

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 17, 2026 (April 20, 2026 – April 26, 2026)

This report aims to systematically review and compile nationwide surveillance data on acute respiratory infections (ARI), and to provide 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, while data from previous weeks are presented as previously reported, without re-aggregation. 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 weekly “trends” and “levels”. Important notes are provided at the end of this report. Please note that the reported numbers are provisional and subject to revision.

Weekly Situation Overview

In week 17 of 2026 (April 20, 2026–April 26, 2026), the number of ARI cases per sentinel site was 56.35 (210,290 cases), representing an increase compared with the previous week. A total of 45 prefectures showed an increase in ARI cases per sentinel site compared with the previous week.

The number of cases reported per sentinel site for each disease was 0.68 for COVID-19, 0.61 for influenza, 3.23 for group A streptococcal pharyngitis, 0.53 for RSV infection, 0.31 for pharyngoconjunctival fever, and 0.06 for herpangina. By age group, the highest number of reported cases was observed among individuals aged 0–9 years for influenza and 10–59 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 41 new hospital admissions due to influenza were reported, representing a decrease of 6 cases compared with the previous week. 241 new hospital admissions due to COVID-19 were reported, representing a decrease of 30 cases from the previous week.

Among specimens collected in week 17 of 2026 and reported by the time of analysis, 0 specimens tested positive for influenza A virus, 1 for influenza B virus, 7 for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and 4 for RSV.

Contents:

Weekly Situation Overview..... 2

1. Patient Surveillance..... 4

 1.1. Nationwide Cases per Sentinel Site 4

 1.2. Nationwide Reported Cases by Age Group 6

 1.3. Cases per Sentinel Site by Prefecture 10

 1.4. Nationwide New Hospital Admissions for Influenza and COVID-19 22

2. Laboratory Surveillance 24

 2.1. Nationwide Reported Cases by Pathogen..... 24

Definition of region..... 29

Interpretive Notes..... 29

References..... 30

Supplementary information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire 30

Supplementary information 2. Weekly cases per sentinel site by prefecture for each disease 32

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

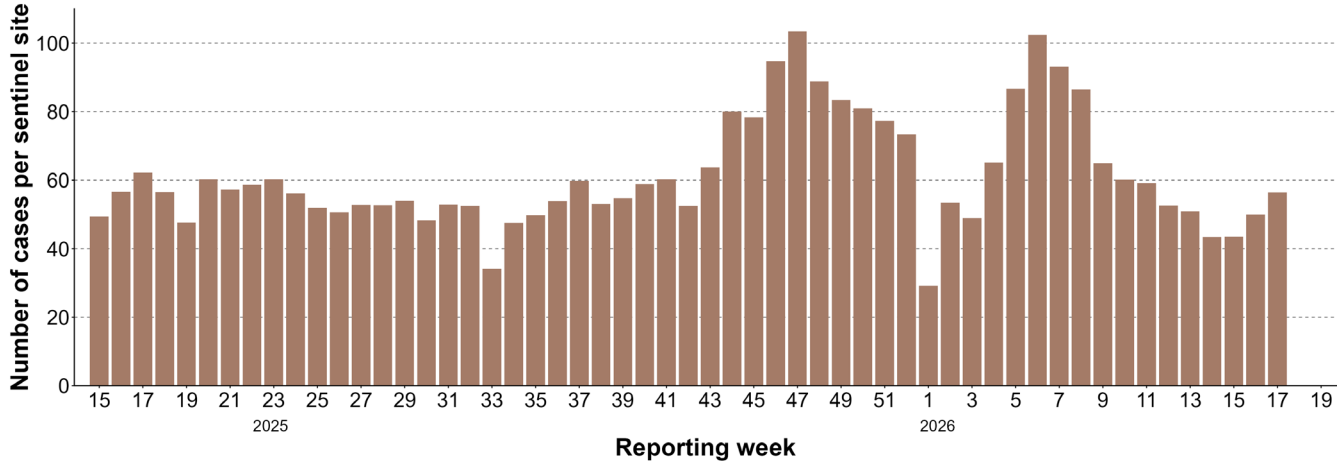
In week 17 of 2026, a total of 3,732 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 56.35 (210,290 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.13 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.61 for influenza (2,295 cases) and 0.68 for COVID-19 (2,528 cases) (Figure 1A). The number of reporting sentinel sites was 3,738.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.53 for RSV infection (1,201 cases), 0.31 for pharyngoconjunctival fever (692 cases), 0.06 for herpangina (131 cases), and 3.23 for group A streptococcal pharyngitis (7,282 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,257.

Regarding recent trends, influenza decreased for 11 consecutive weeks, COVID-19 remained stable, RSV infection decreased compared with the previous week, pharyngoconjunctival fever increased for 3 consecutive weeks, herpangina increased for 4 consecutive weeks, and group A streptococcal pharyngitis increased for 3 consecutive weeks.

Figure 1. Weekly number of ARI cases reported per ARI sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026).

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

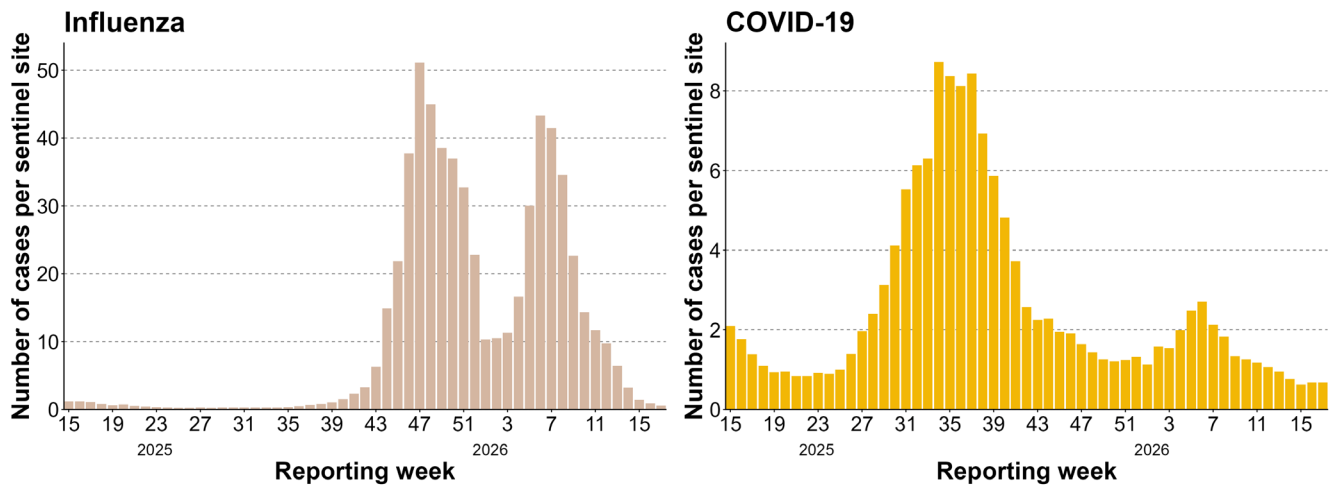
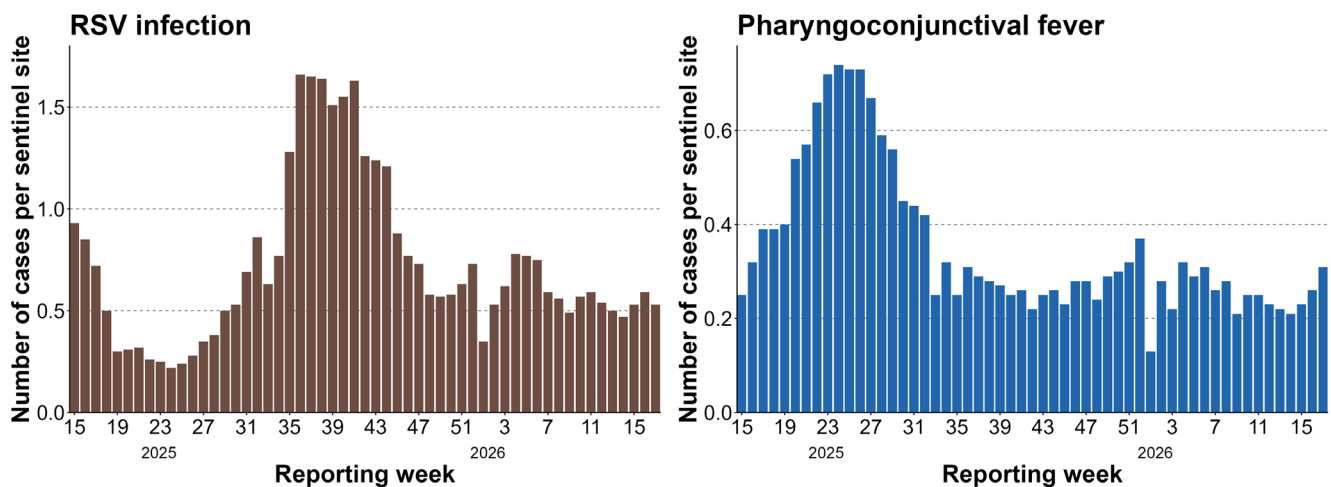
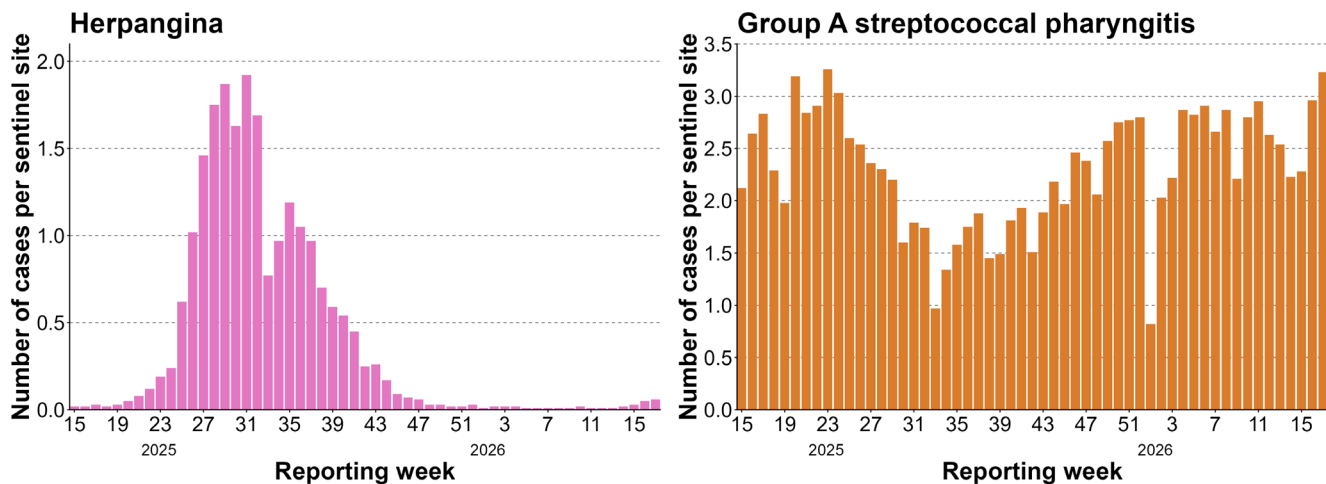


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026)

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

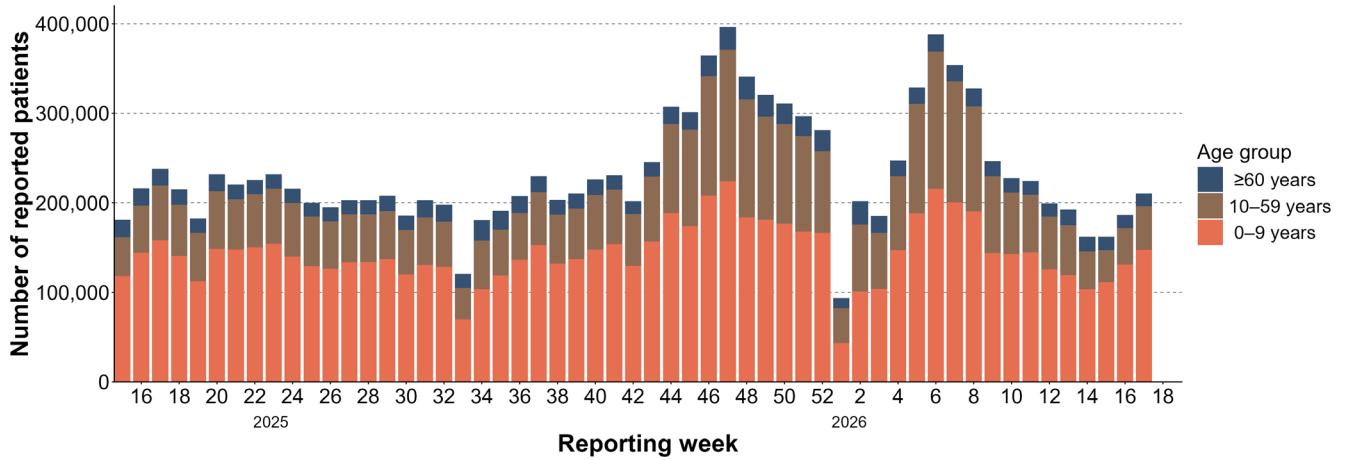
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 17 of 2026, the number of reported cases by age group was 147,339 cases among individuals aged 0–9 years (week-on-week ratio: 1.12), 48,888 cases among individuals aged 10–59 years (week-on-week ratio: 1.21), and 14,063 cases among individuals aged 60 years and older (week-on-week ratio: 0.98) (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 for influenza and COVID-19 are shown in Figures 2A and 2B. Among individuals aged 60 years and older, 78 influenza cases and 390 COVID-19 cases were reported among individuals aged 60 years and older; of these, 14 influenza cases and 150 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 30, 2026 (data range: April 7, 2025 – April 26, 2026)

Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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

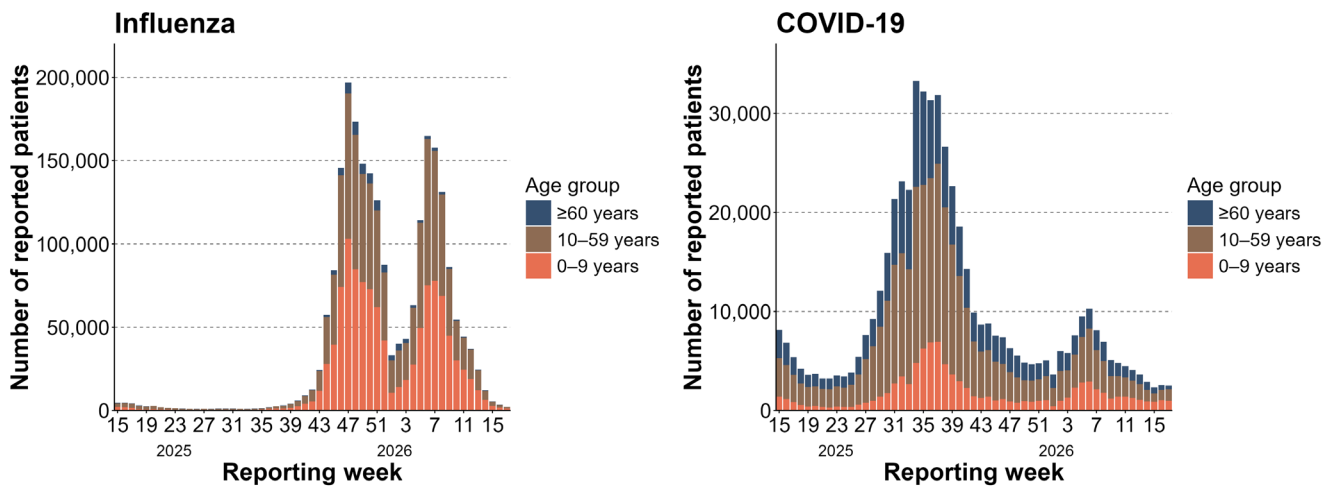
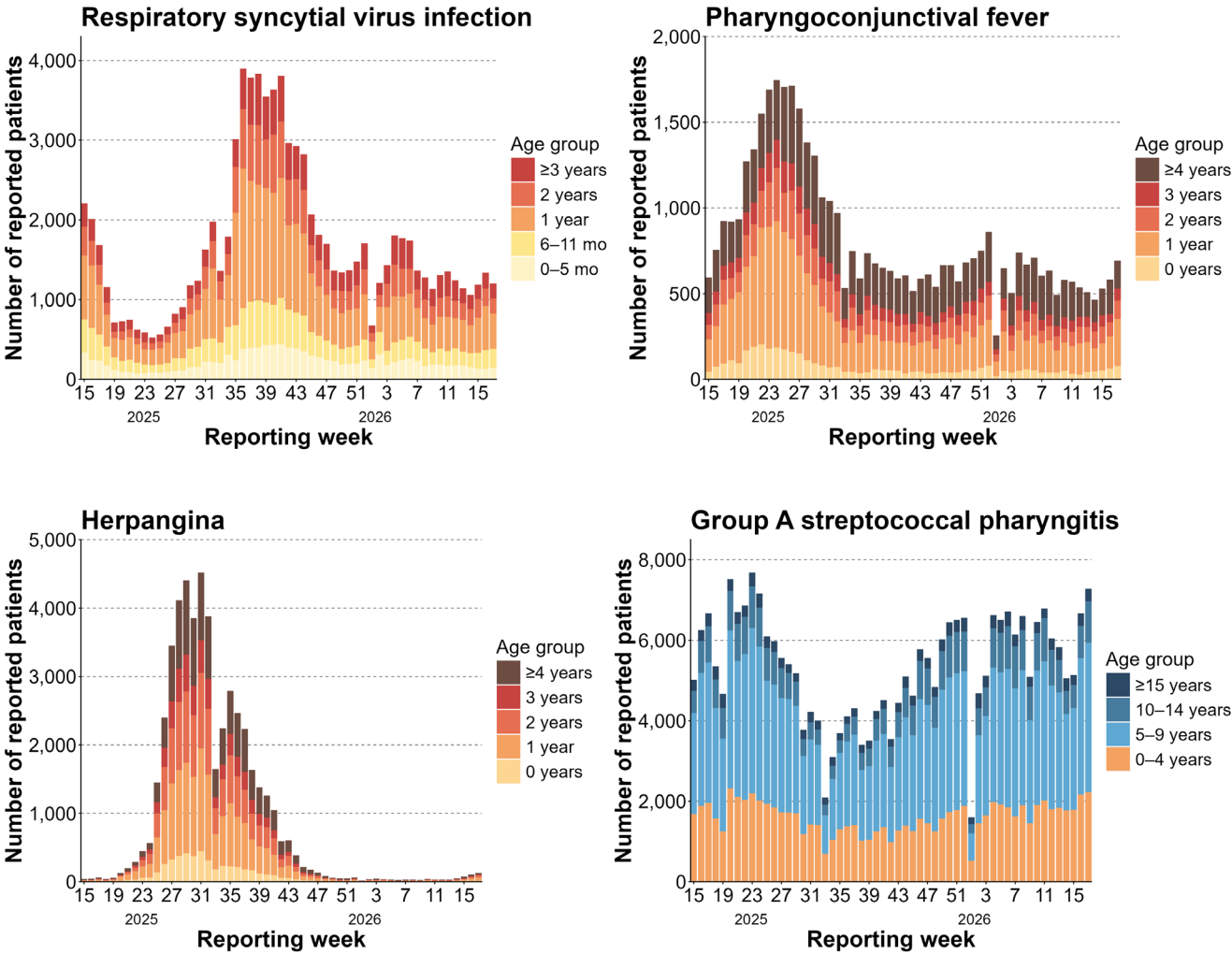


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026)

Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

Table 1A. Reported cases and week-on-week ratio (values in parentheses) of influenza and COVID-19 by age group in week 17

Age group	Influenza	COVID-19
0-9 years	1,141 (0.62)	1,002 (0.94)
10-59 years	1,076 (0.71)	1,136 (1.13)
≥60 years	78 (0.72)	390 (0.79)
Total	2,295 (0.66)	2,528 (0.99)

Table 1B. Reported cases and week-on-week ratio (values in parentheses) of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group in week 17

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	378 (1.03)	77 (1.22)	14 (1.08)	56 (1.24)
1-4 years	780 (0.85)	503 (1.35)	97 (1.31)	2,172 (1.02)
5-14 years	41 (0.85)	99 (0.74)	18 (1.12)	4,739 (1.13)
≥15 years	2 (0.40)	13 (1.18)	2 (1.00)	315 (1.02)
Total	1,201 (0.90)	692 (1.19)	131 (1.25)	7,282 (1.09)

Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 20, 2026 – April 26, 2026)

Note: Data for the previous week were referred to the corresponding week’s IDWR. Detailed age-specific reported case numbers are available in 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 17 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Iwate, which recorded the highest value at 84.33, followed by Gunma at 83.80, and Saitama at 77.66 (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 45 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 29.97 to 84.33 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 17

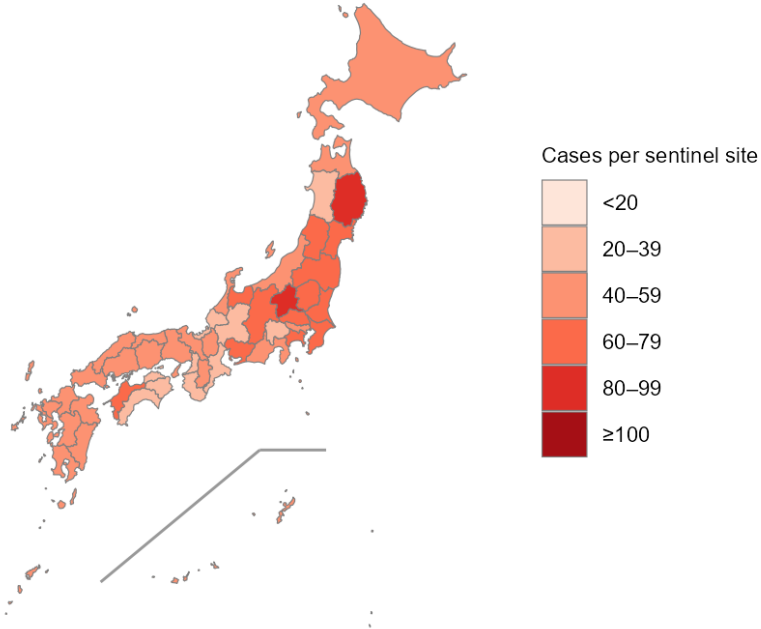
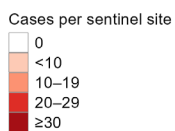
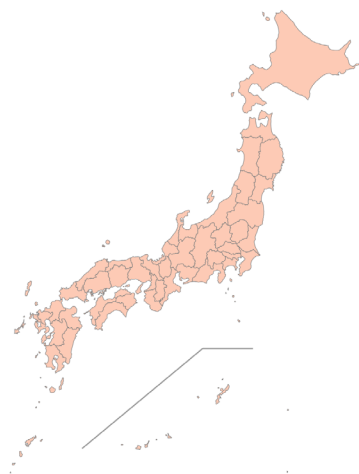
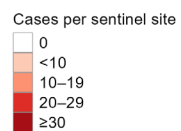
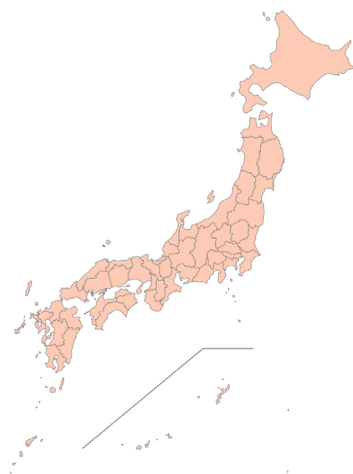


