Japan Institute for Health Security/National Institute of Infectious Diseases/Department of Infectious Disease Surveillance

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 18, 2026 (April 27, 2026 – May 3, 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 18 of 2026 (April 27, 2026–May 3, 2026), the number of ARI cases per sentinel site was 57.69 (212,929 cases), representing an increase compared with the previous week. A total of 28 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 0.59 for COVID-19, 0.41 for influenza, 3.21 for group A streptococcal pharyngitis, 0.44 for RSV infection, 0.33 for pharyngoconjunctival fever, and 0.09 for herpangina. A total of 43 new hospital admissions due to influenza were reported, representing an increase of 2 cases compared with the previous week. 192 new hospital admissions due to COVID-19 were reported, representing a decrease of 49 cases from the previous week.

By age group, the highest number of reported cases was observed among individuals aged 10–59 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.
Among specimens collected in week 18 of 2026 and reported by the time of analysis, 0 specimens tested positive for influenza A virus, 0 for influenza B virus, 2 for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and 2 for RSV.

Contents

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

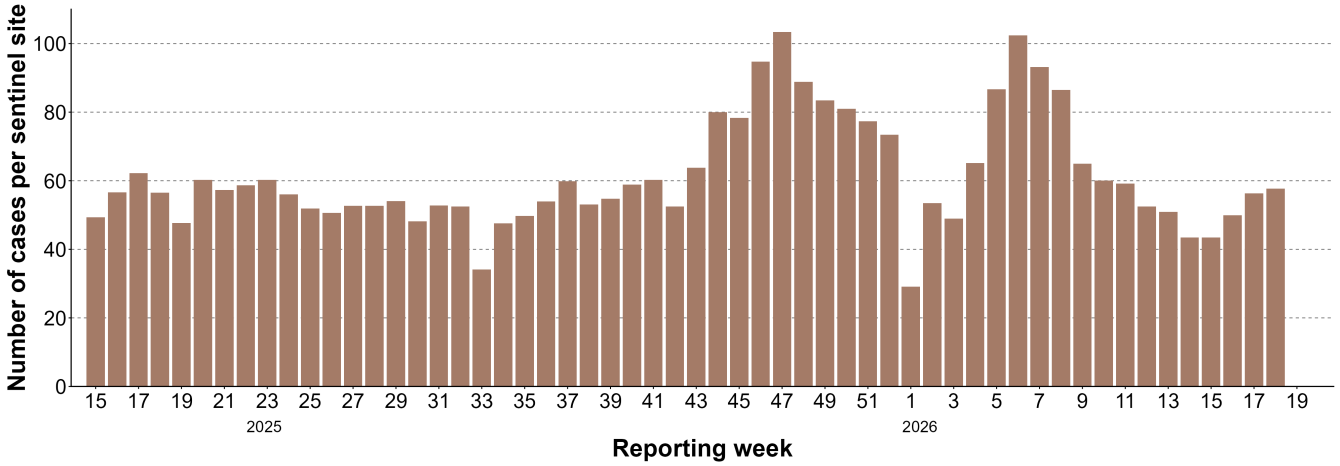
In week 18 of 2026, a total of 3,691 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 57.69 (212,929 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.02 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.41 for influenza (1,500 cases) and 0.59 for COVID-19 (2,170 cases) (Figure 1A). The number of reporting sentinel sites was 3,697.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.44 for RSV infection (982 cases), 0.33 for pharyngoconjunctival fever (745 cases), 0.09 for herpangina (207 cases), and 3.21 for group A streptococcal pharyngitis (7,214 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,244.

Regarding recent trends, influenza decreased for 12 consecutive weeks, COVID-19 decreased compared with the previous week, RSV infection decreased for 2 consecutive weeks, pharyngoconjunctival fever increased for 4 consecutive weeks, herpangina increased for 5 consecutive weeks, and group A streptococcal pharyngitis decreased compared with the previous week.

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



Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 7, 2025 – May 3, 2026).

