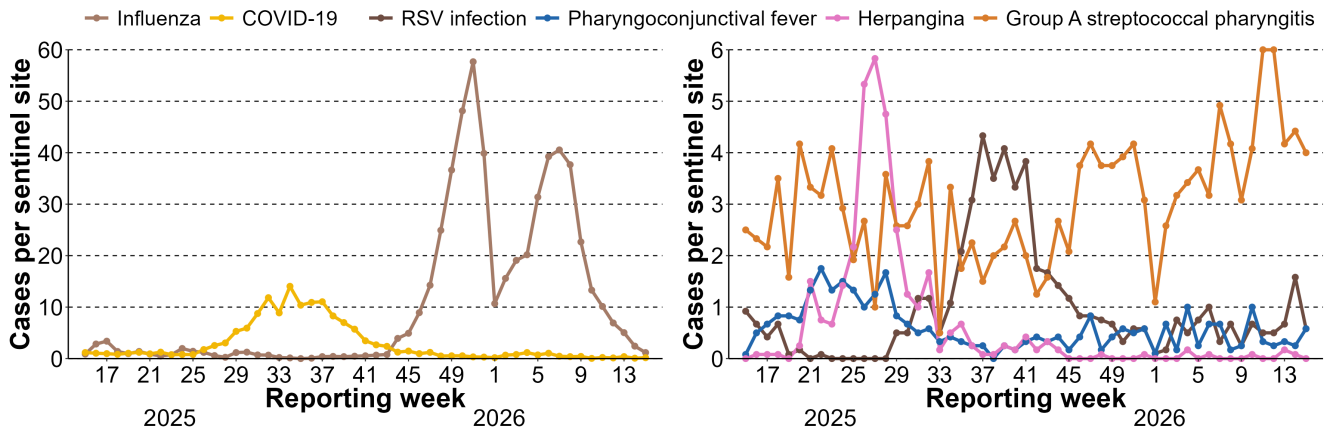
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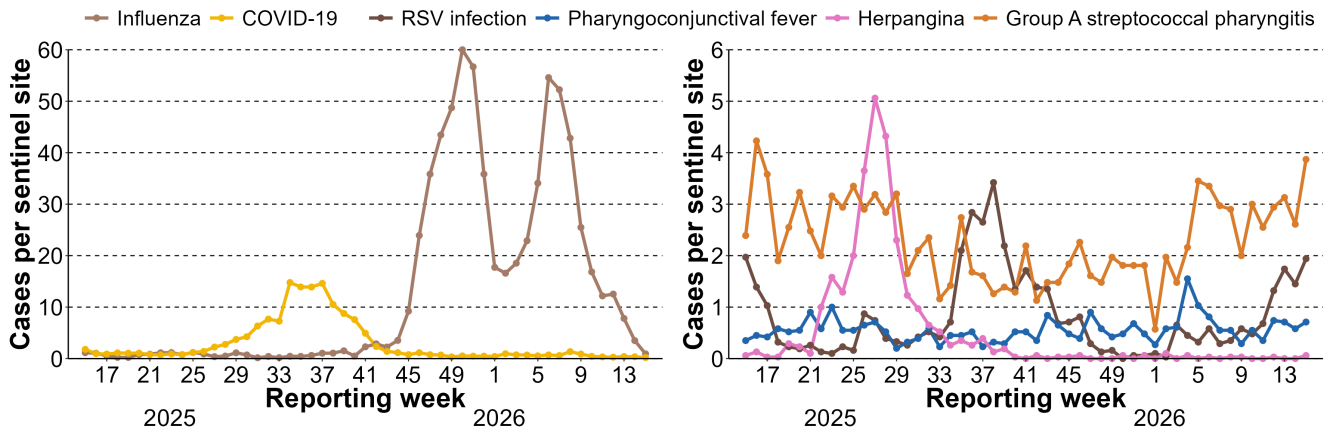
Fukuoka