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 17

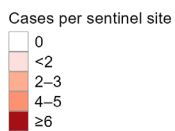
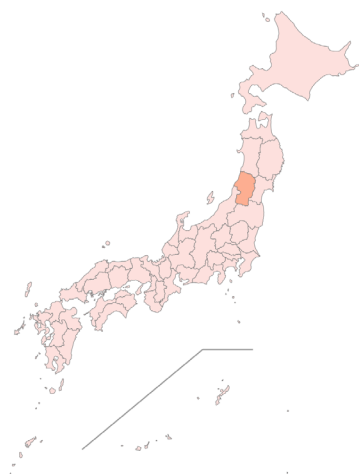
Influenza



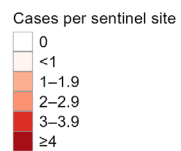
COVID-19



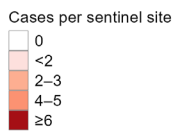
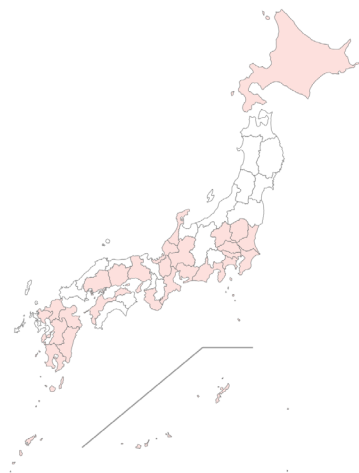
RSV infection



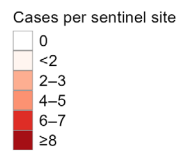
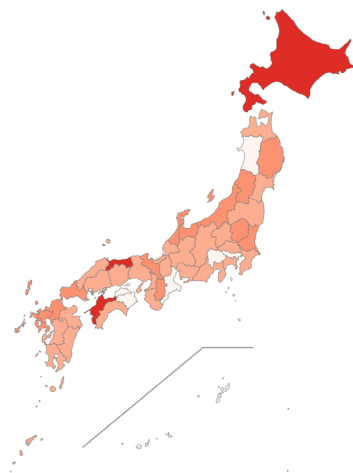
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026
(data range: April 20, 2026 – April 26, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 17

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	8,682	52.30	1.17
Aomori	2,632	50.62	1.06
Iwate	3,542	84.33	1.05
Miyagi	4,048	73.60	1.19
Akita	925	37.00	0.99
Yamagata	2,504	65.89	1.10
Fukushima	3,096	64.50	1.12
Ibaraki	4,070	60.75	1.11
Tochigi	3,604	76.68	1.11
Gunma	3,771	83.80	1.20
Saitama	13,590	77.66	1.24
Chiba	12,075	66.71	1.28
Tokyo	24,483	58.71	1.13
Kanagawa	16,600	69.75	1.18
Niigata	3,005	57.79	1.08
Toyama	3,399	70.81	1.08
Ishikawa	2,764	58.81	1.17
Fukui	1,414	36.26	1.05
Yamanashi	1,306	37.31	1.12
Nagano	3,472	69.44	1.07
Gifu	1,794	39.87	1.01
Shizuoka	4,747	42.38	1.05
Aichi	11,099	68.09	1.06

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,567	37.20	1.06
Shiga	1,955	50.13	1.09
Kyoto	3,361	55.10	1.22
Osaka	11,385	39.67	1.11
Hyogo	8,172	50.44	1.11
Nara	1,833	43.64	1.04
Wakayama	1,782	39.60	1.18
Tottori	1,484	51.17	1.07
Shimane	1,170	58.50	1.08
Okayama	2,954	59.08	1.15
Hiroshima	4,640	49.89	1.09
Yamaguchi	3,646	59.77	1.18
Tokushima	1,067	32.33	1.04
Kagawa	794	34.52	0.93
Ehime	2,482	65.32	1.11
Kochi	1,139	29.97	1.03
Fukuoka	6,543	53.63	1.08
Saga	1,305	54.38	1.06
Nagasaki	2,883	56.53	1.10
Kumamoto	3,705	52.18	1.09
Oita	2,899	49.98	1.10
Miyazaki	1,122	40.07	1.10
Kagoshima	2,693	47.25	1.08
Okinawa	2,087	47.43	1.10

Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 20, 2026 – April 26, 2026)

Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by “-”.

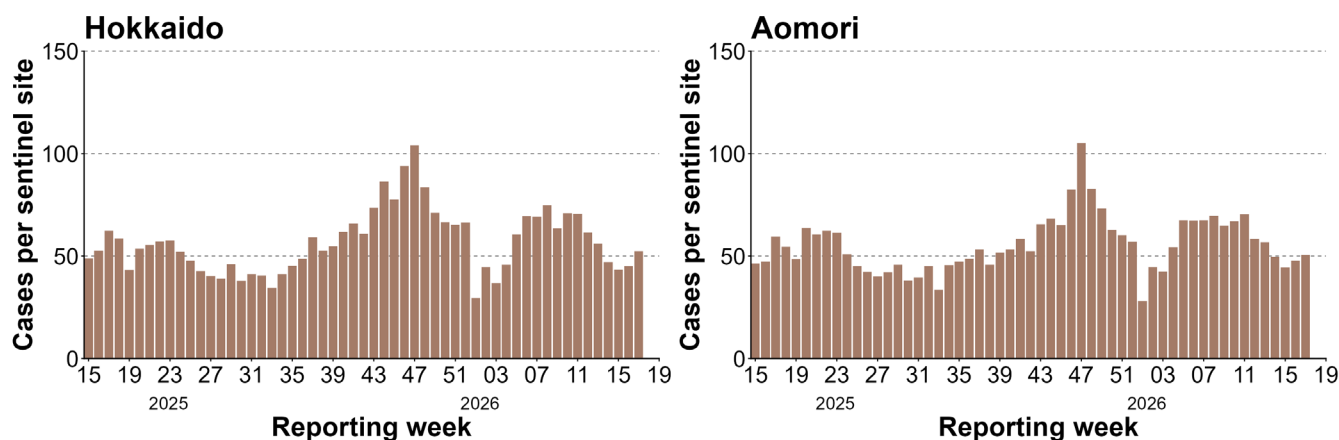
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 17

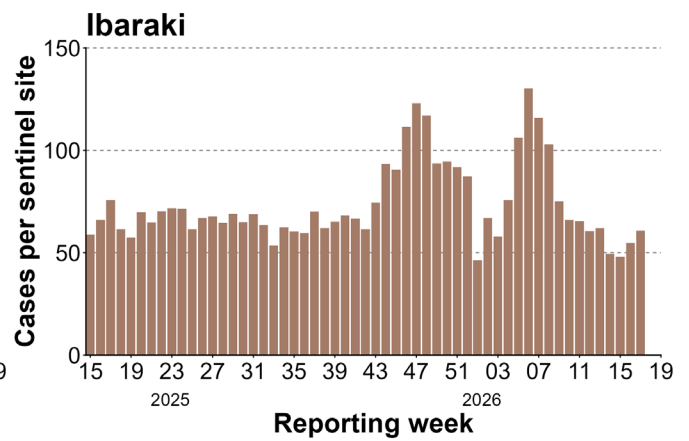
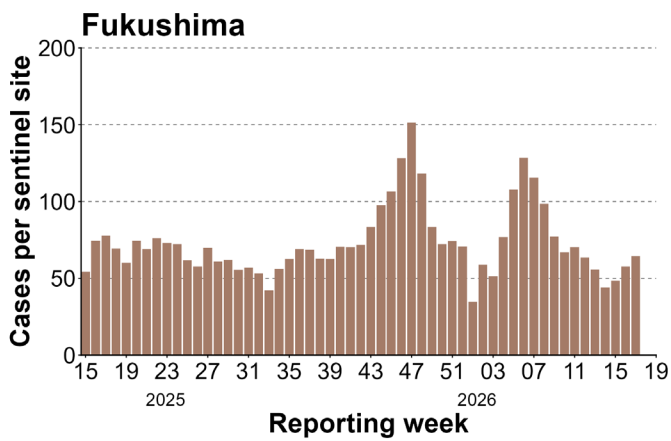
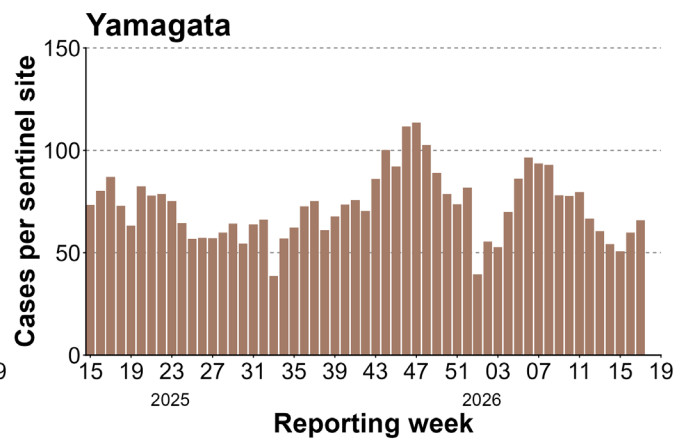
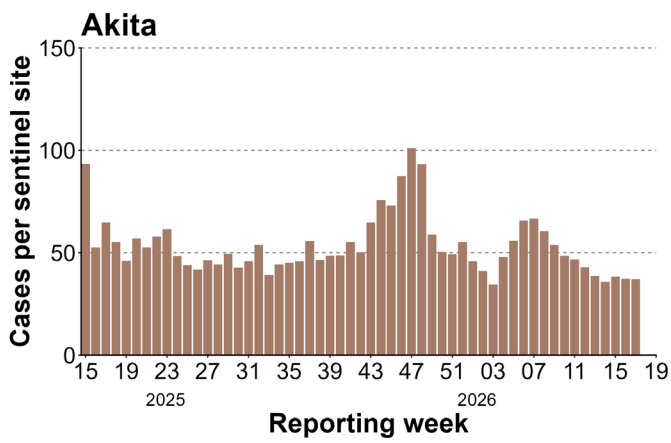
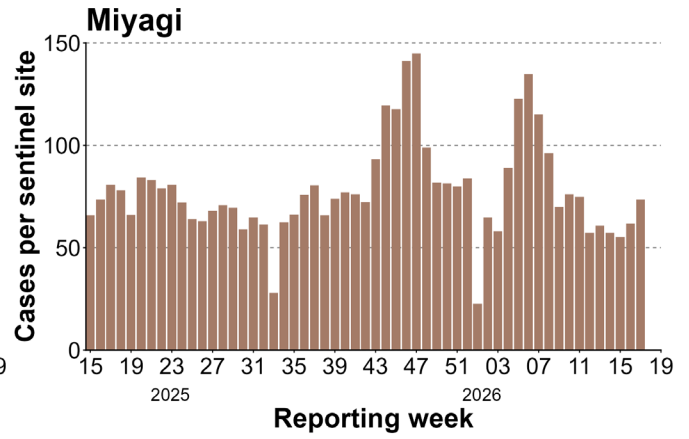
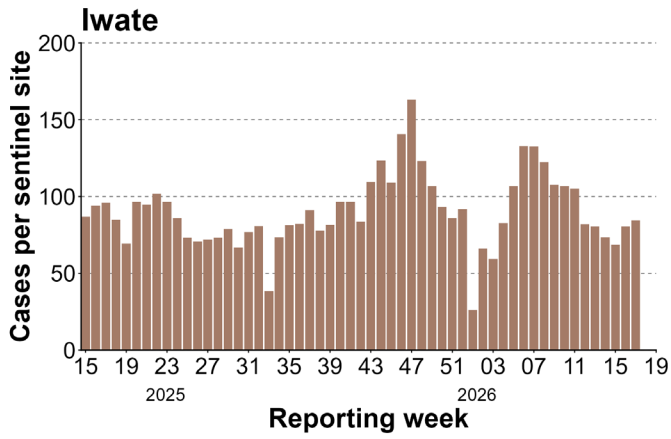
Infectious diseases	Prefectures		
Influenza	Yamagata (3.95)	Okinawa (3.91)	Hokkaido (2.00)
COVID-19	Iwate (2.74)	Miyagi (2.25)	Akita (1.76)
RSV infection	Yamagata (2.23)	Fukuoka (1.80)	Saga (1.58)
Pharyngoconjunctival fever	Kagoshima (0.97)	Shimane (0.91)	Fukuoka (0.90)
Herpangina	Miyazaki (1.33)	Saga (0.67)	Kagawa (0.54)
Group A streptococcal pharyngitis	Tottori (7.32)	Hokkaido (6.62)	Ehime (6.10)

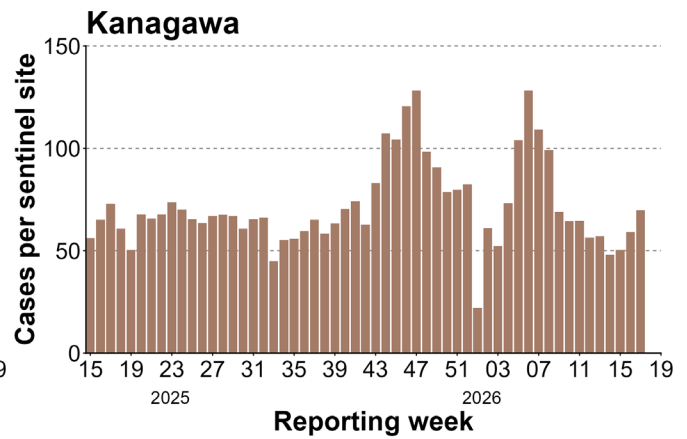
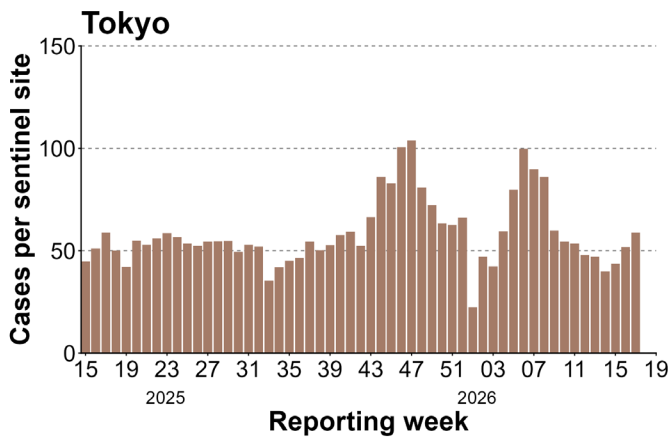
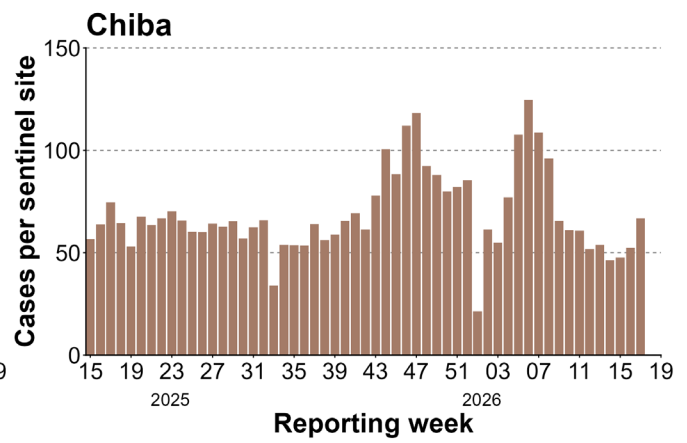
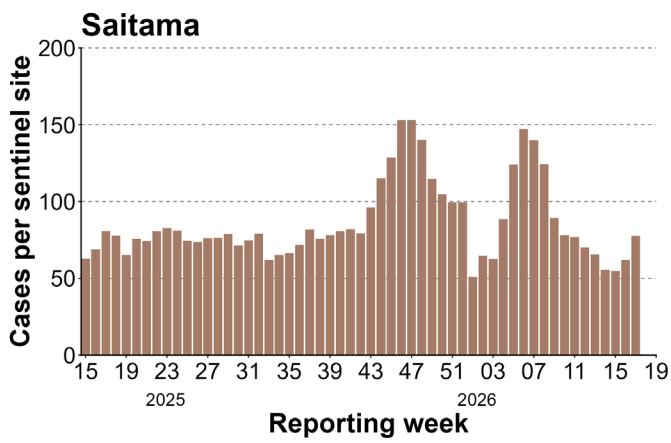
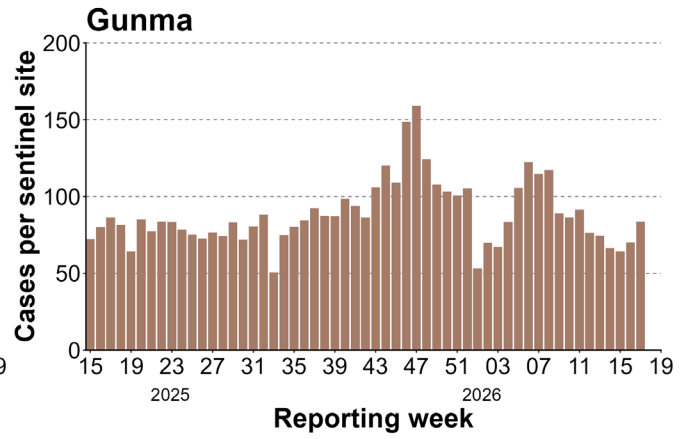
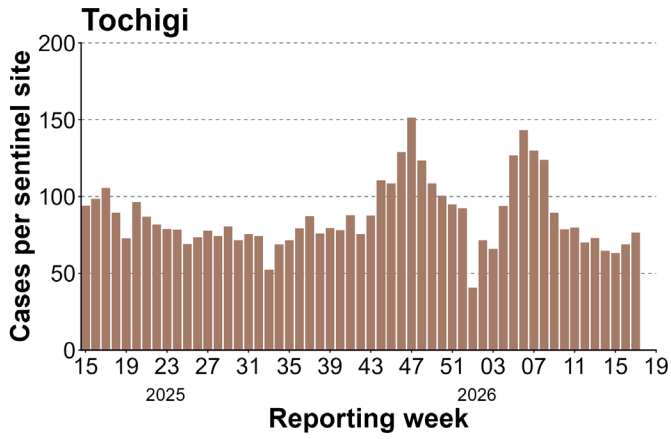
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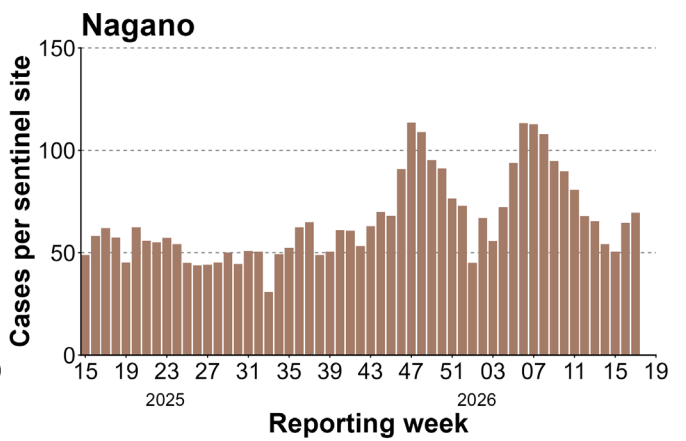
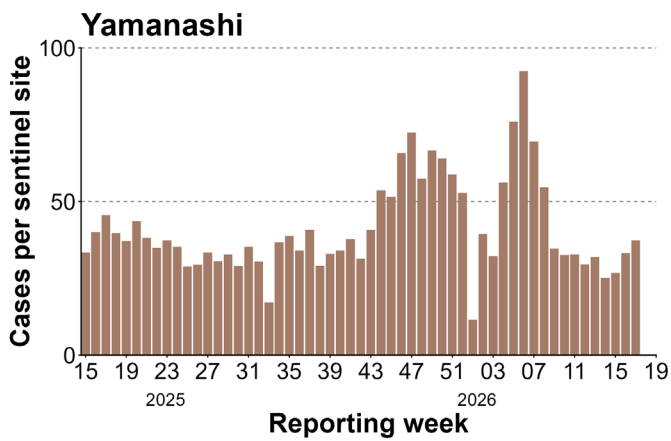
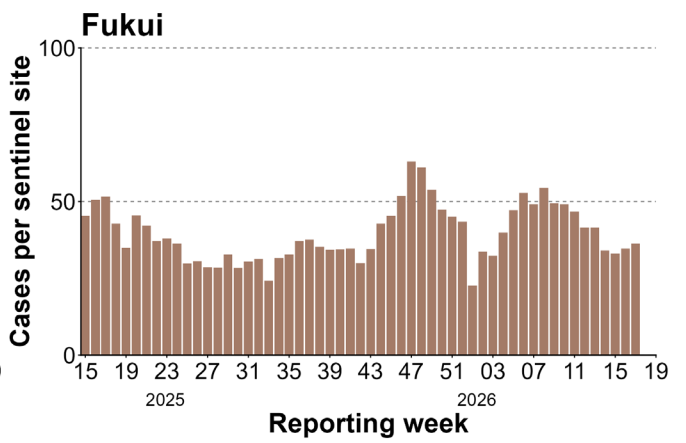
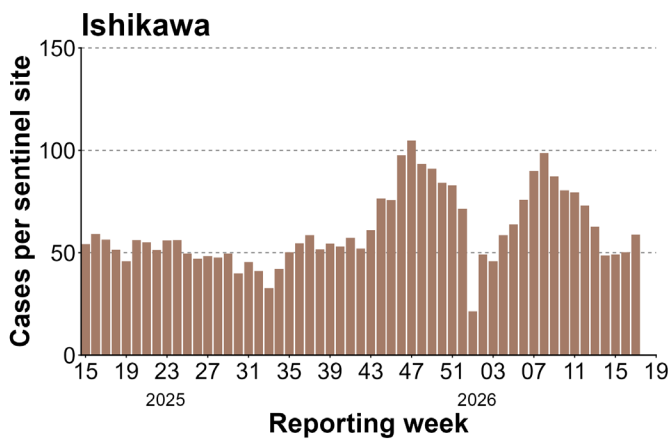
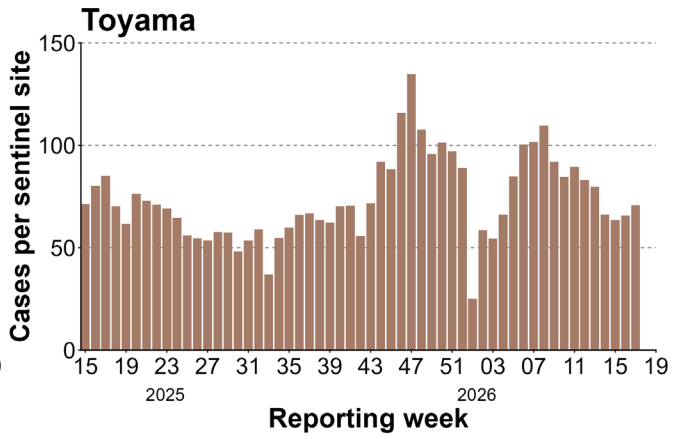
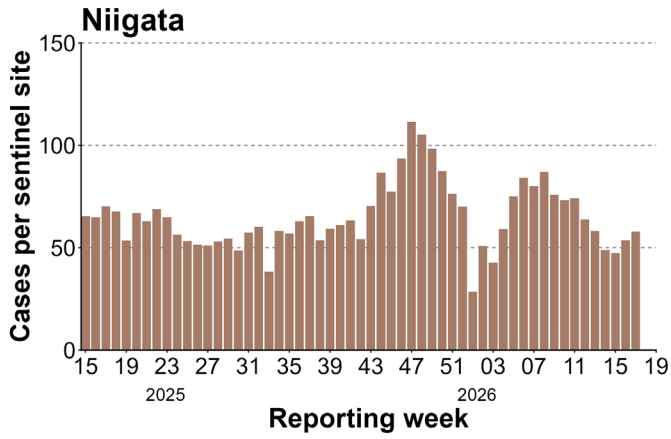
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