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

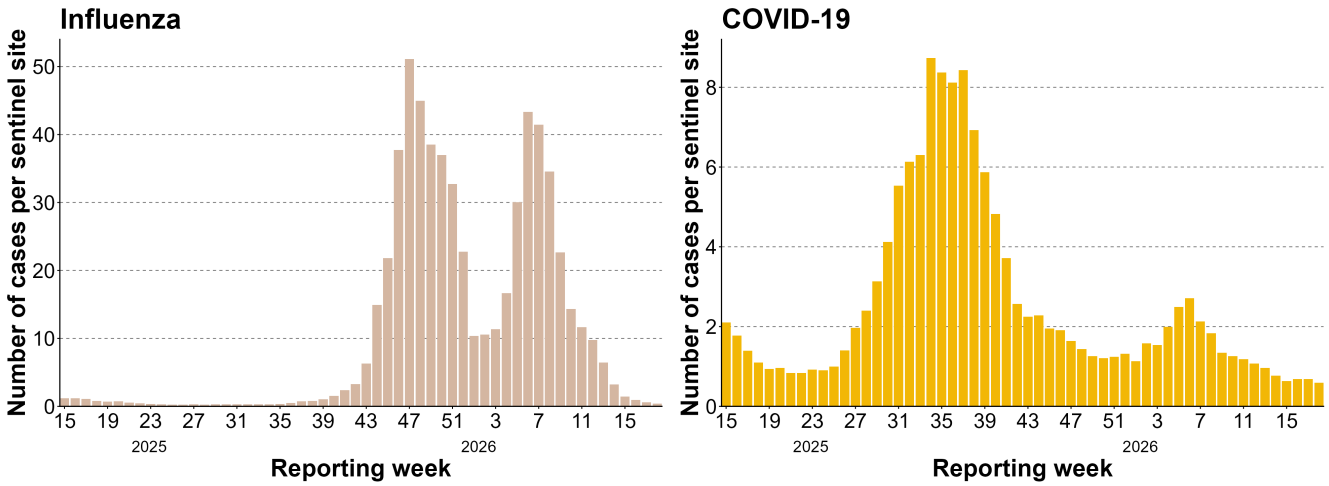
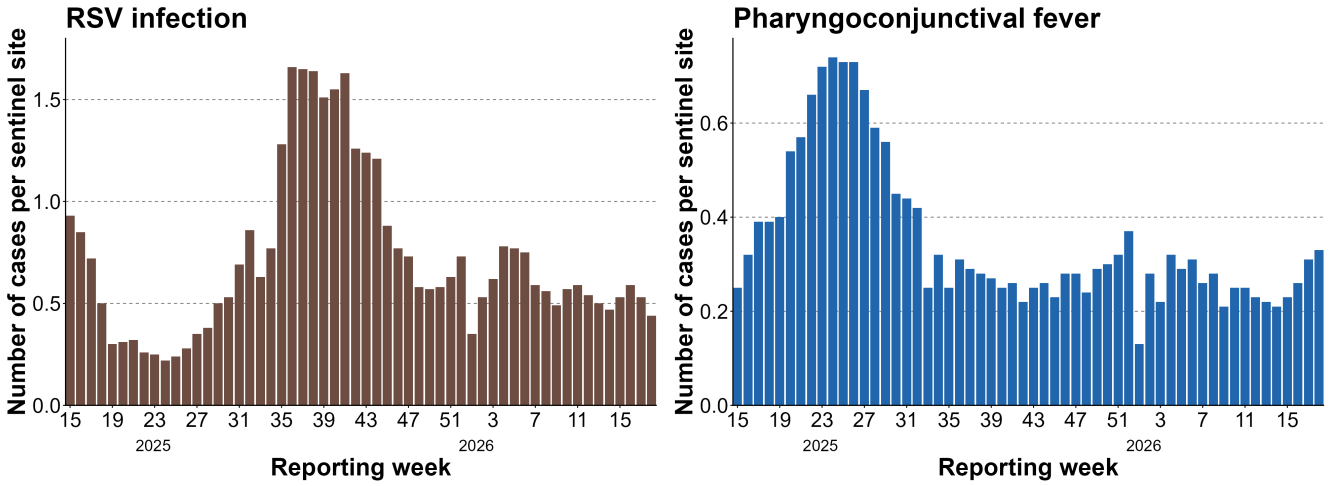
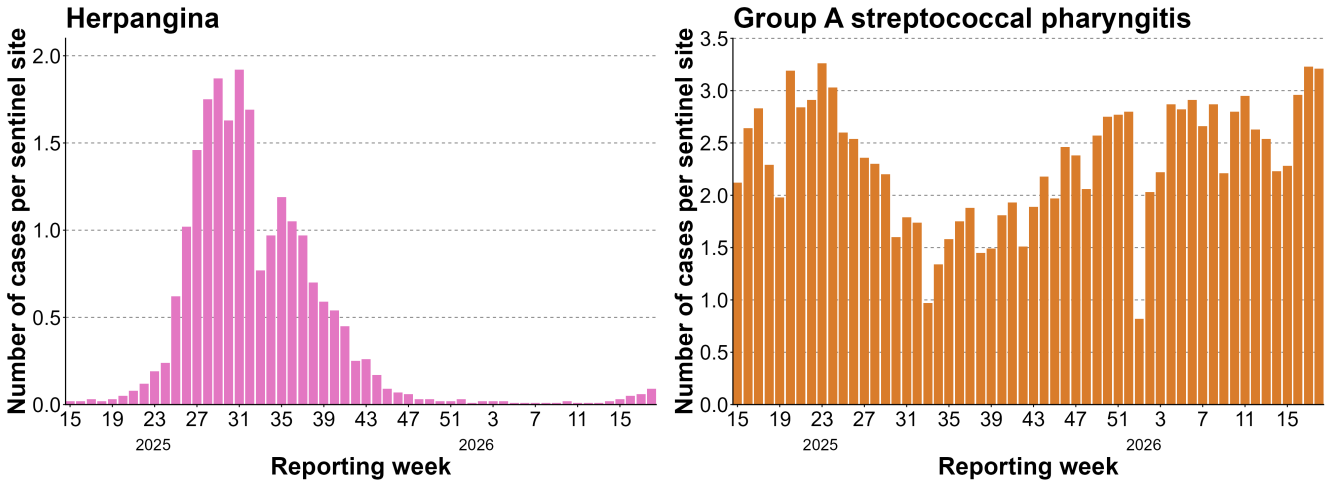