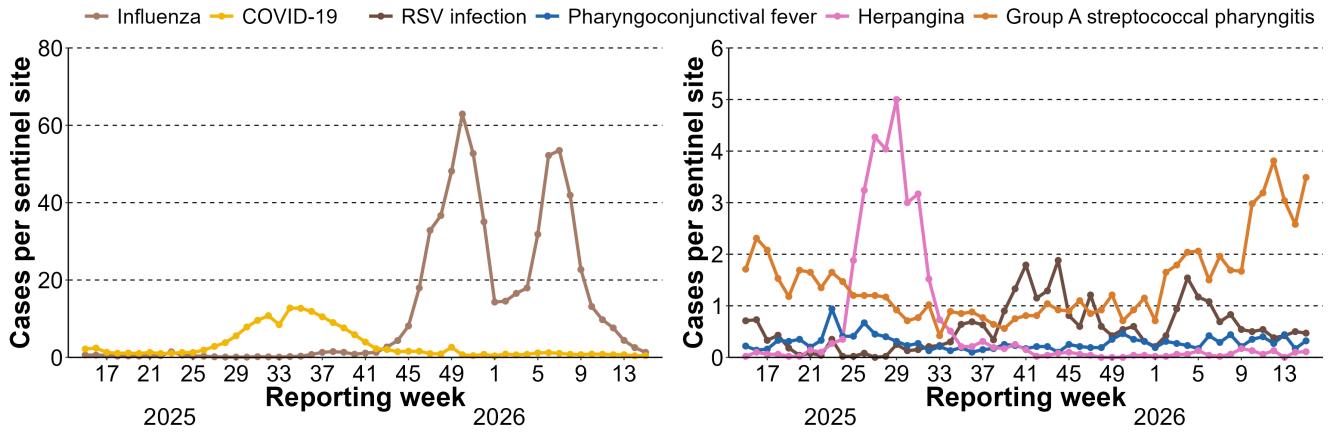
Saga



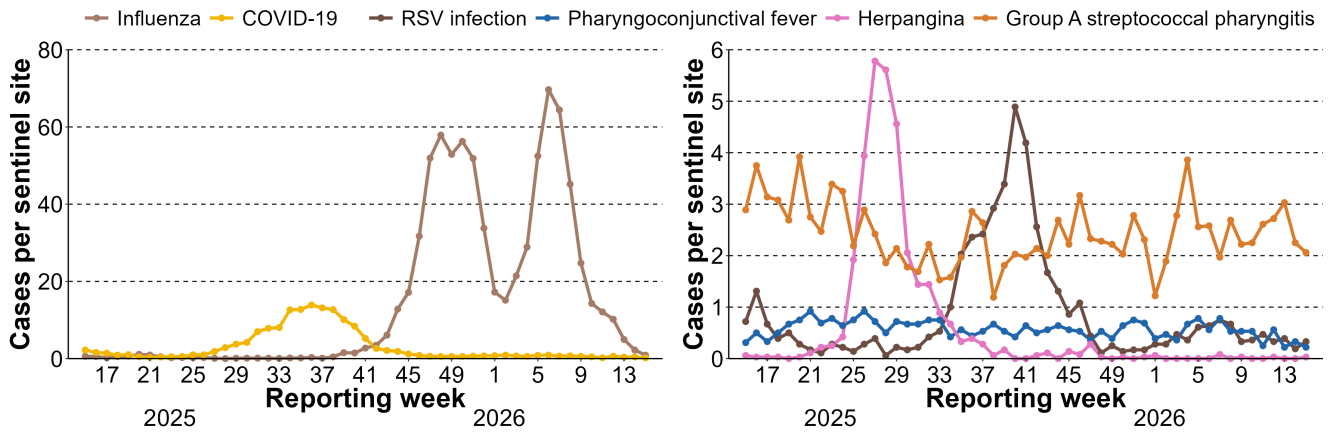
Nagasaki



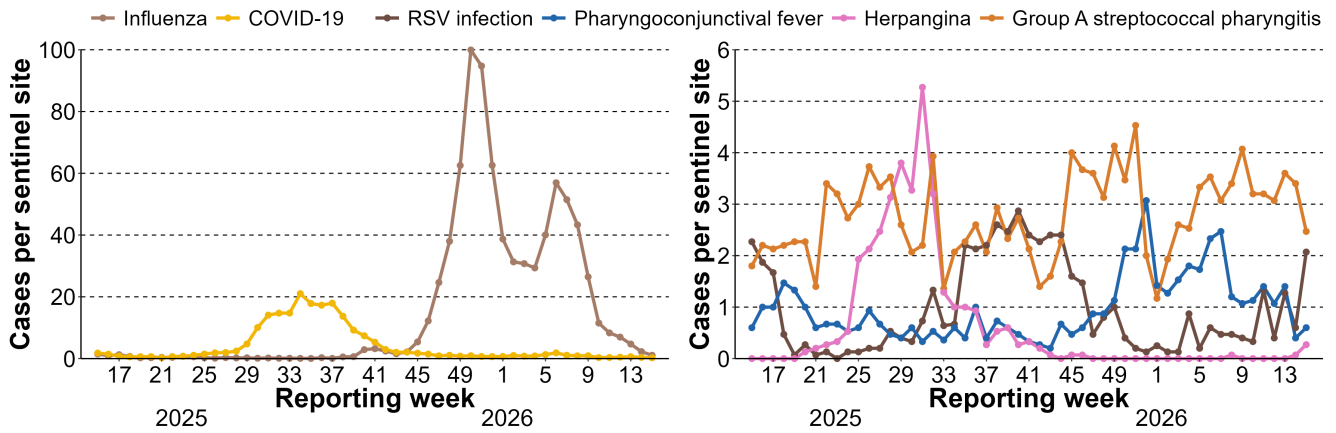
Kumamoto



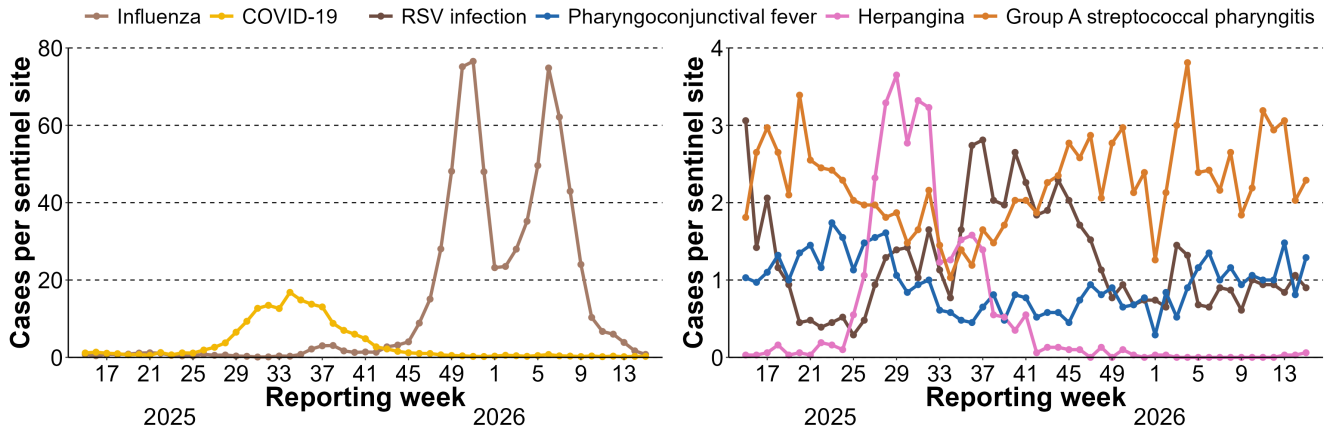
Oita