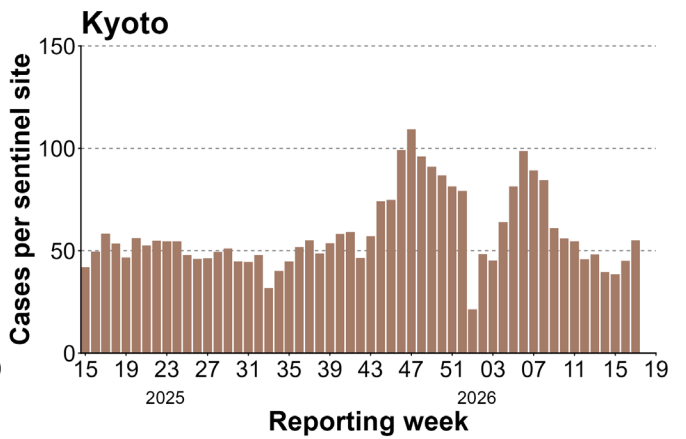
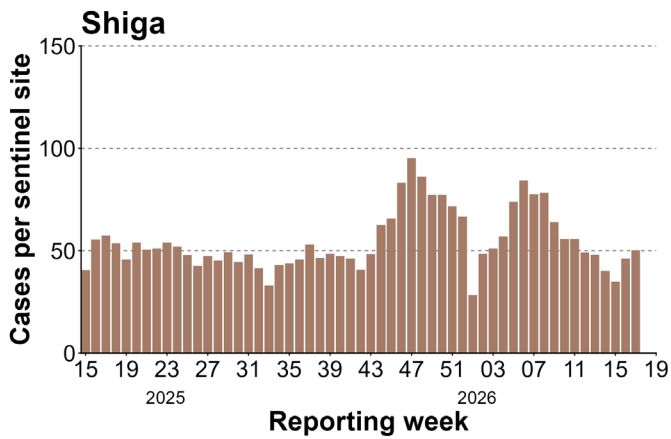
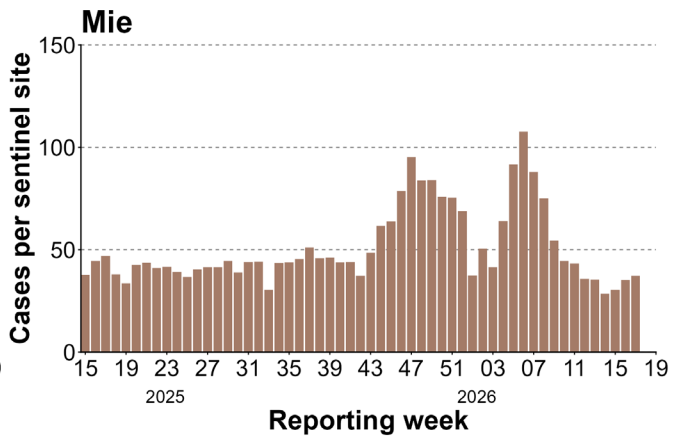
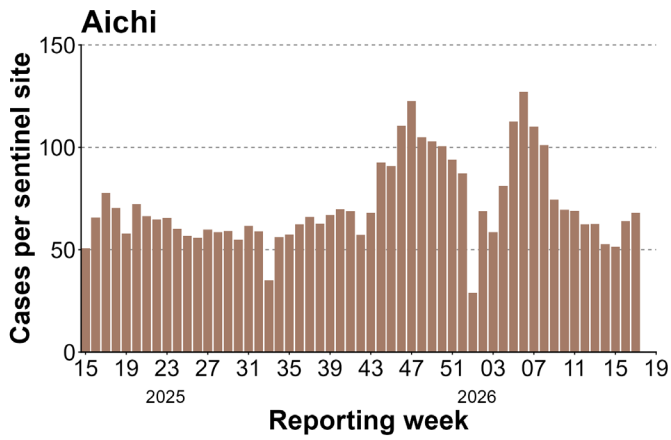
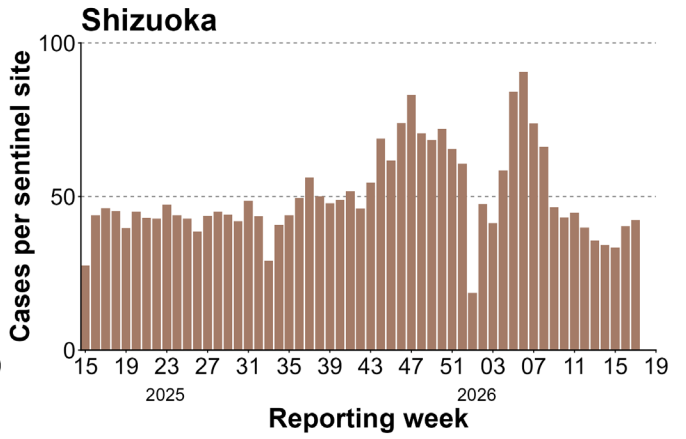
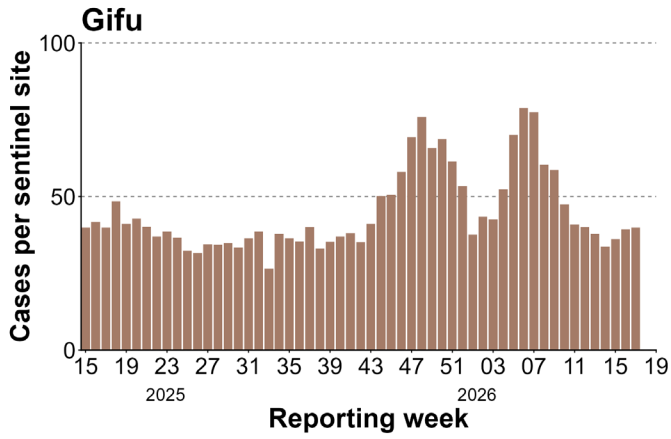
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

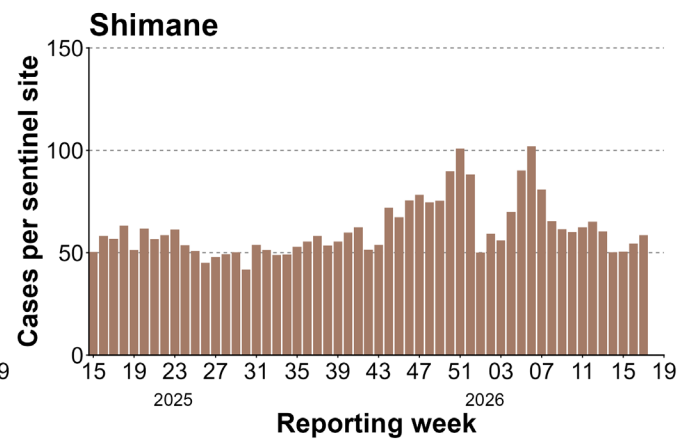
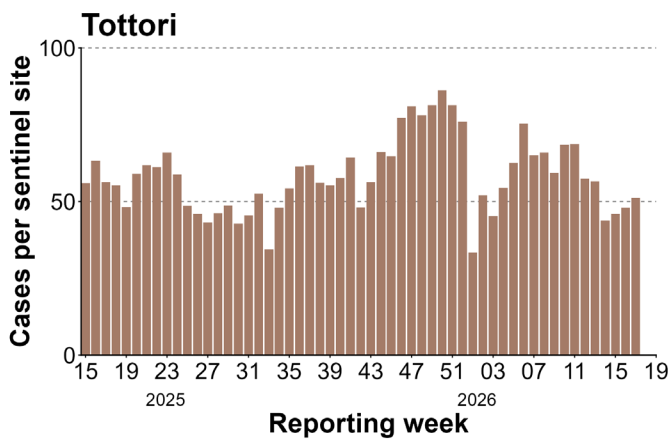
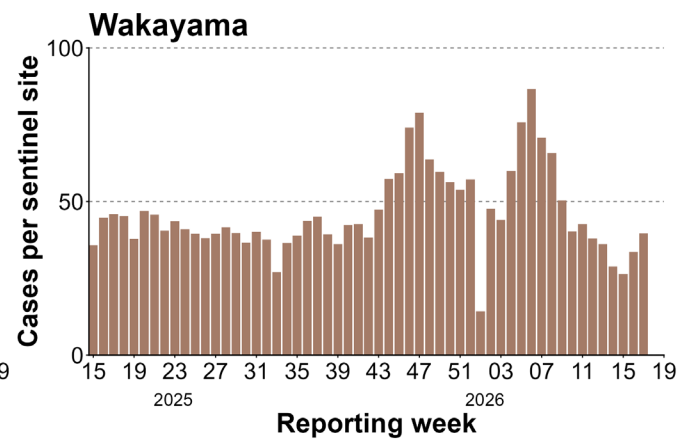
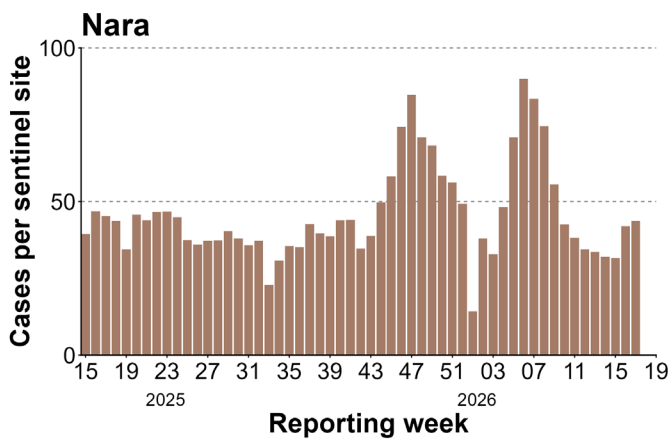
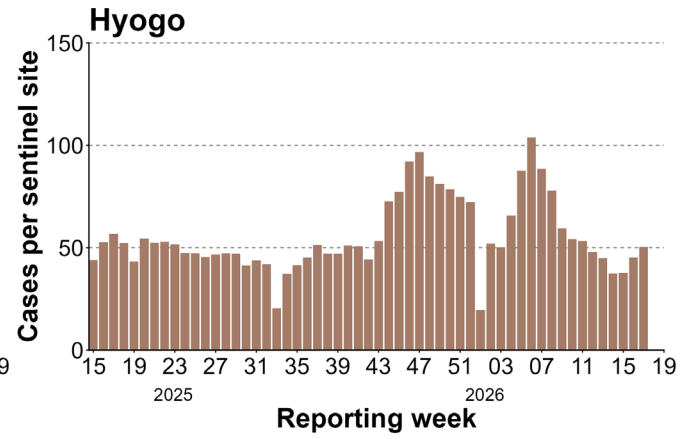
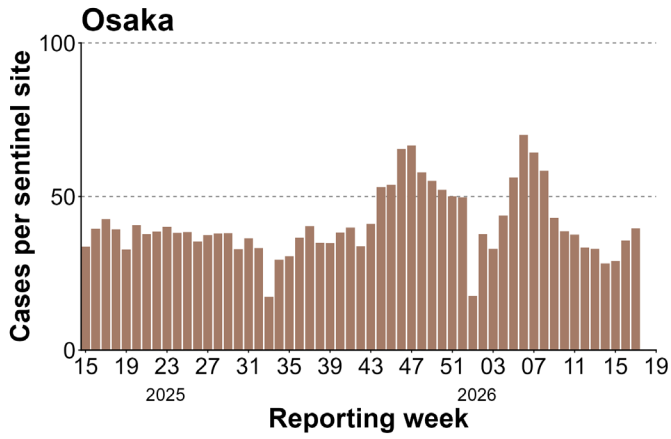


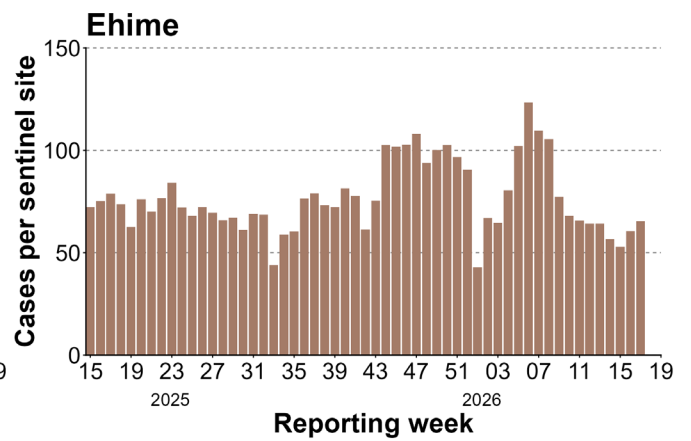
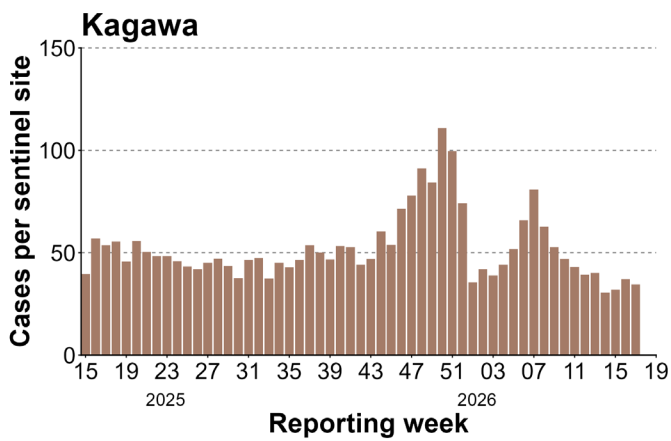
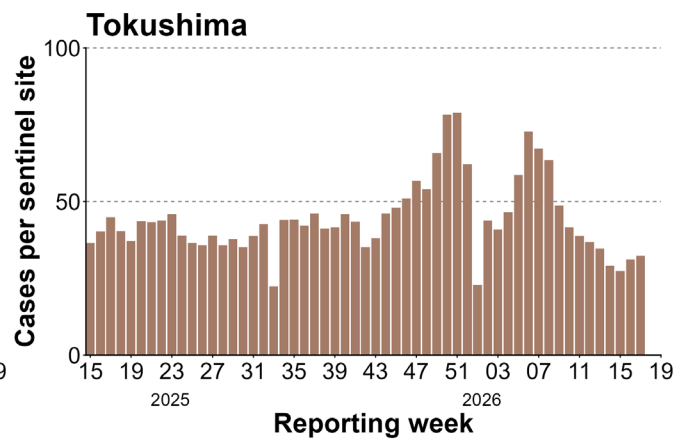
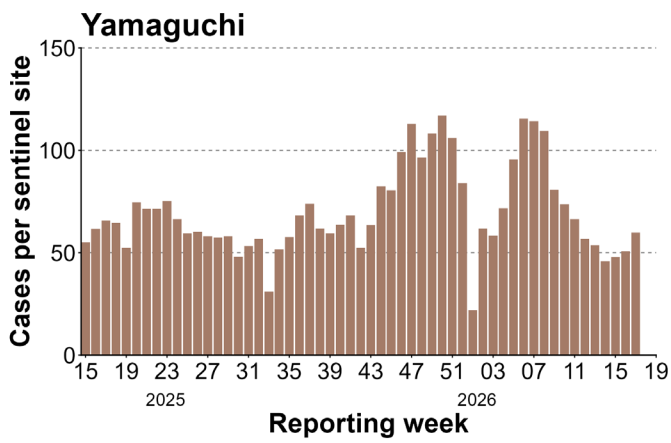
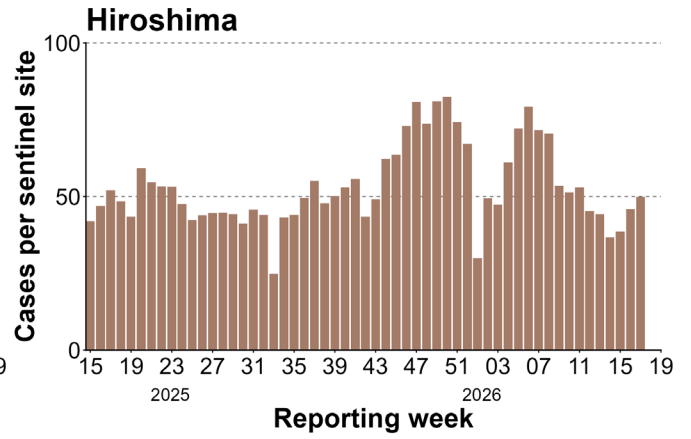
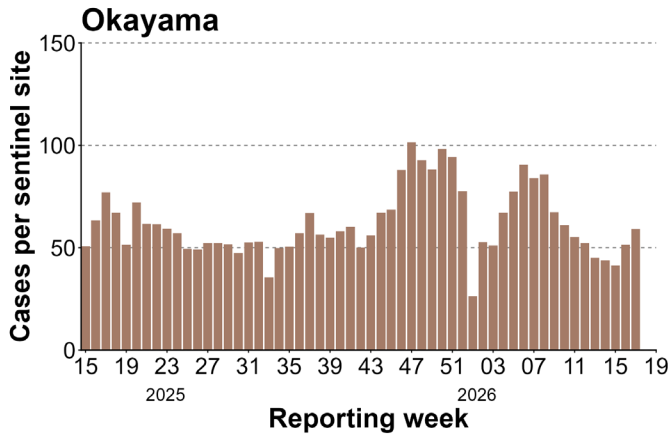


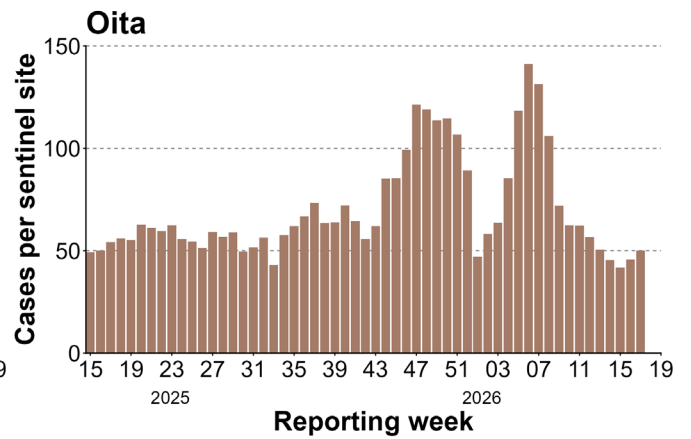
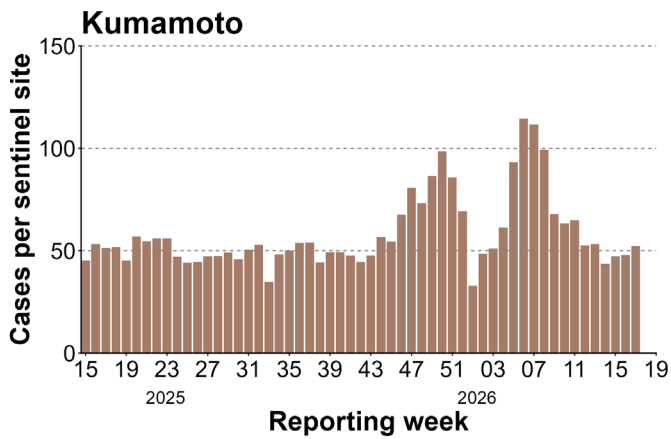
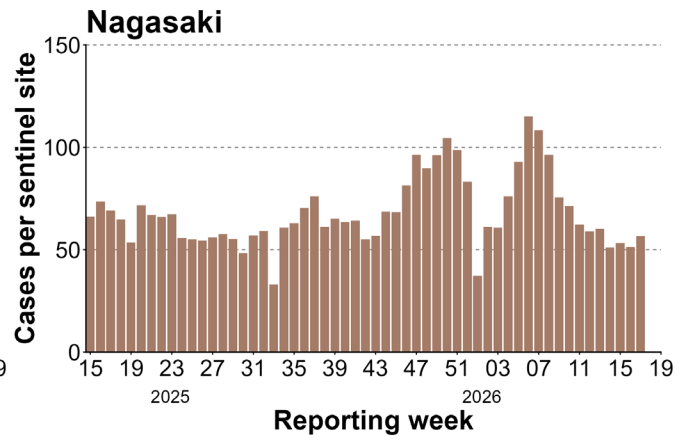
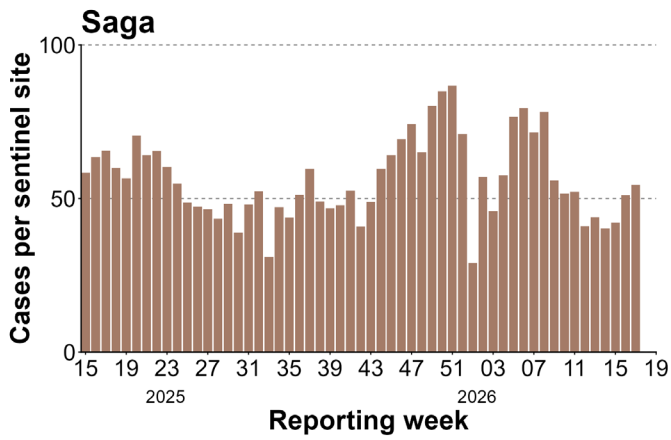
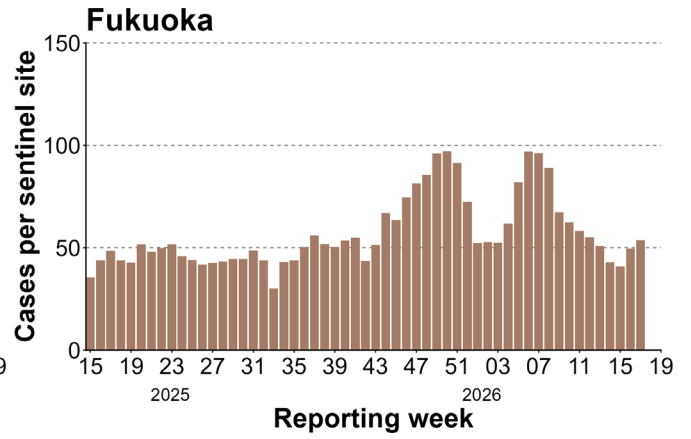
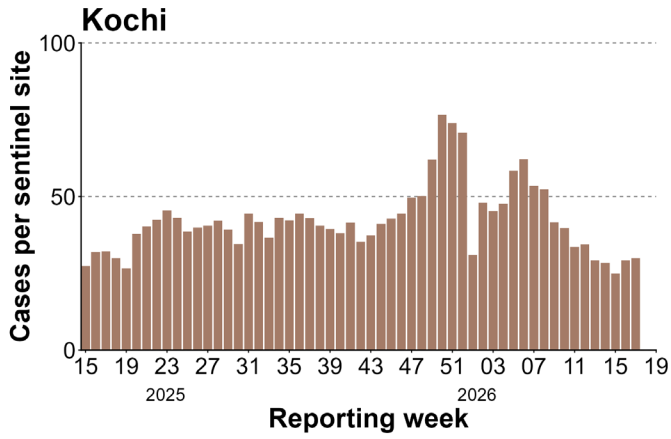


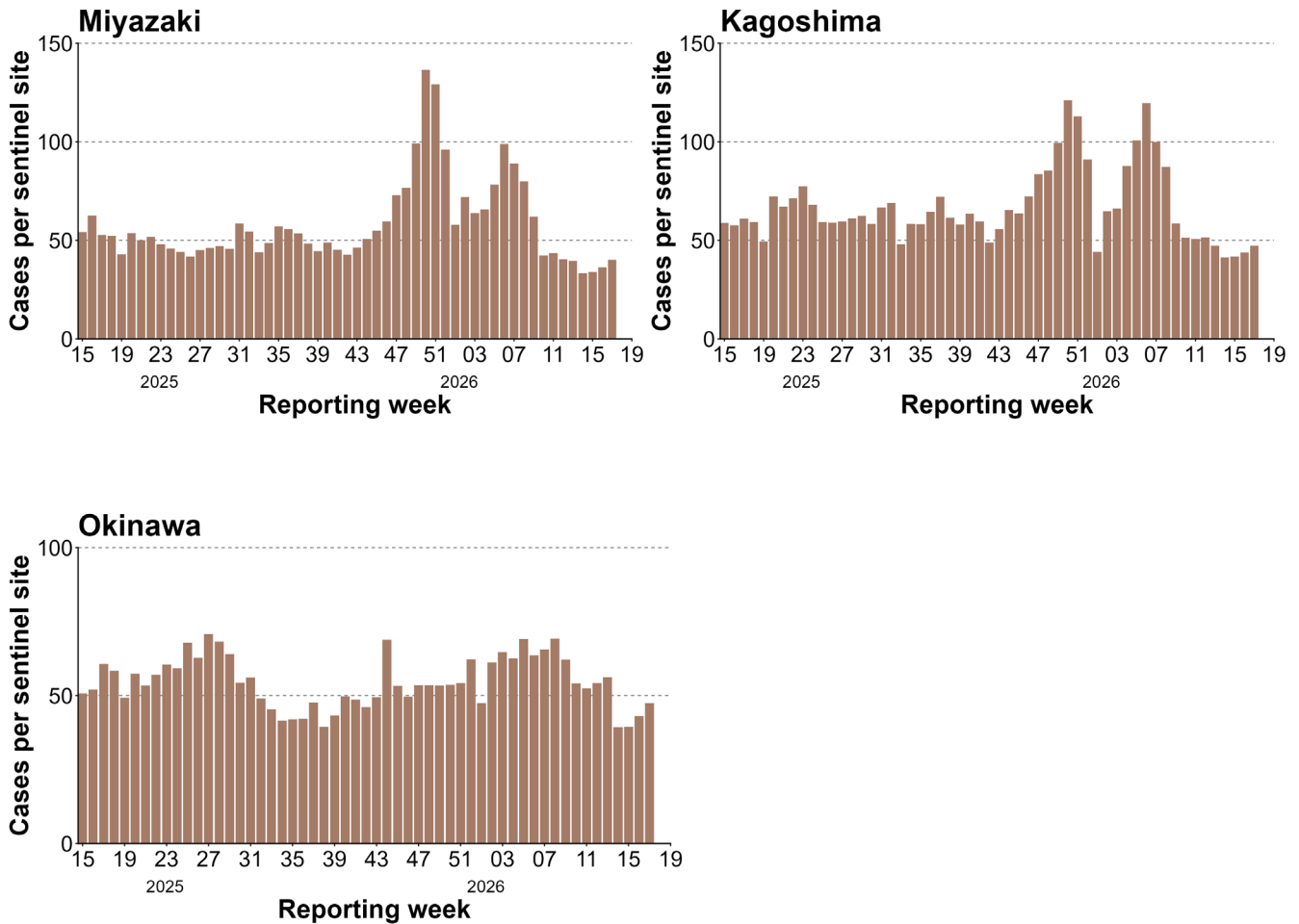












Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026)

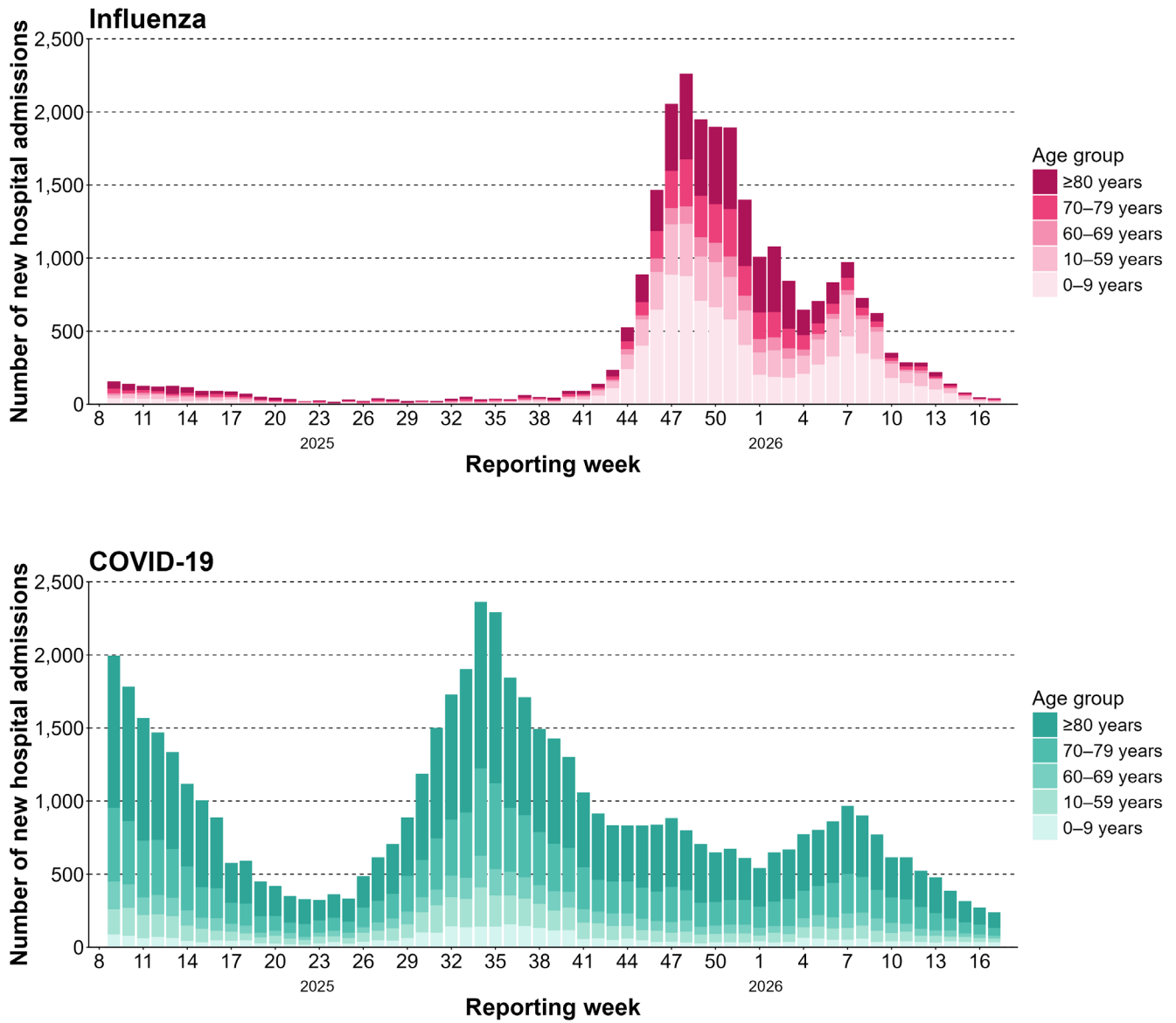
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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

Trends in the number of new hospital admissions reported from designated sentinel medical facilities in week 17 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 41 new hospital admissions due to influenza were reported, representing a decrease of 6 cases compared with the previous week. 241 new hospital admissions due to COVID-19 were reported, representing a decrease of 30 cases from the previous week.

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

Figure 5. Weekly number of new hospital admissions due to influenza and COVID-19 reported by designated sentinel hospitals



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026)

Table 4. Number of new hospital admissions and week-on-week ratio (values in parentheses) by age group, reported by designated sentinel hospitals in week 17

Age group	Influenza	COVID-19
0-9 years	15 (0.62)	34 (0.92)
10-59 years	11 (1.10)	24 (0.92)
60-69 years	0 (0.00)	20 (0.77)
70-79 years	8 (2.00)	55 (0.85)
≥80 years	7 (0.88)	108 (0.92)
Total	41 (0.87)	241 (0.89)

Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 20, 2026 – April 26, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

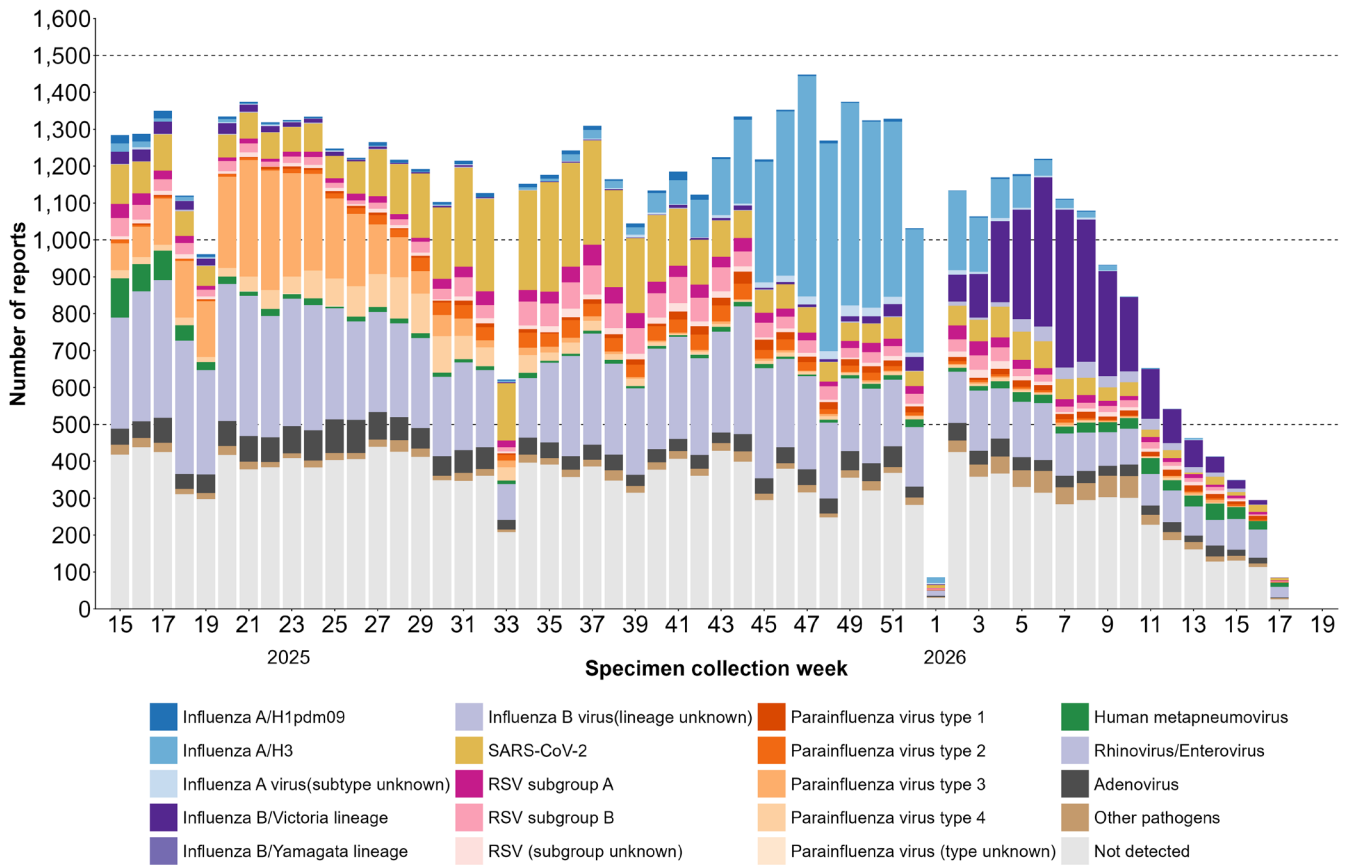
Among specimens collected at ARI pathogen sentinel sites in week 17 of 2026 and reported by the time of analysis, a total of 78 specimens were reported. Of these, 0 specimens were positive for influenza A virus, 1 was positive for influenza B virus, 7 were positive for SARS-CoV-2, and 4 were positive for RSV (Figure 6).

The pathogen-specific test positivity was 0% for influenza A virus, 1.3% for influenza B virus, 9.0% for SARS-CoV-2, and 5.1% for RSV (Figure 7).

Specimens collected in week 12 (March 16-22) 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 Supplementary information 1. For week 17, 2 specimens of SARS-CoV-2, 1 specimen of human metapneumovirus, and 1 specimen of RSV were reported.

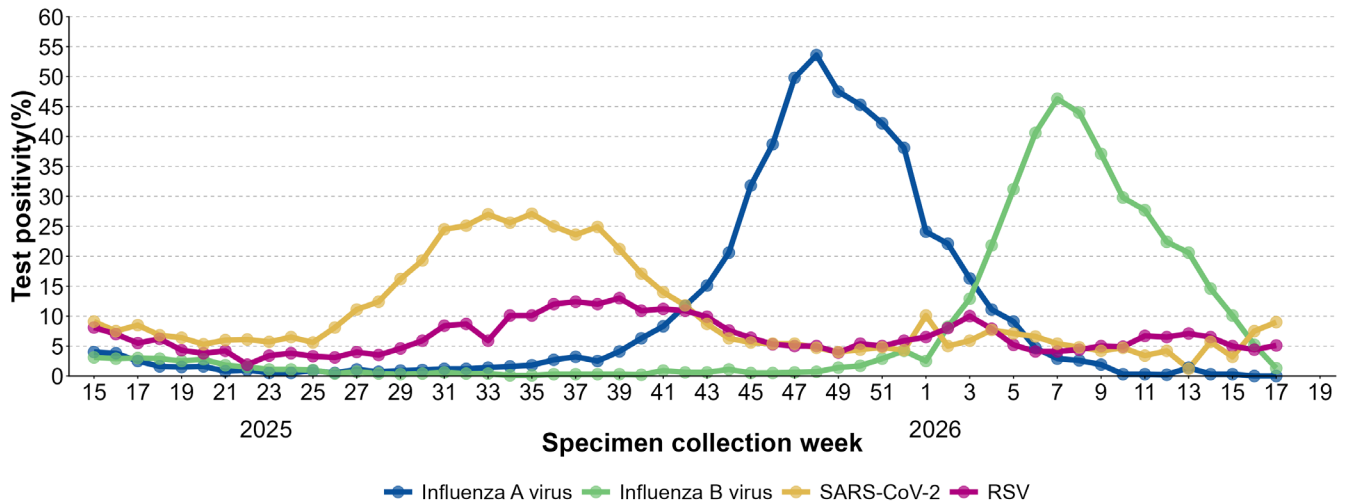
Figure 6. Weekly number of detected pathogens based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 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 enterovirus was detected. “Other pathogens” denotes detection of pathogens not listed in the legend. For weeks and regions with no detections 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. Weekly pathogen-specific test positivity based on specimen collection week

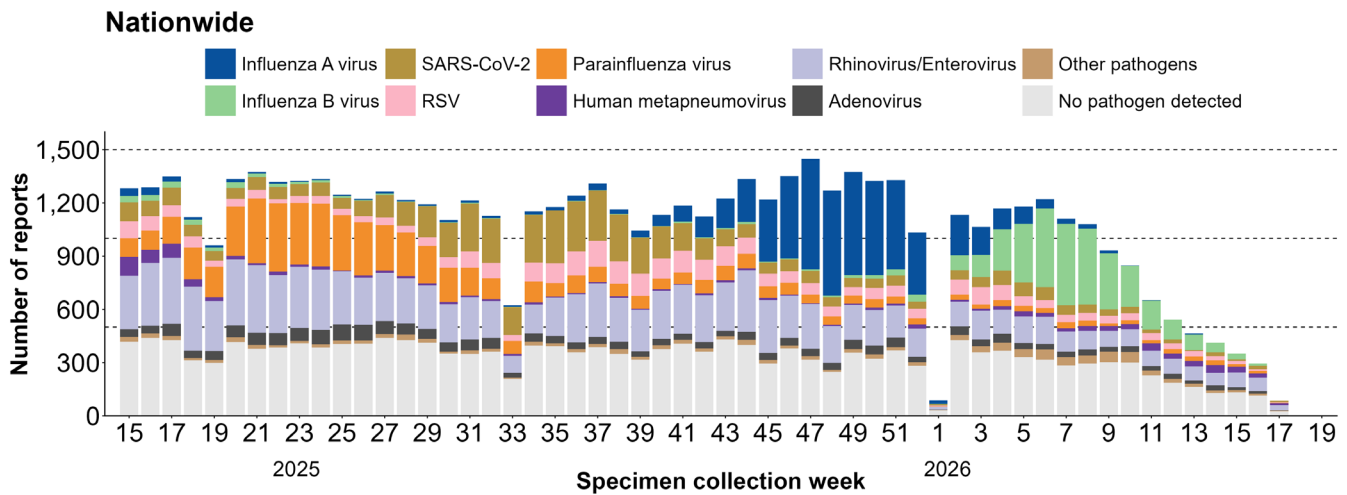


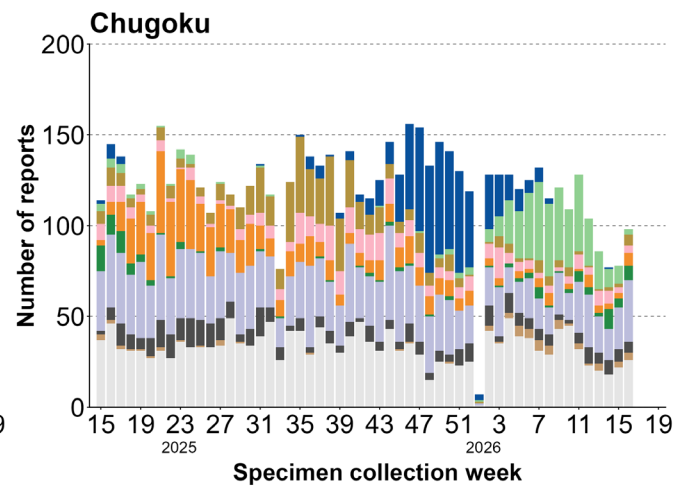
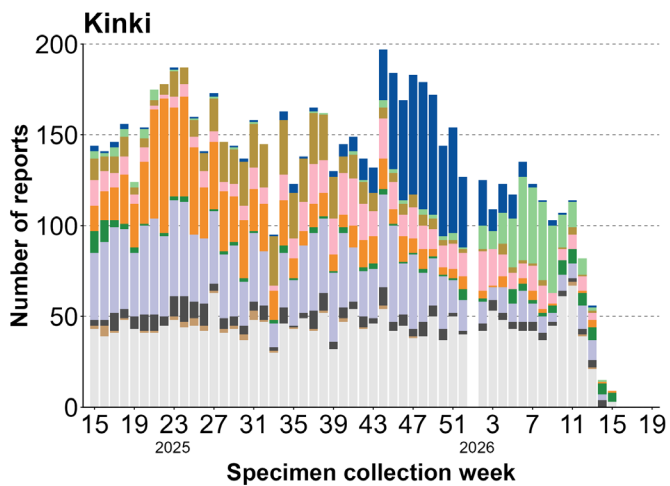
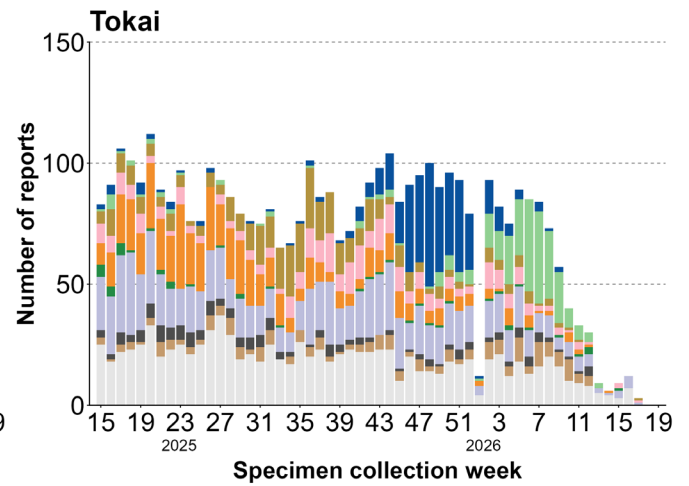
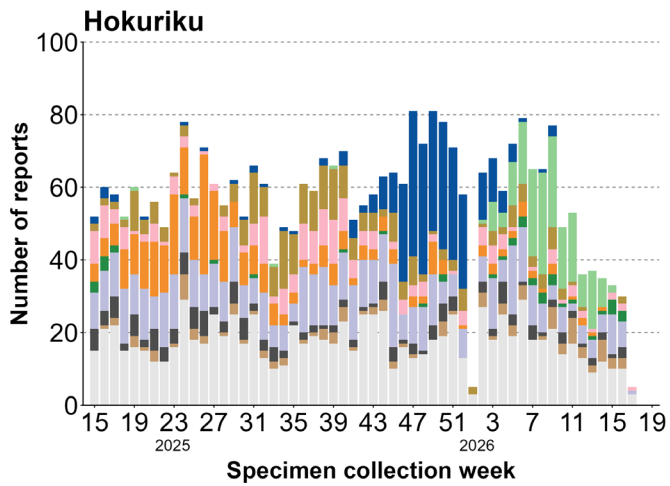
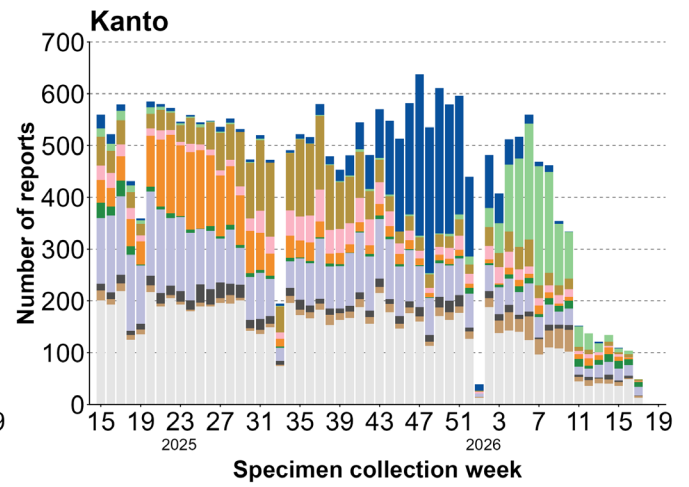
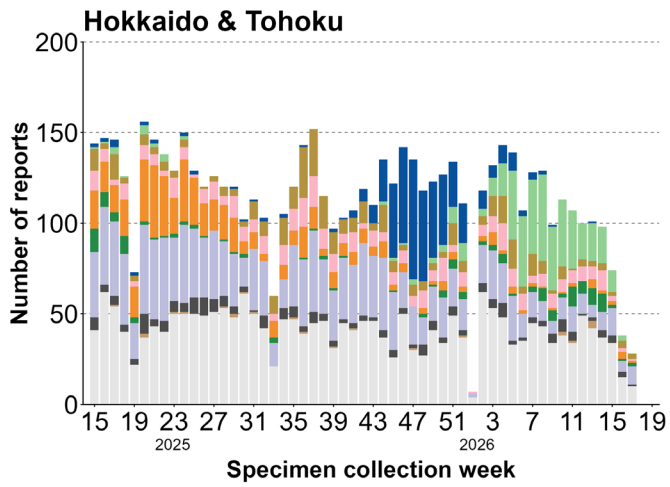
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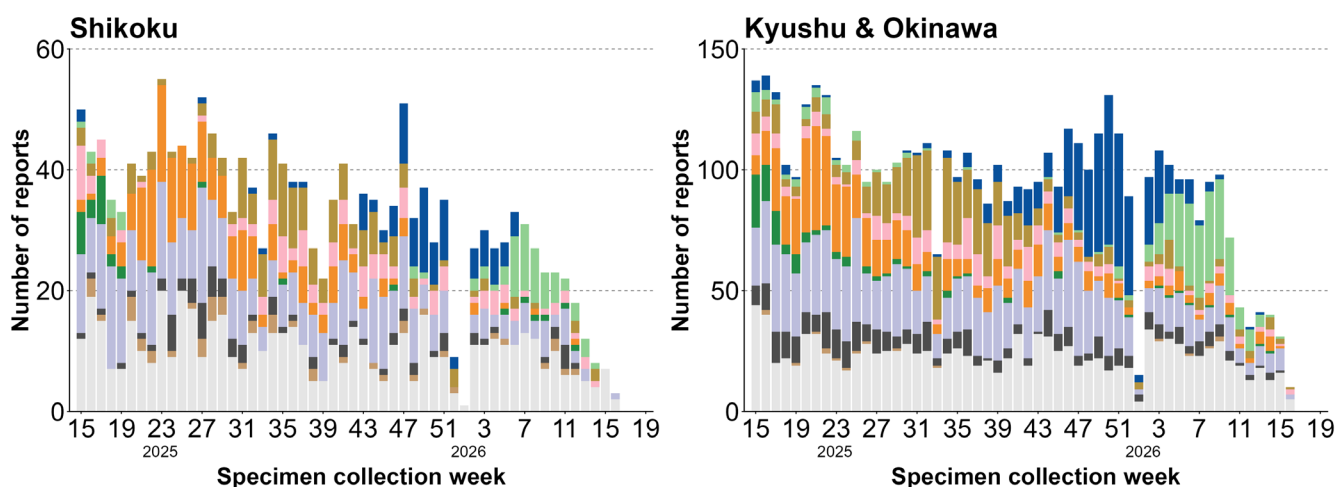
Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: $(\text{number positive} / \text{number tested}) \times 100$.