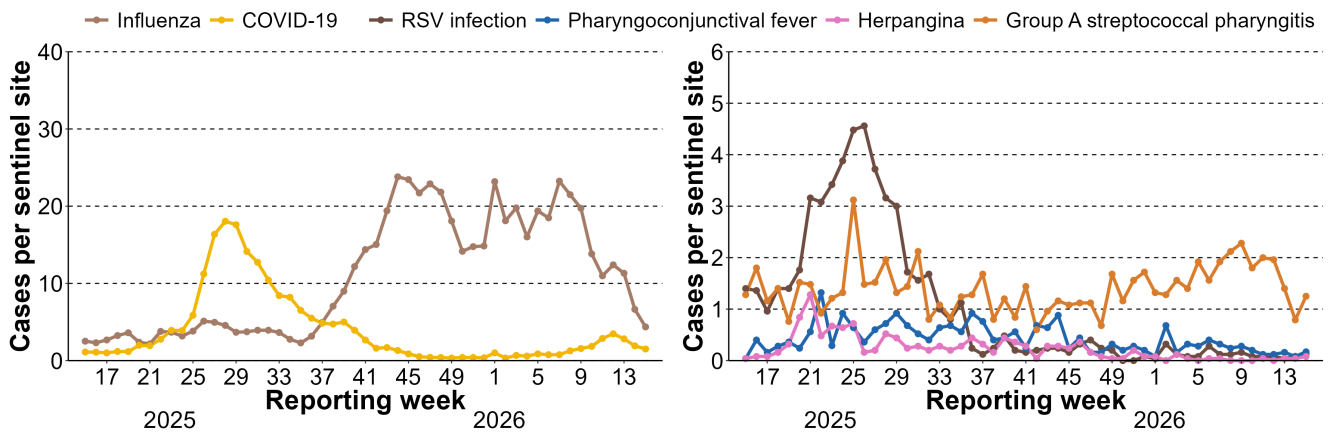
Miyazaki



Kagoshima



Okinawa



Data source: Infectious Disease Surveillance in Japan; data as of April 15, 2026 (data range: April 7, 2025 - April 12, 2026)