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 30, 2026 (data range: April 7, 2025 – April 26, 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 detections 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 17

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	99	Influenza B virus
Kanto	118	Influenza B virus
Hokuriku	36	Influenza B virus
Tokai	23	Rhinovirus/Enterovirus
Kinki	78	Rhinovirus/Enterovirus
Chugoku	90	Rhinovirus/Enterovirus
Shikoku	17	Influenza B virus
Kyushu & Okinawa	34	Influenza B virus

Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026
(data range: April 20, 2026 – April 26, 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)
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- 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/infuenza/index.html
 - COVID-19
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 - RSV infection
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 - Pharyngoconjunctival fever
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- Graphical Overview of Infectious Diseases
https://www.jihs.go.jp/content10/030/en_Dashboard.html
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<https://id-info.jihs.go.jp/surveillance/iasr/45/532/article/030/index.html>
- Variants 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 molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

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 12	Week 13	Week 14	Week 15	Week 16	Week 17
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)	1	0	0	0	0	0
Influenza B virus	3	3	1	3	0	0
SARS-CoV-2	1	0	2	0	0	2
RSV	1	2	2	1	0	1
Parainfluenza virus 1	0	0	1	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)	3	2	0	0	0	0
Rhinovirus/Enterovirus	6	3	4	4	8	0
Human metapneumovirus	2	0	2	2	0	1
Adenovirus	2	0	0	0	0	0
Coronavirus HKU1	0	1	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	0	1	0
Coronavirus OC43	3	1	0	1	1	0
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0
Chlamydia pneumoniae	1	0	0	0	0	0
Mycoplasma pneumoniae	1	0	0	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of April 29, 2026 (data range: March 16, 2026 to April 26, 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 11 medical institutions participated between weeks 12–17.

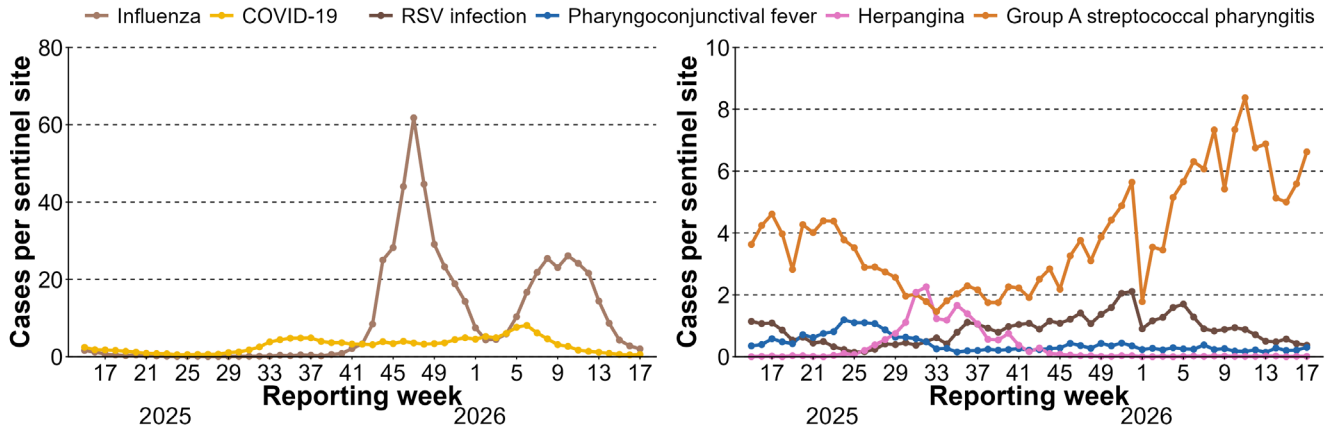
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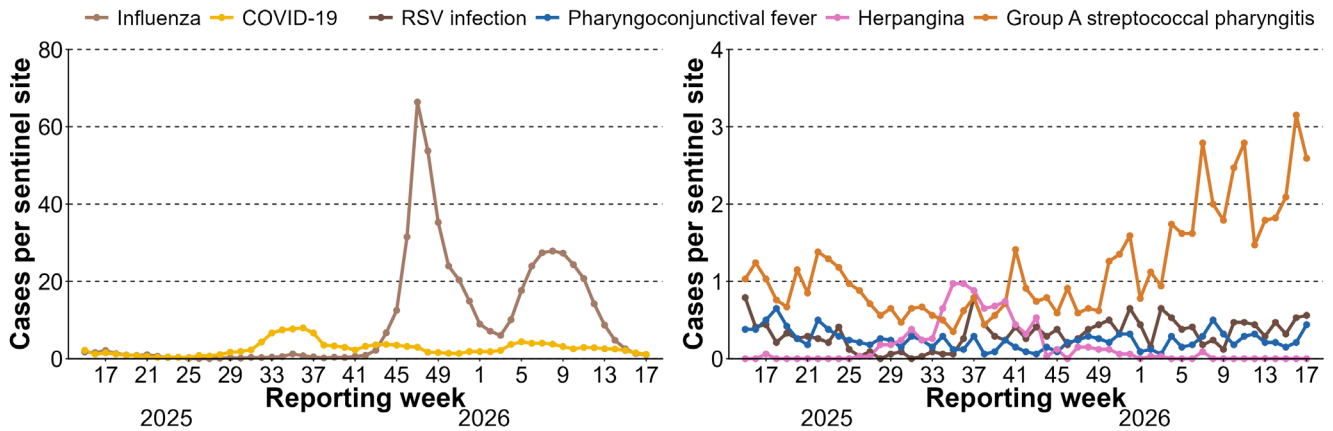
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Supplementary information 2. Weekly cases per sentinel site by prefecture for each disease

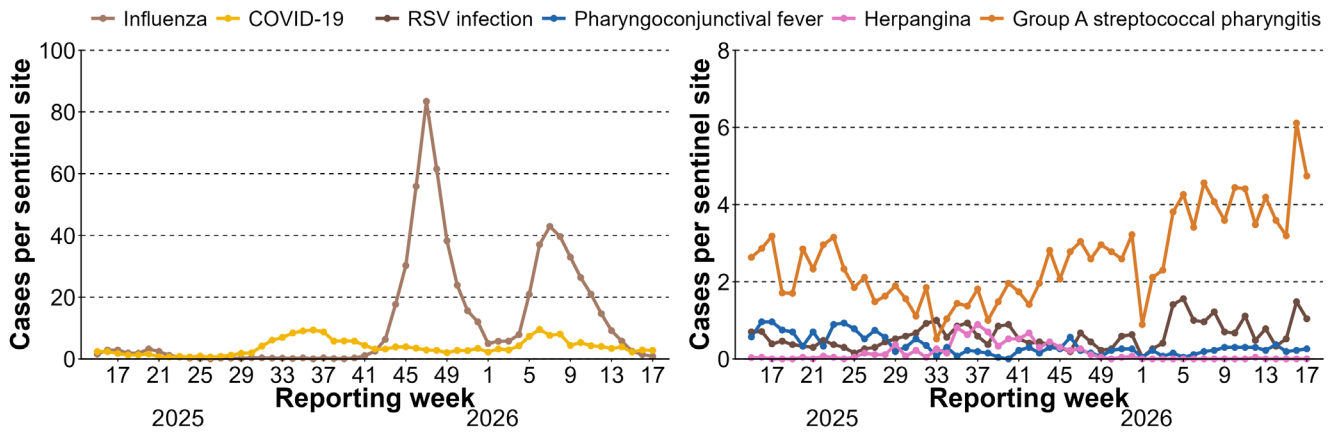
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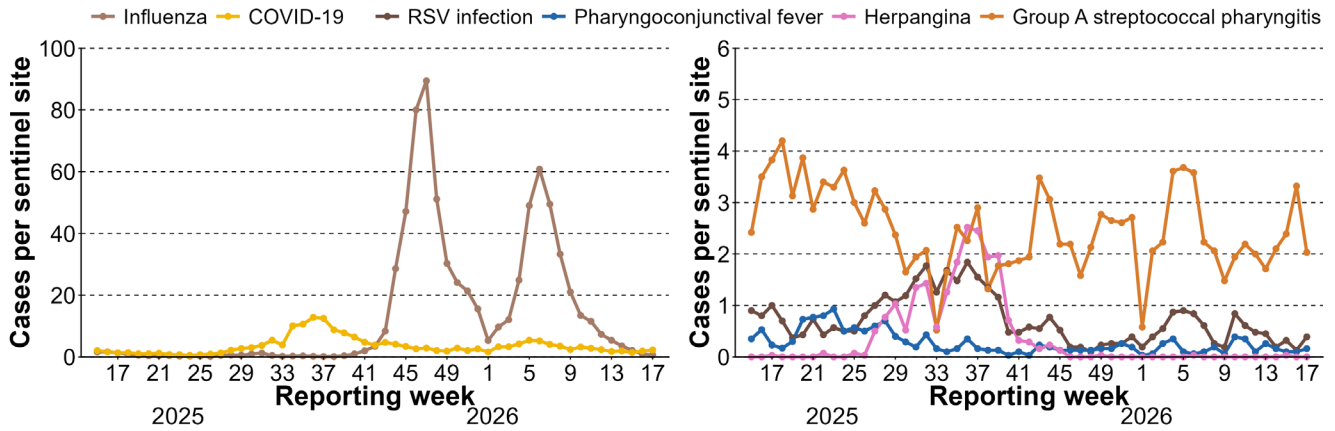
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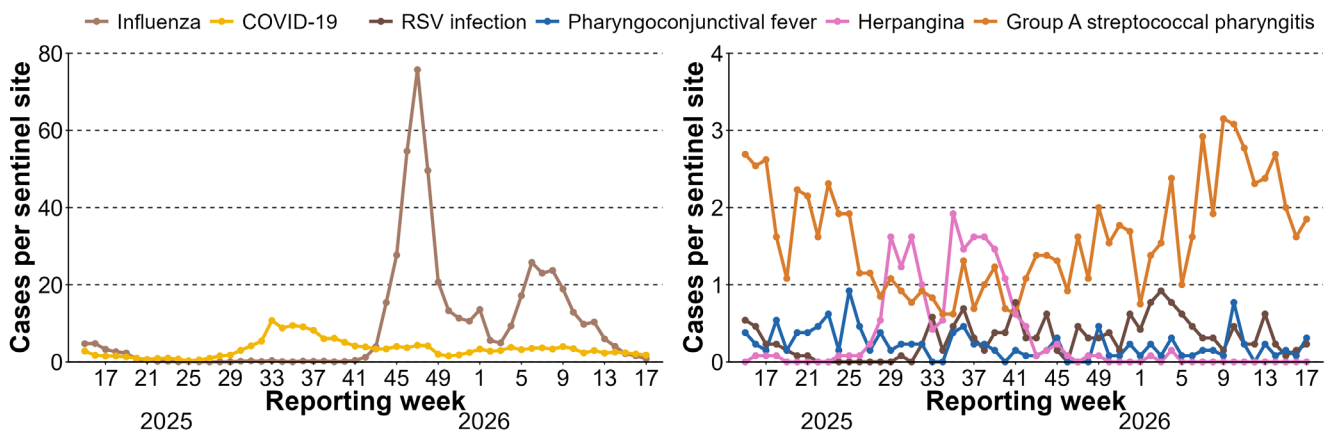
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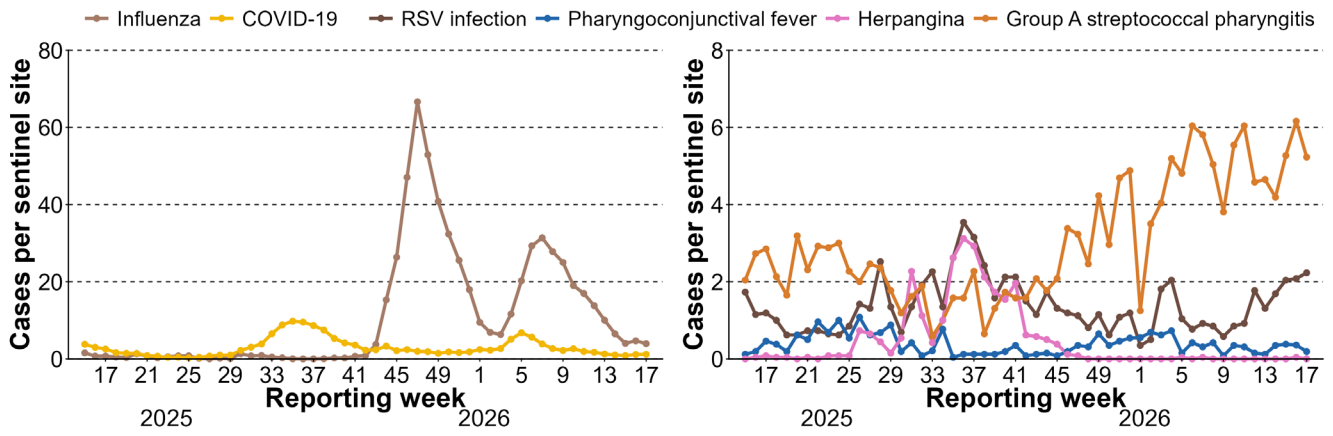
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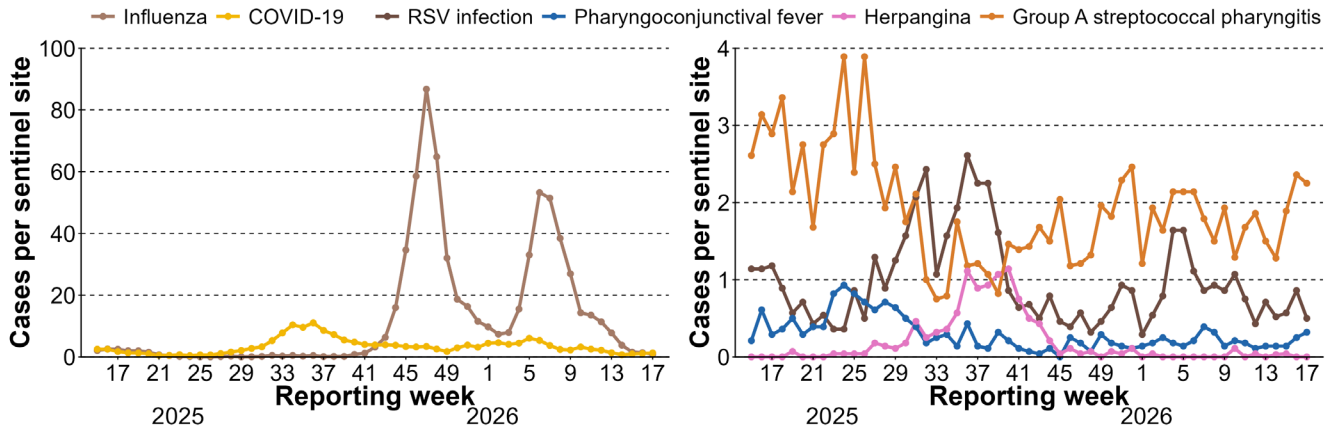
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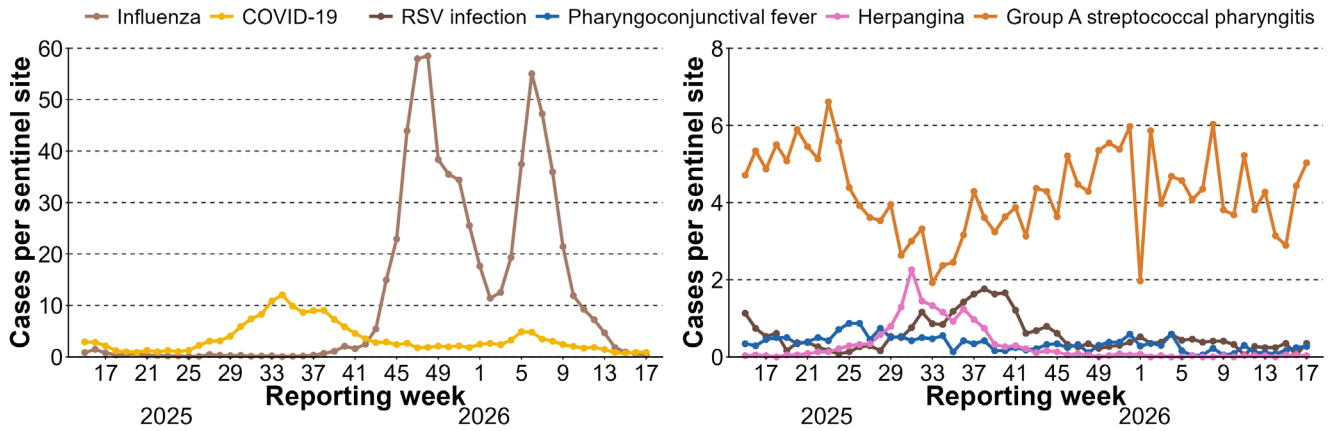
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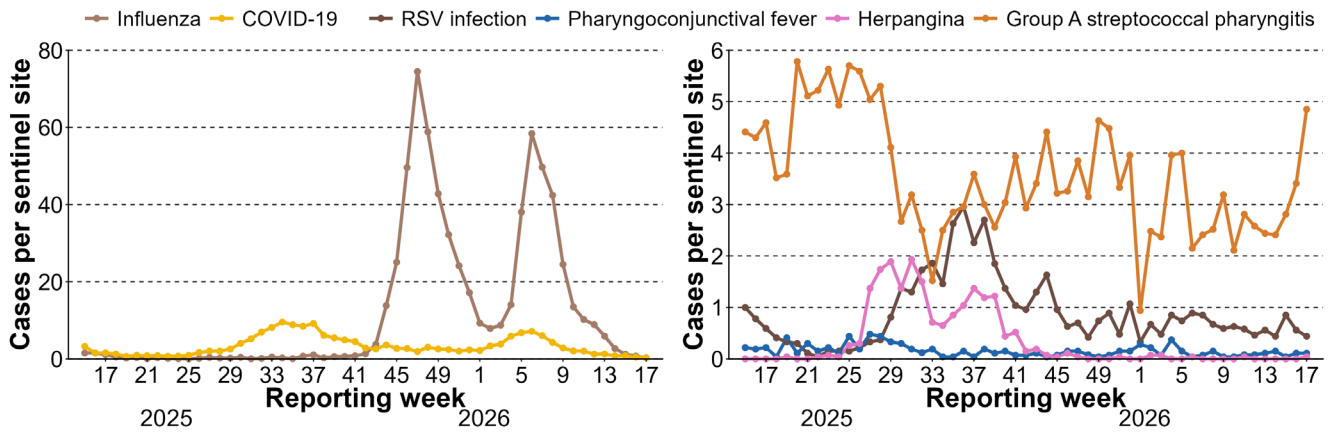
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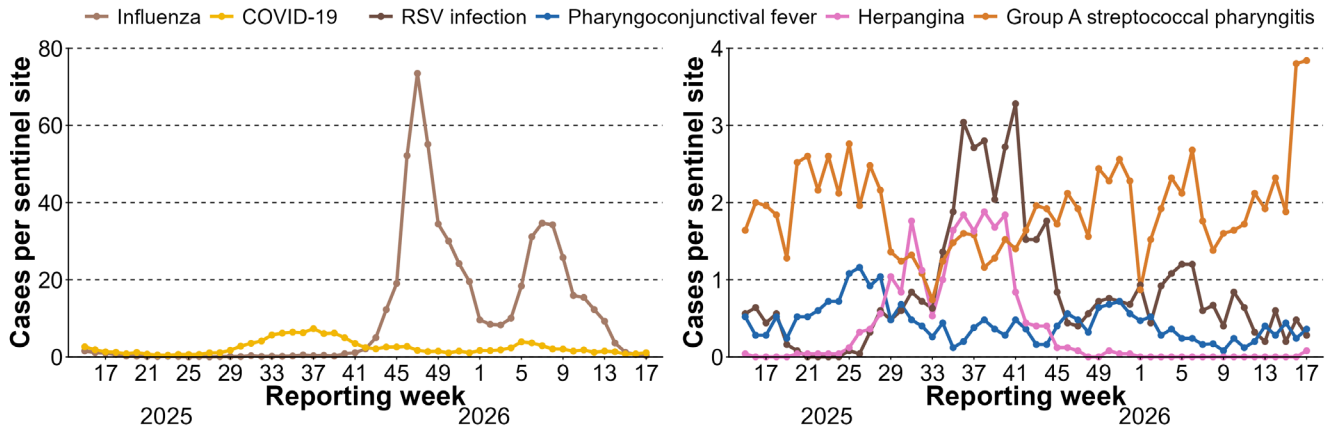
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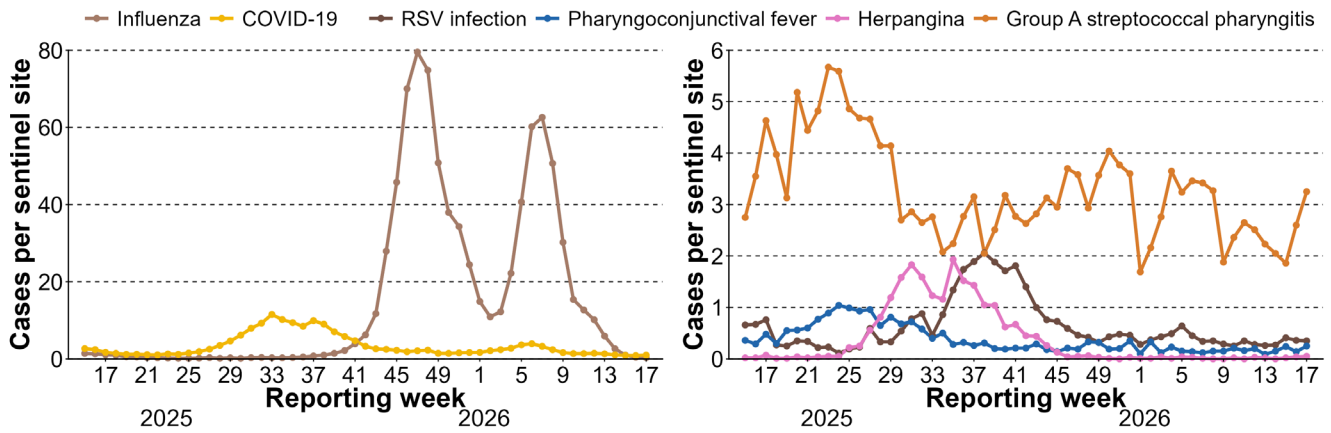
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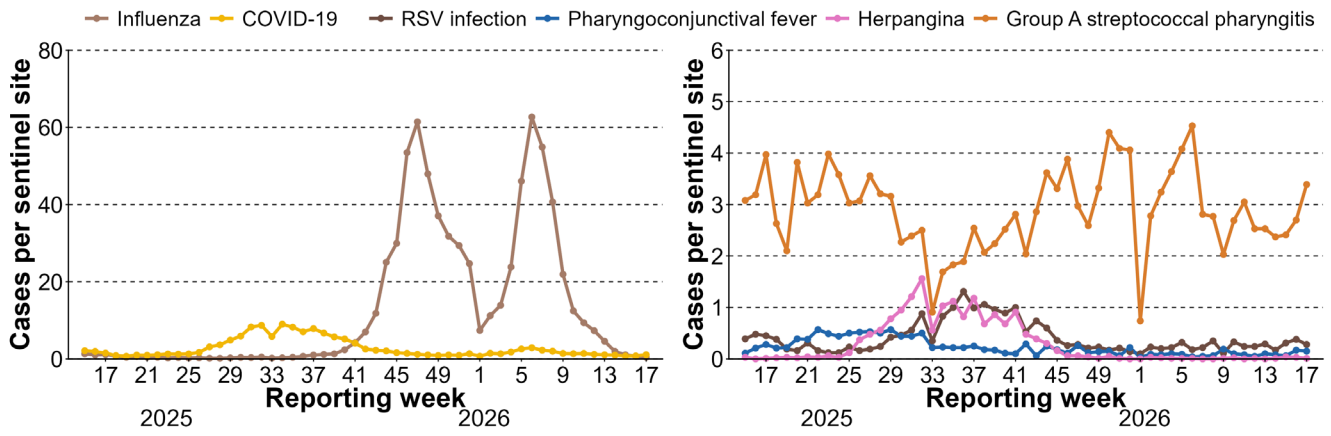
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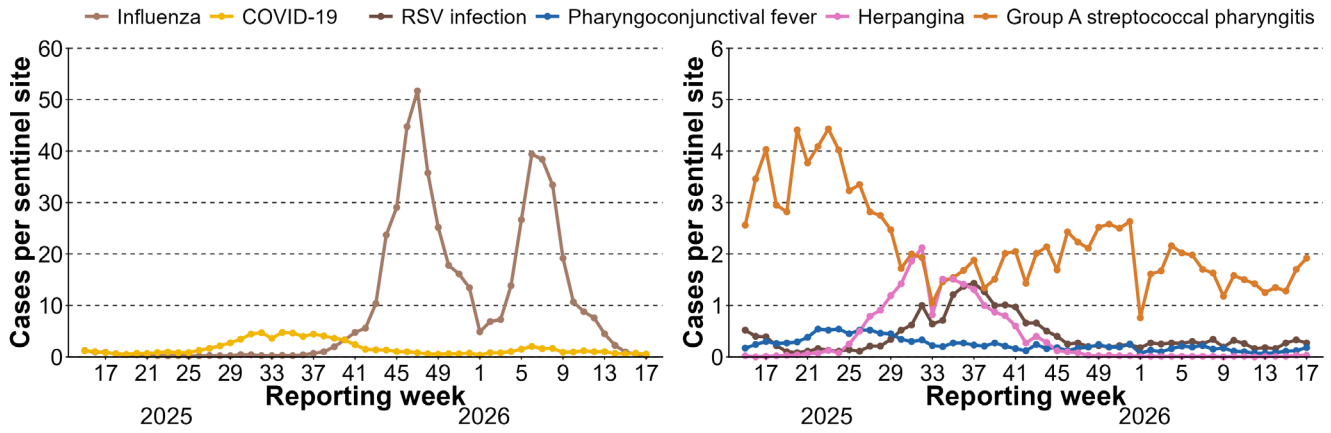
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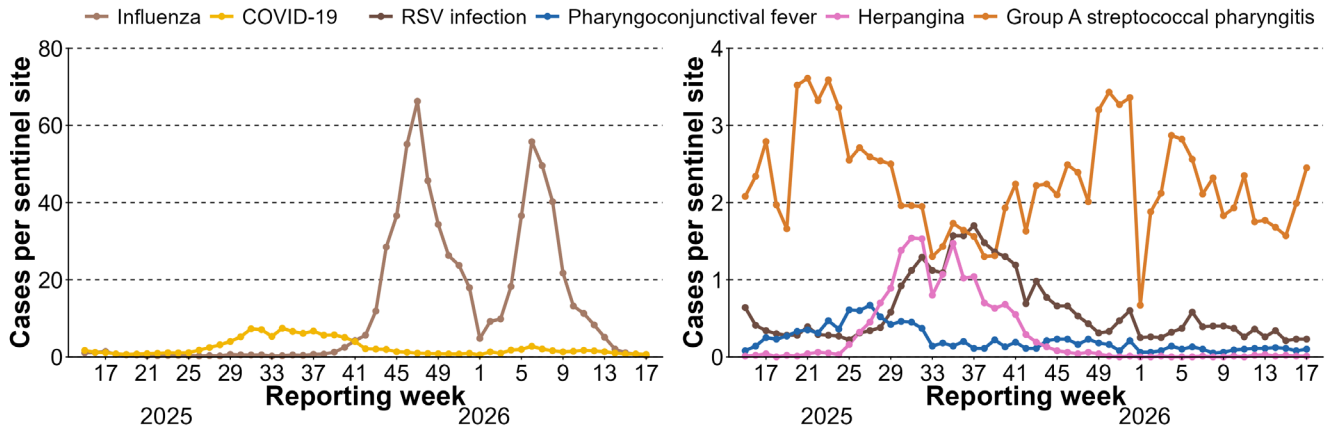
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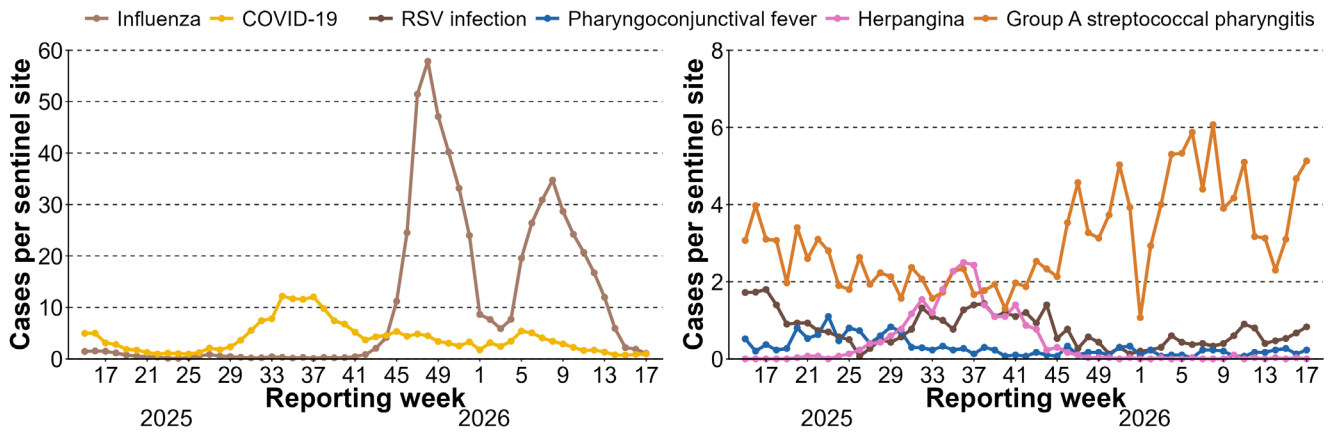
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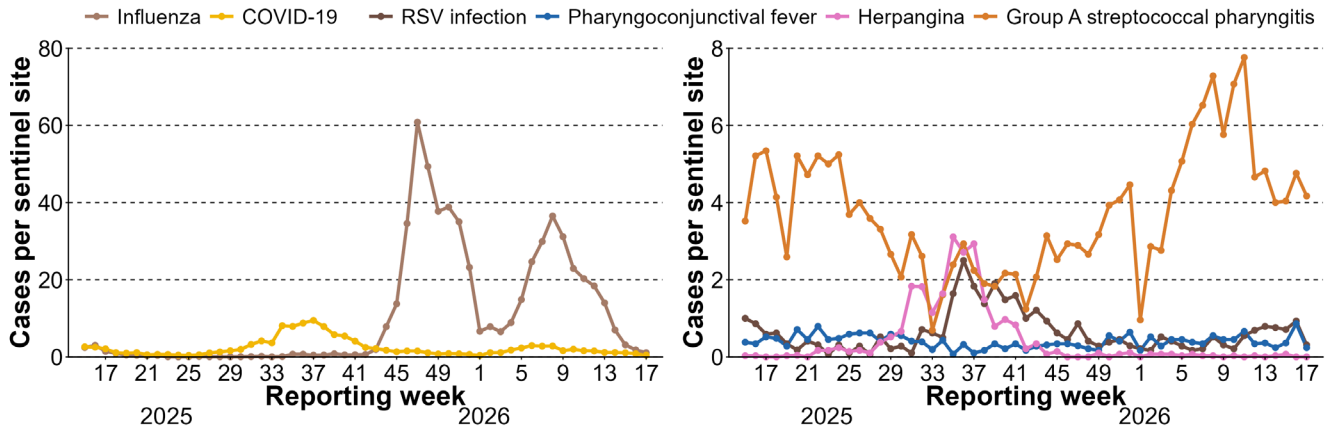
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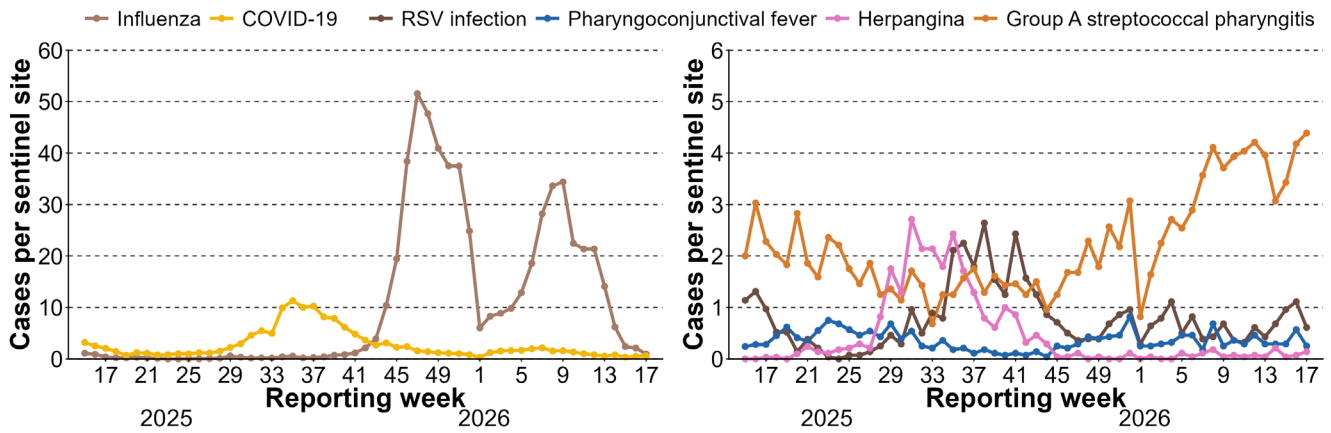
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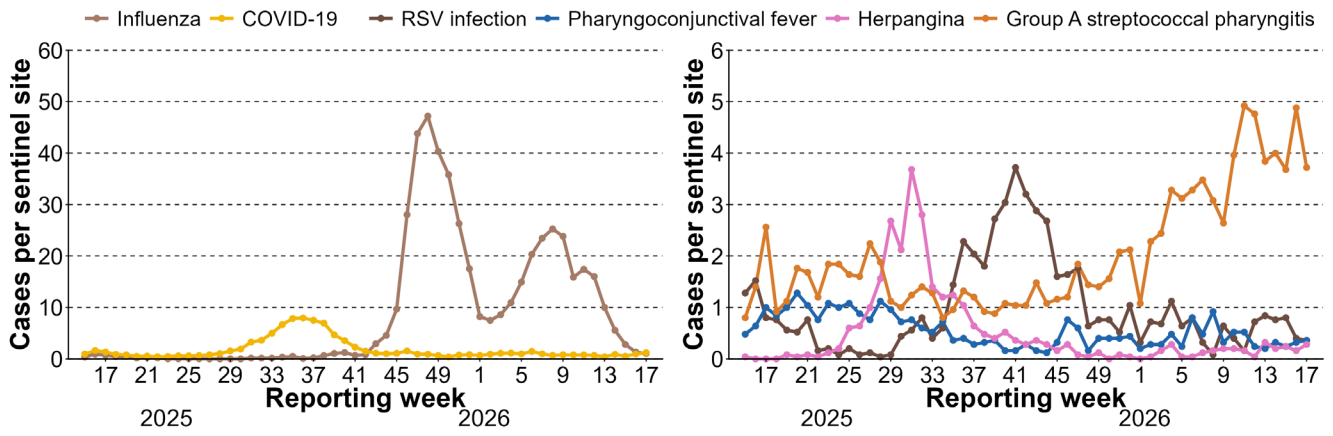
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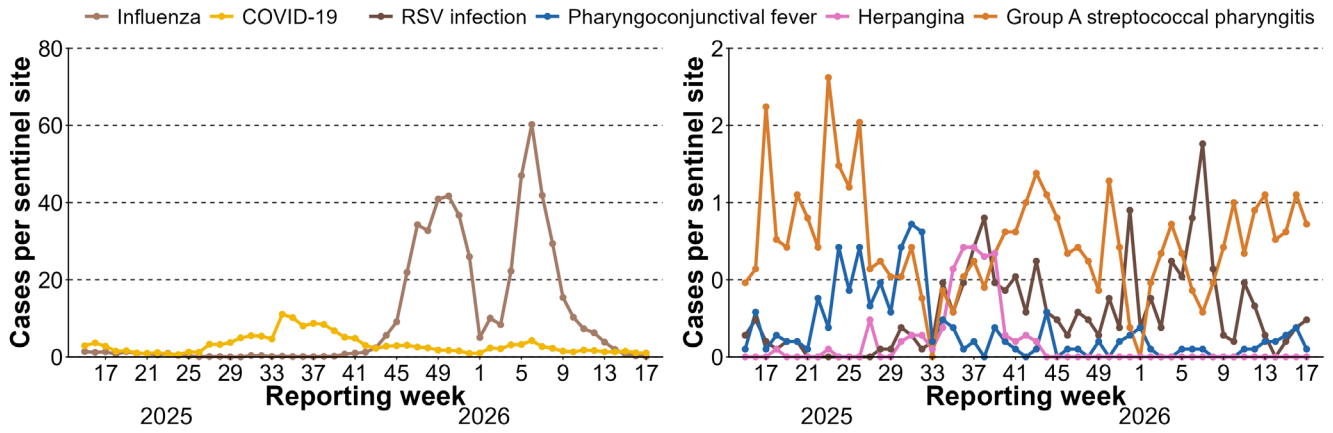
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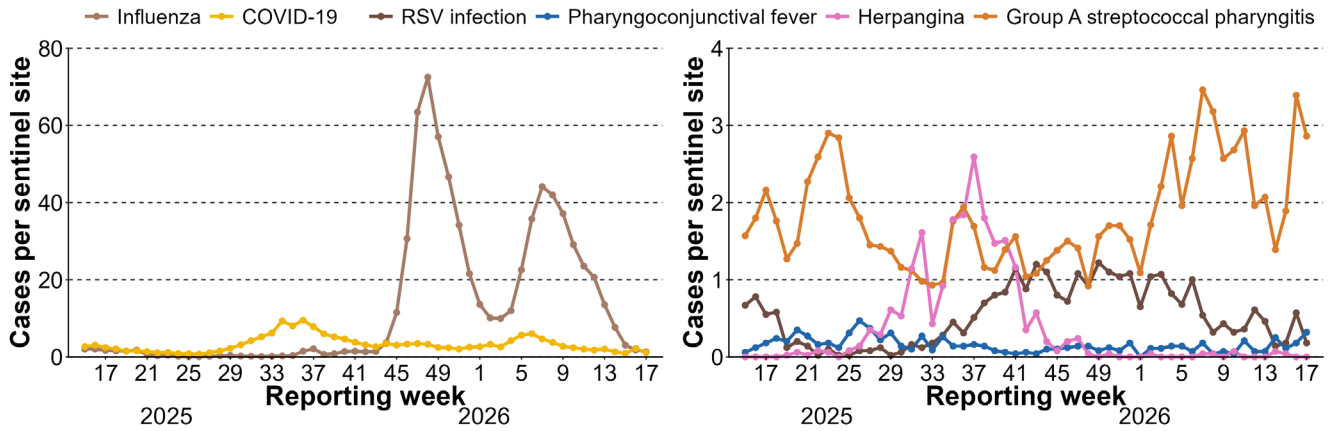
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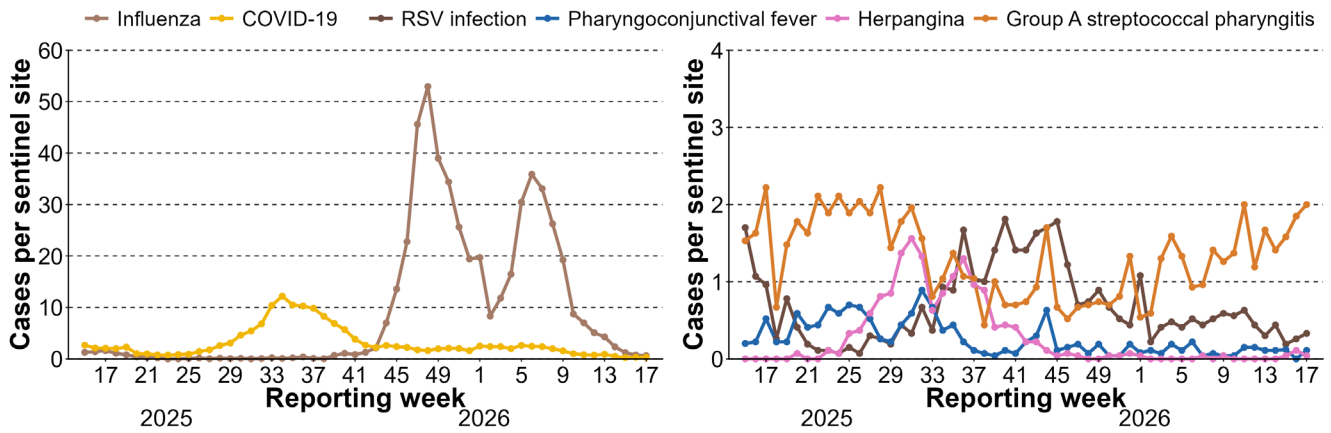
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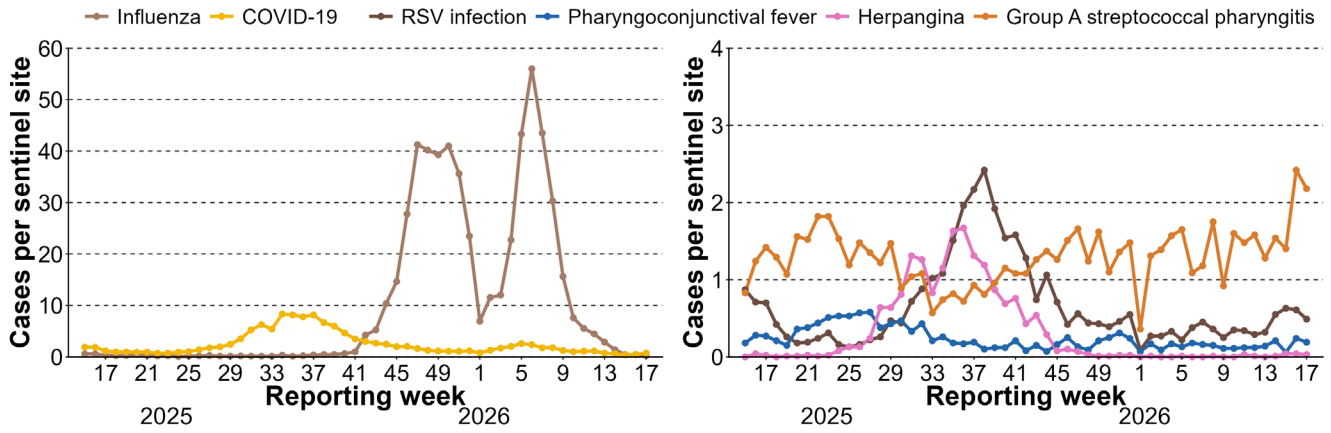
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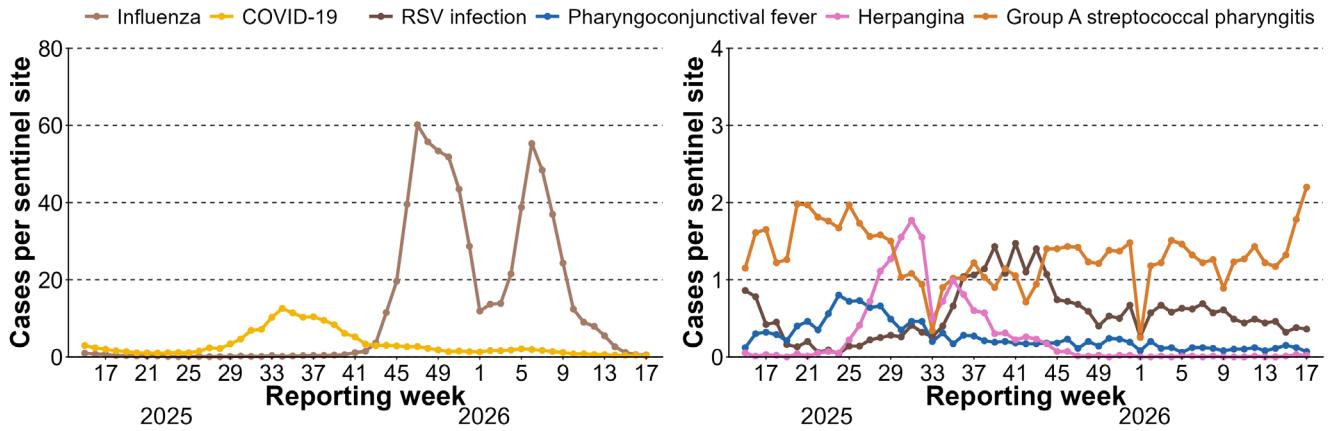
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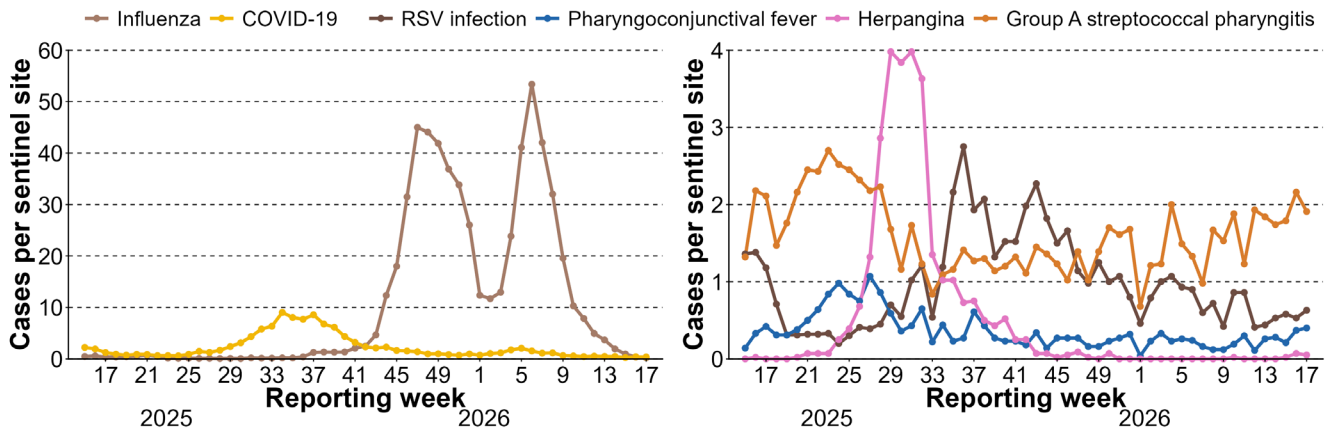
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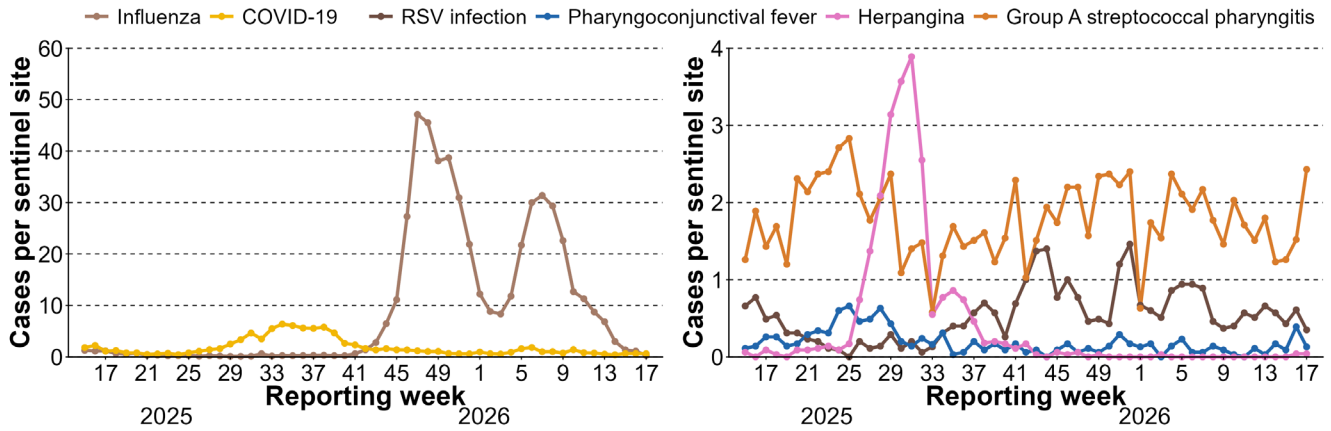
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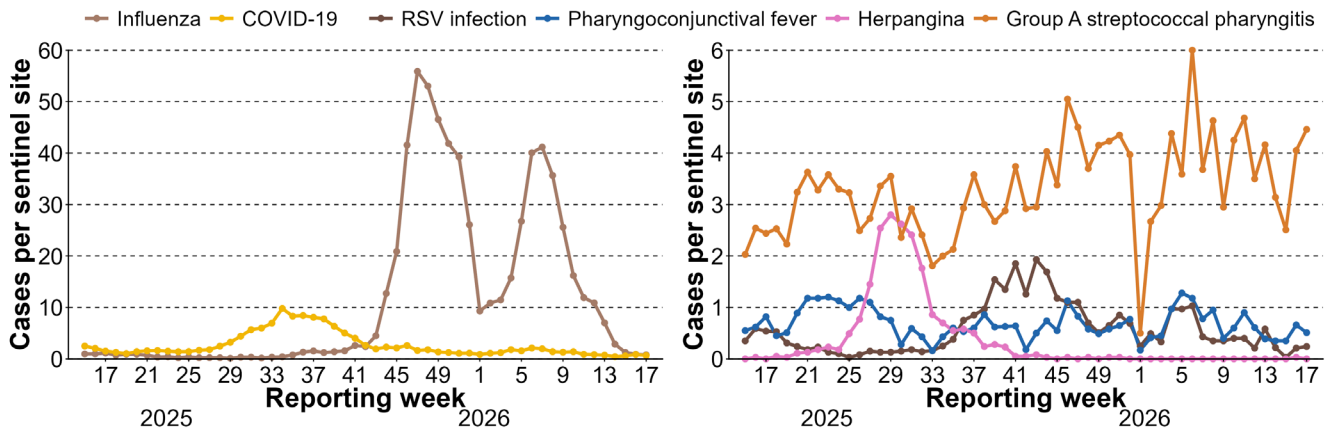
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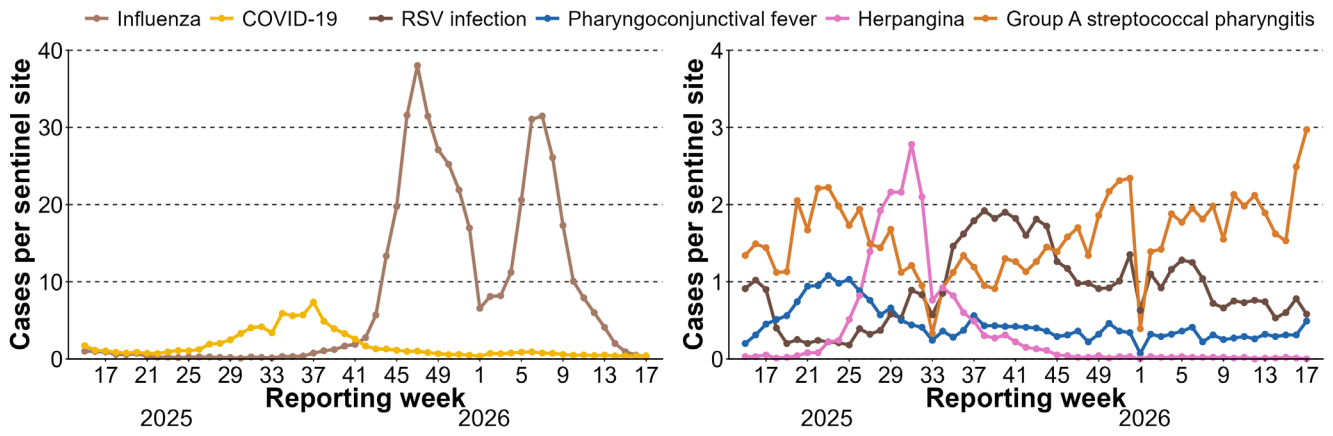
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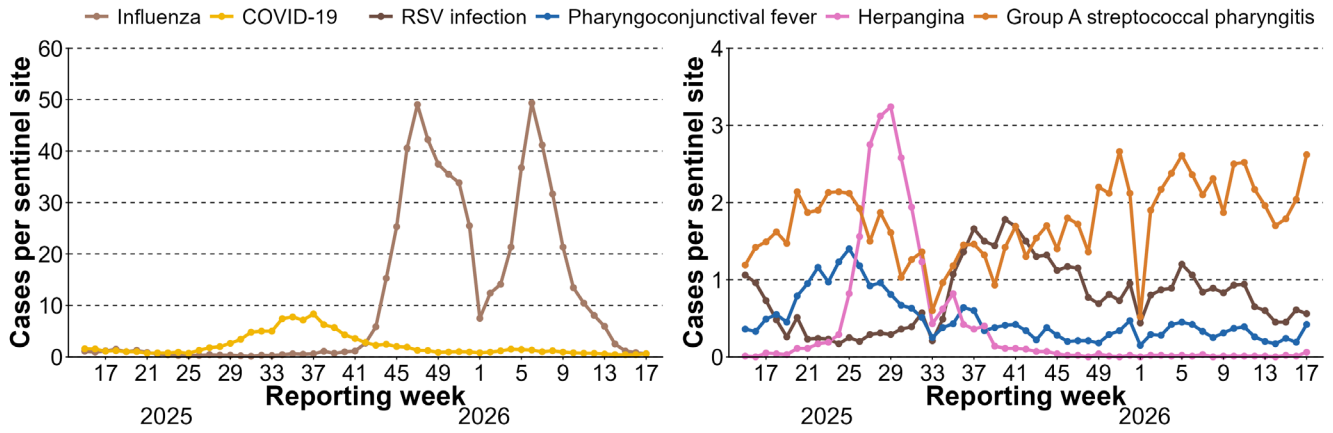
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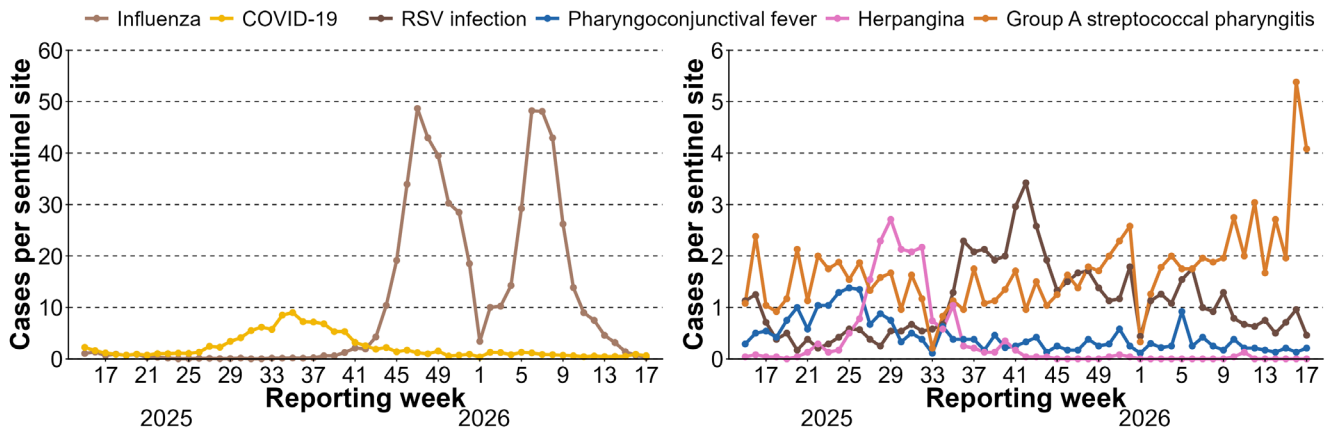
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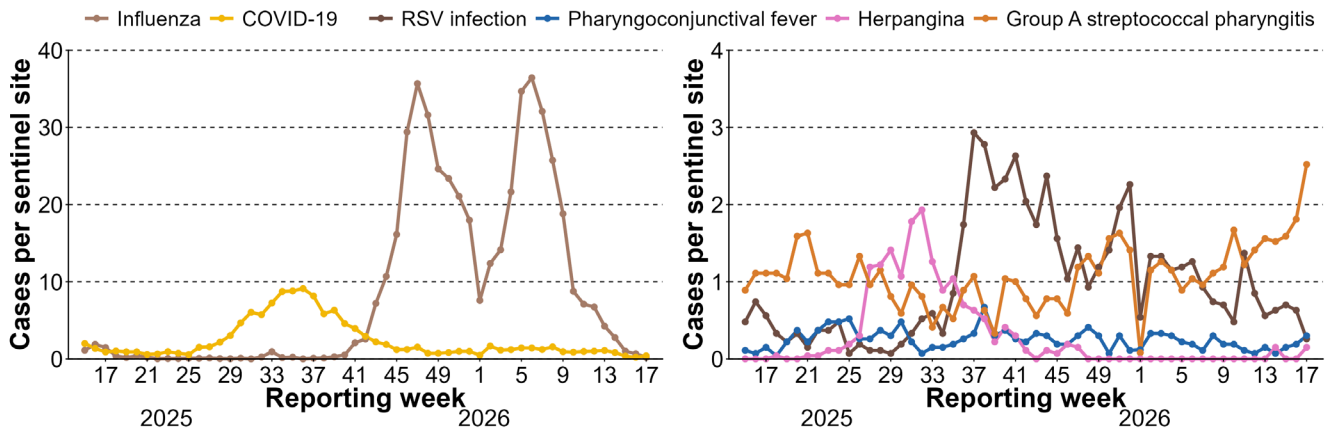
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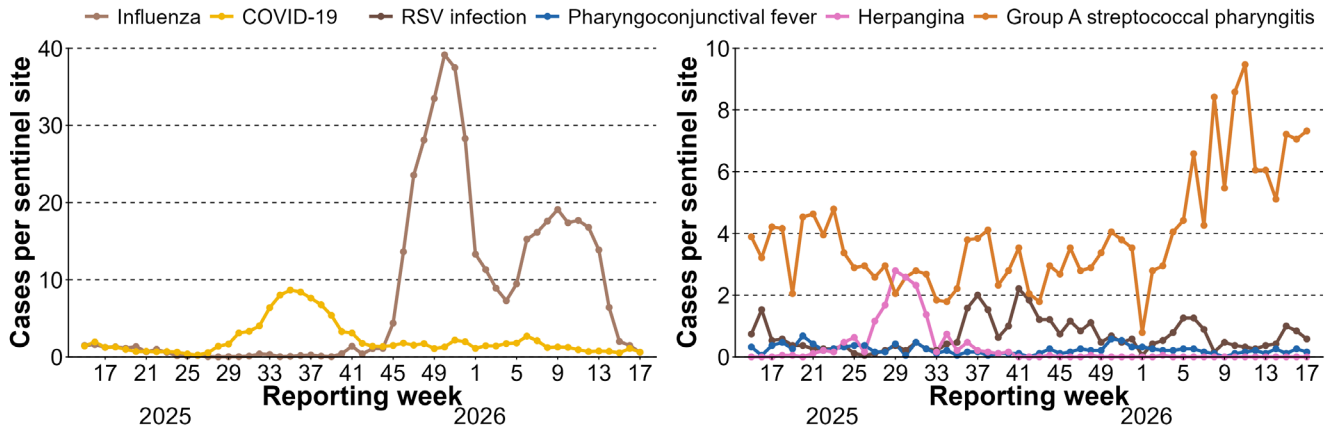
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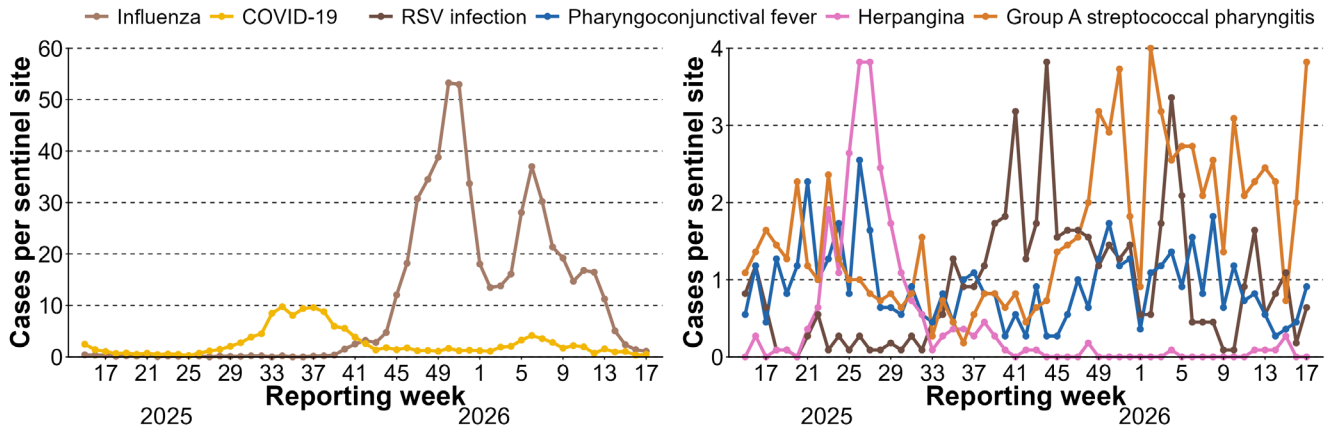
Wakayama



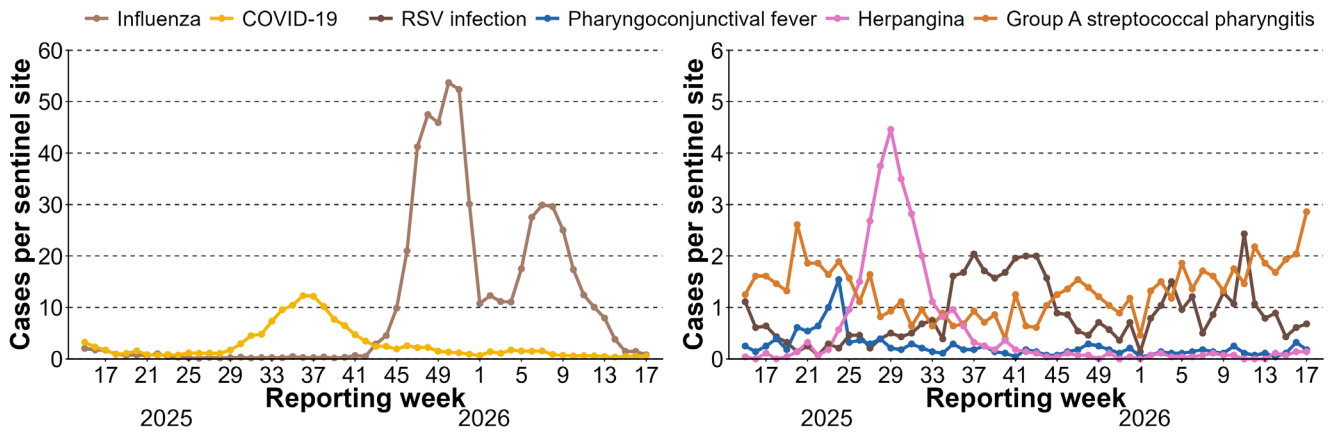
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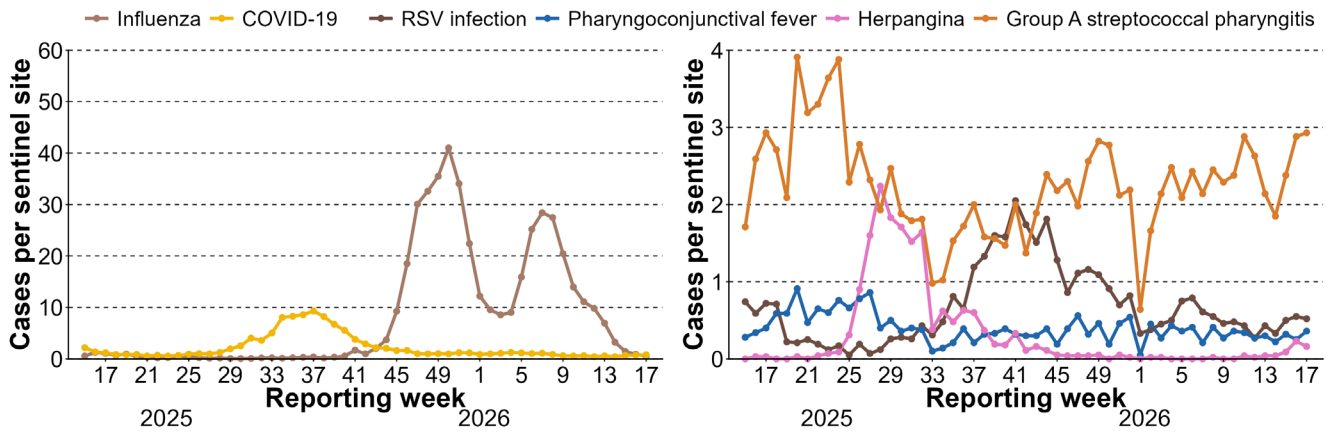
Shimane



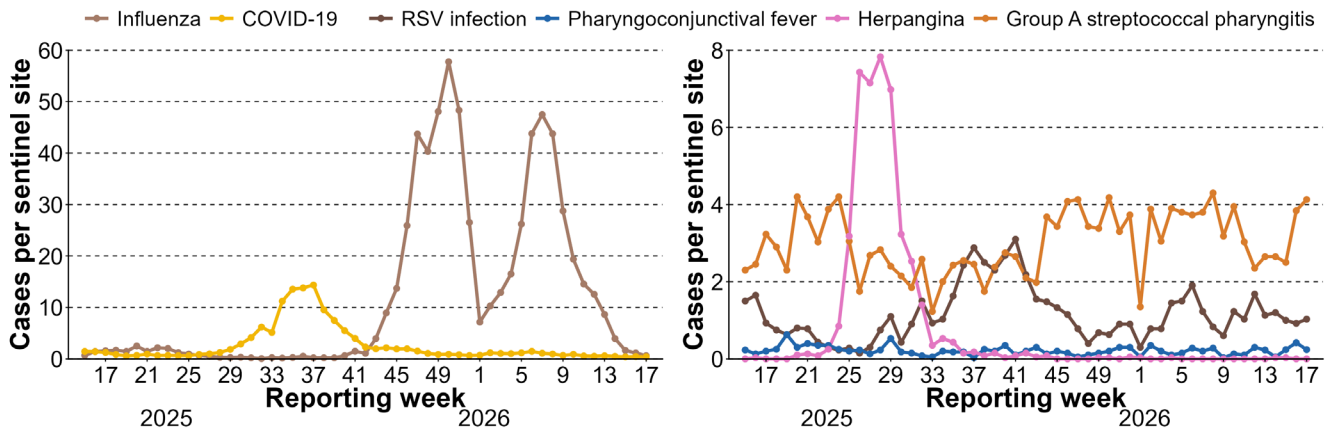
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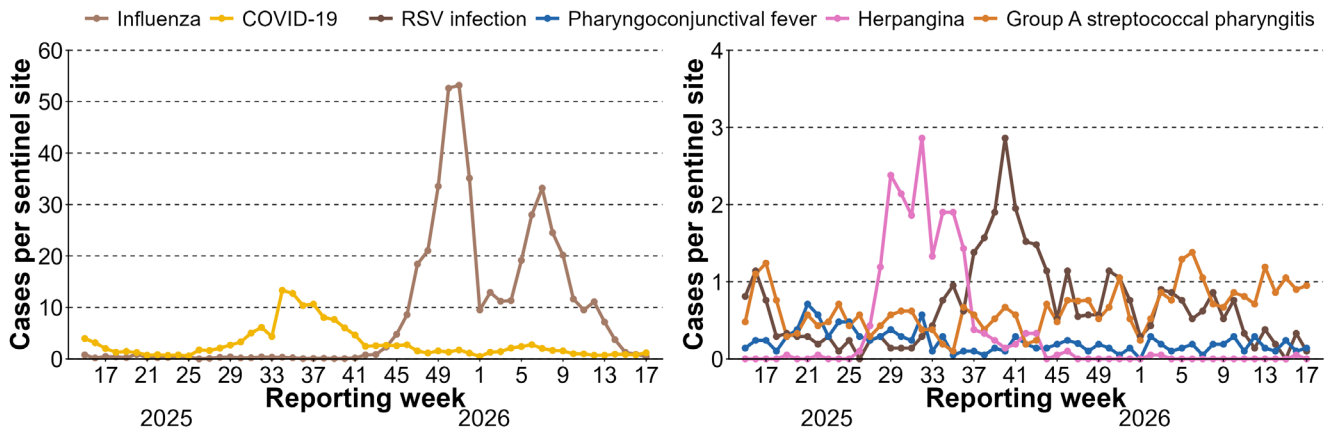
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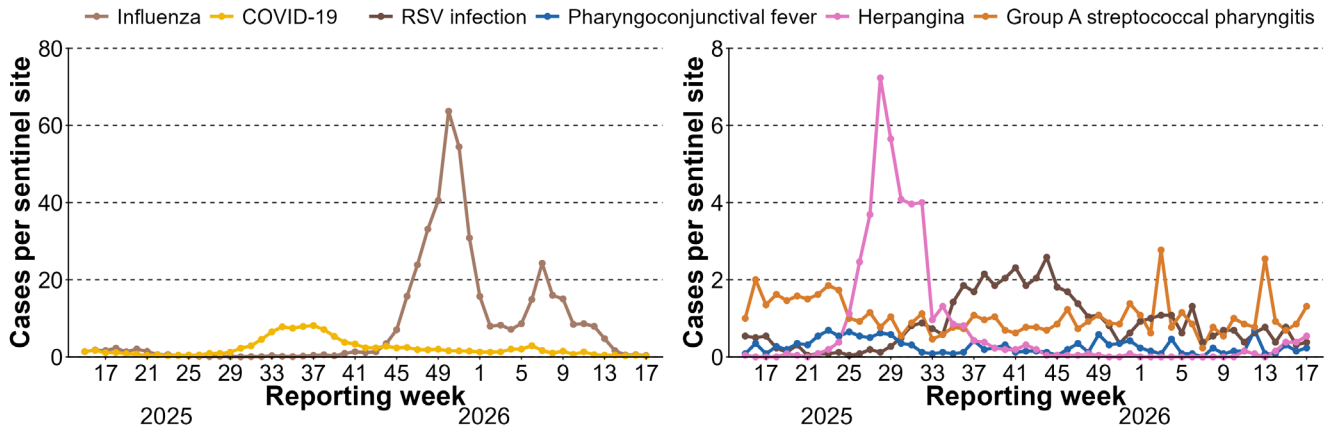
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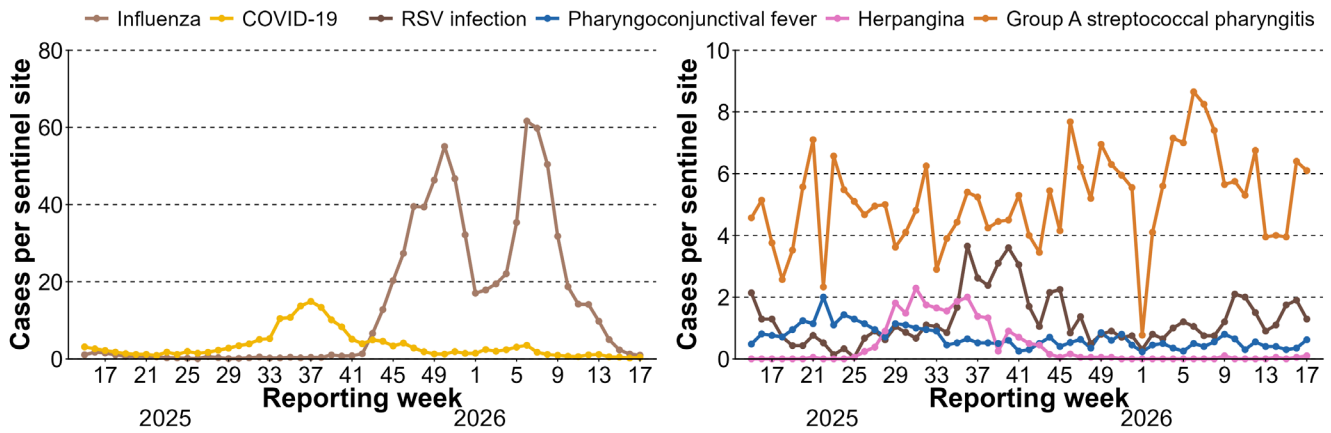
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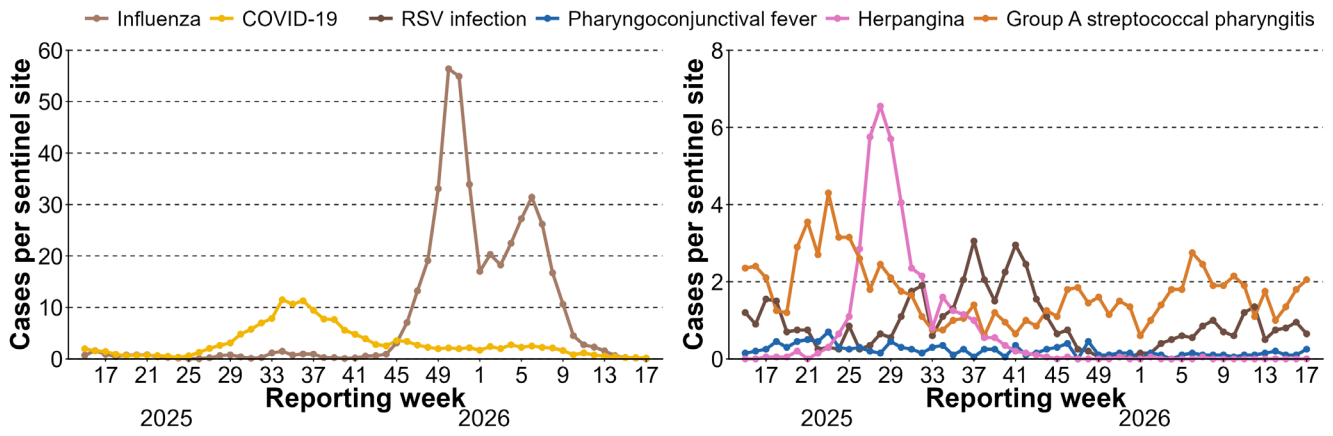
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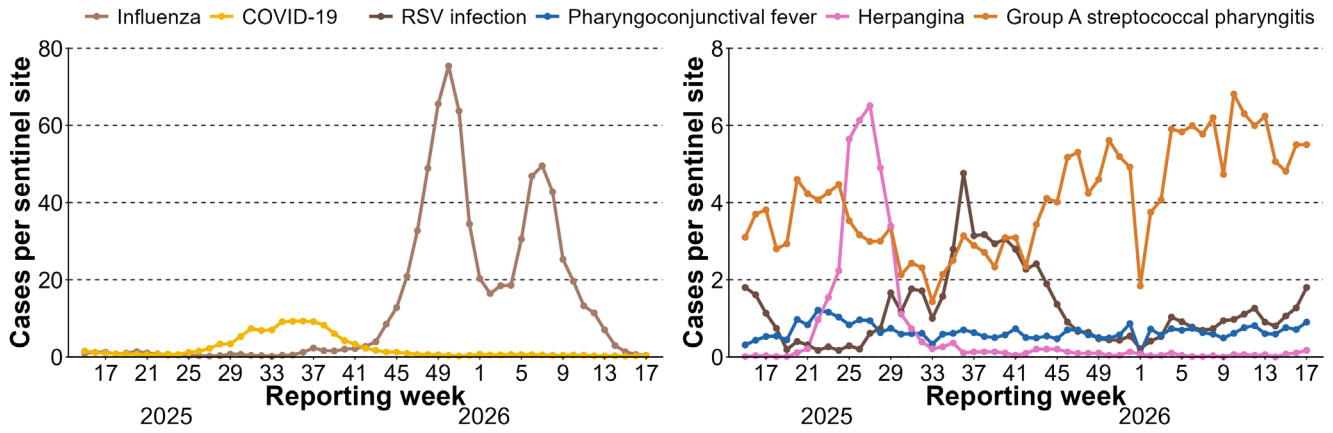
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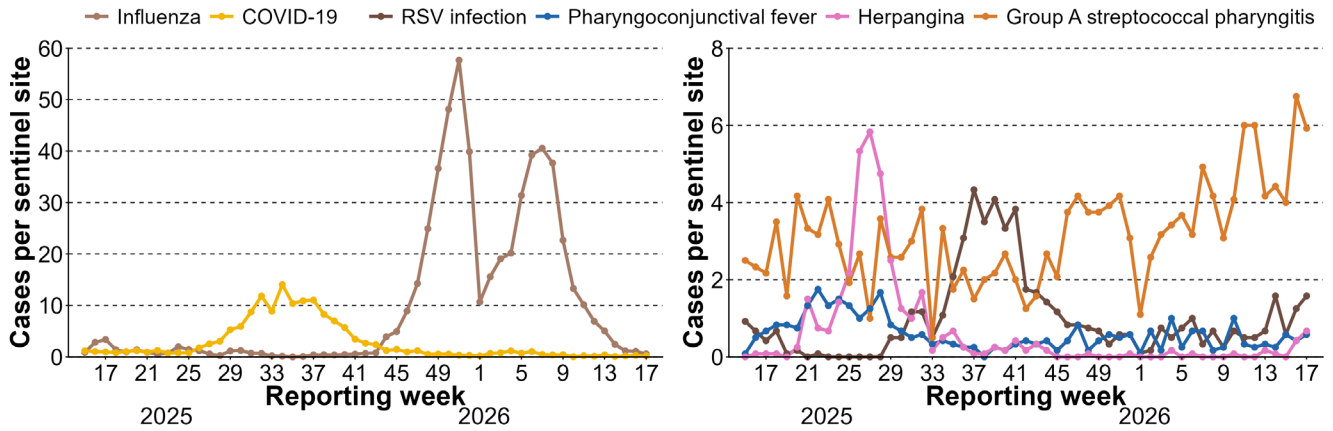
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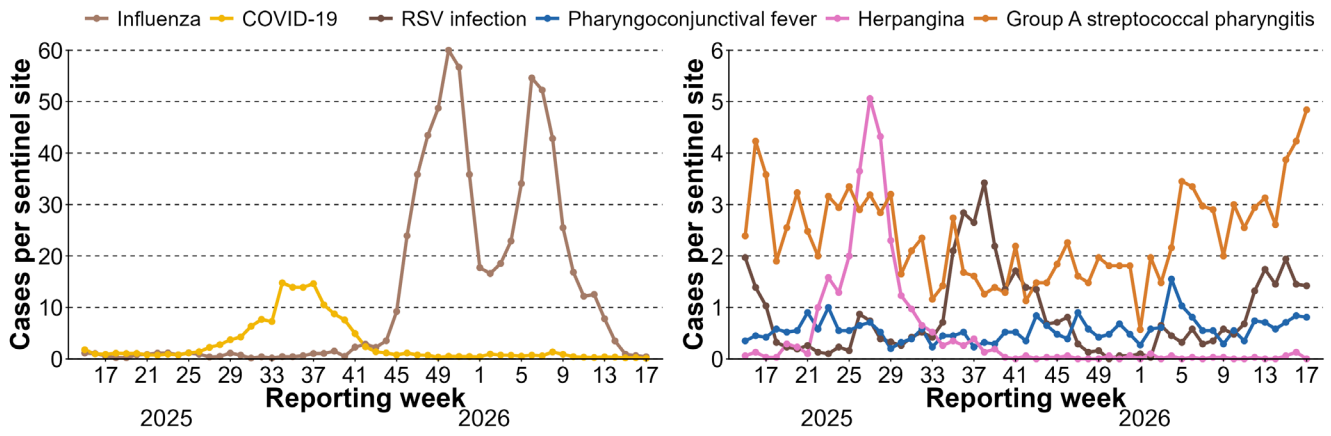
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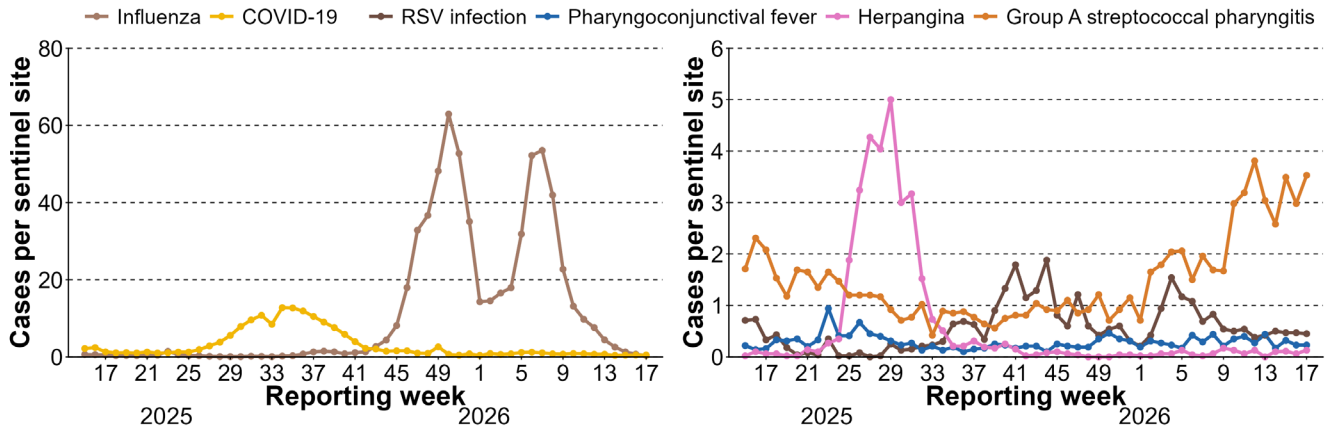
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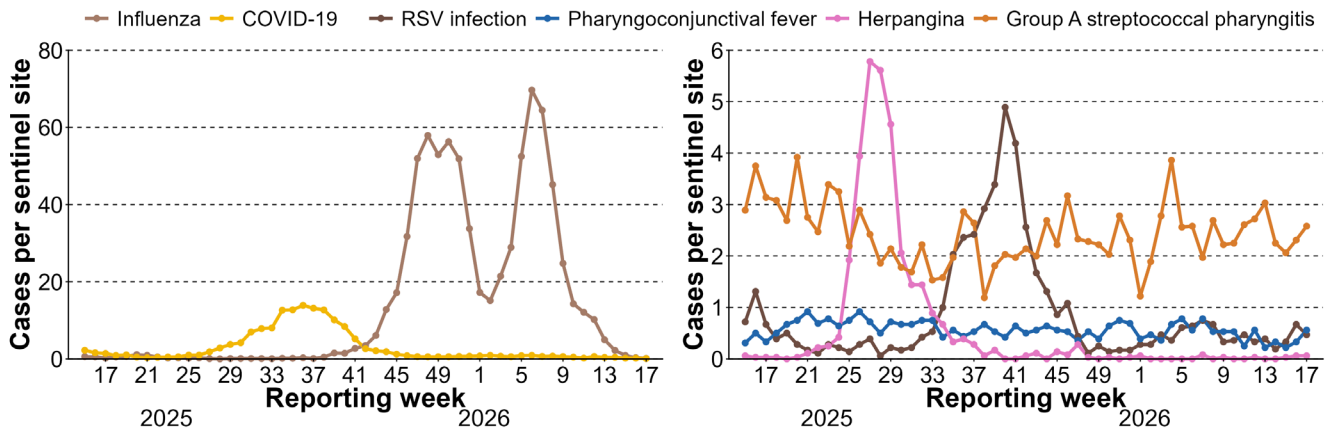
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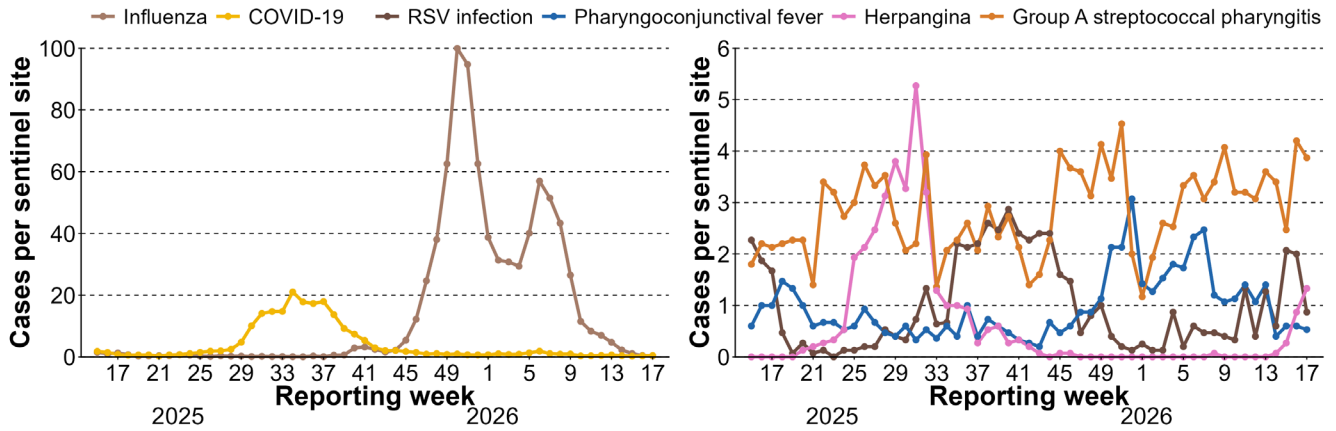
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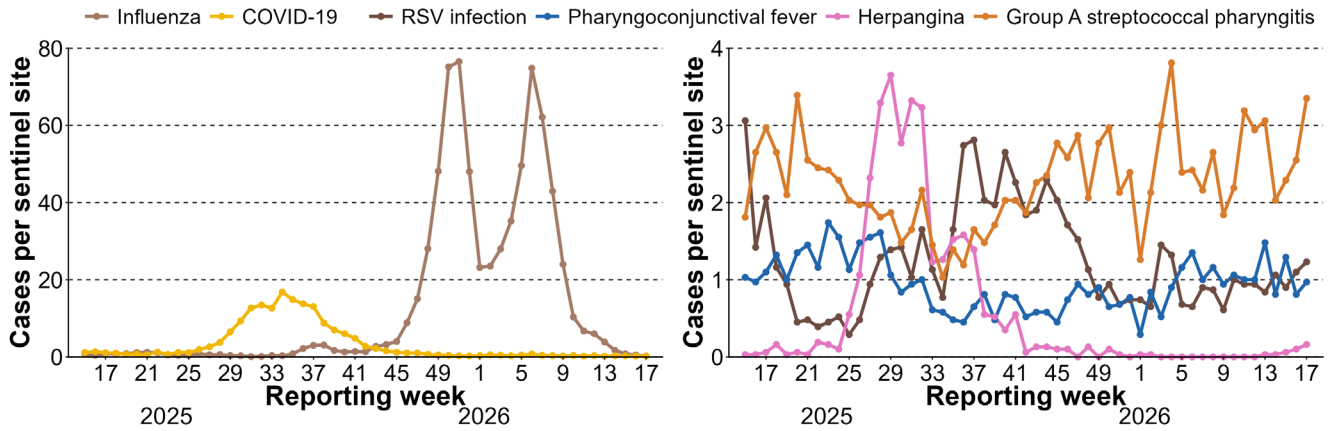
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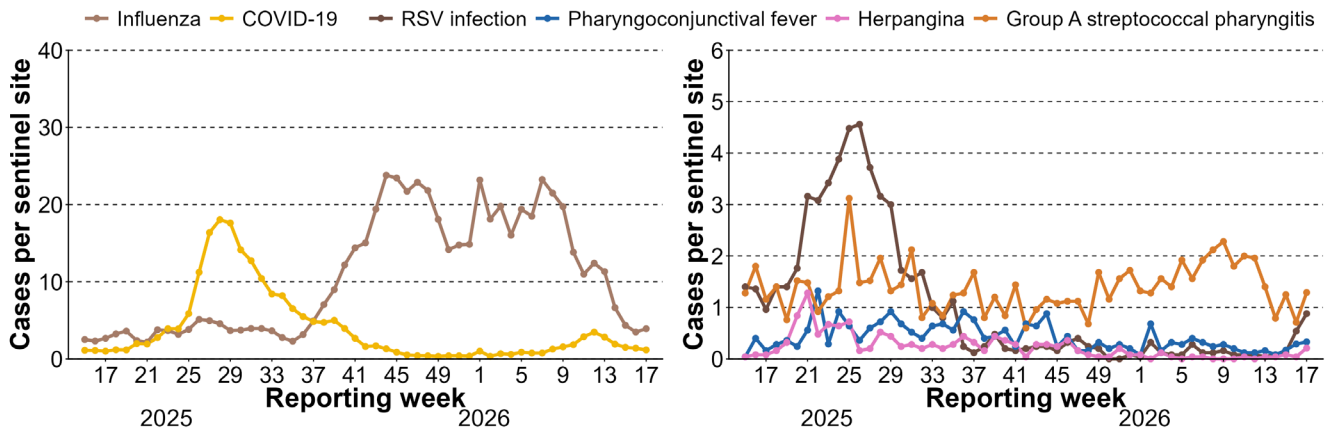
Miyazaki



Kagoshima



Okinawa



Data source: Infectious Disease Surveillance in Japan; data as of April 30, 2026 (data range: April 7, 2025 – April 26, 2026)