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 7, 2025 – May 3, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

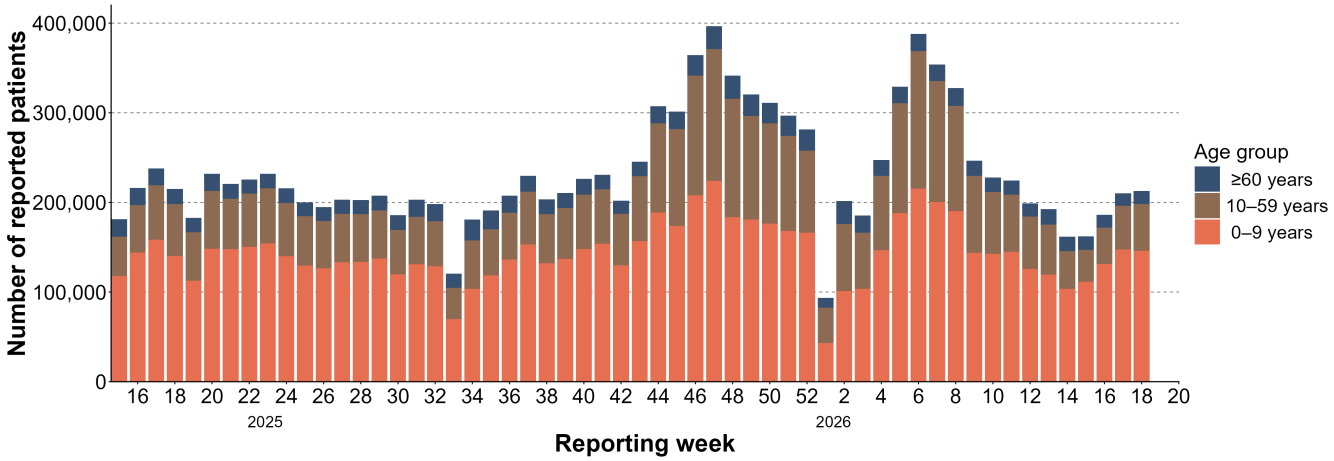
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 18 of 2026, the number of reported cases by age group was 146,186 cases among individuals aged 0–9 years (week-on-week ratio: 0.99), 52,014 cases among individuals aged 10–59 years (week-on-week ratio: 1.06), and 14,729 cases among individuals aged 60 years and older (week-on-week ratio: 1.05) (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, 64 influenza cases and 349 COVID-19 cases were reported among individuals aged 60 years and older; of these, 12 influenza cases and 138 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 May 8, 2026 (data range: April 7, 2025 – May 3, 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

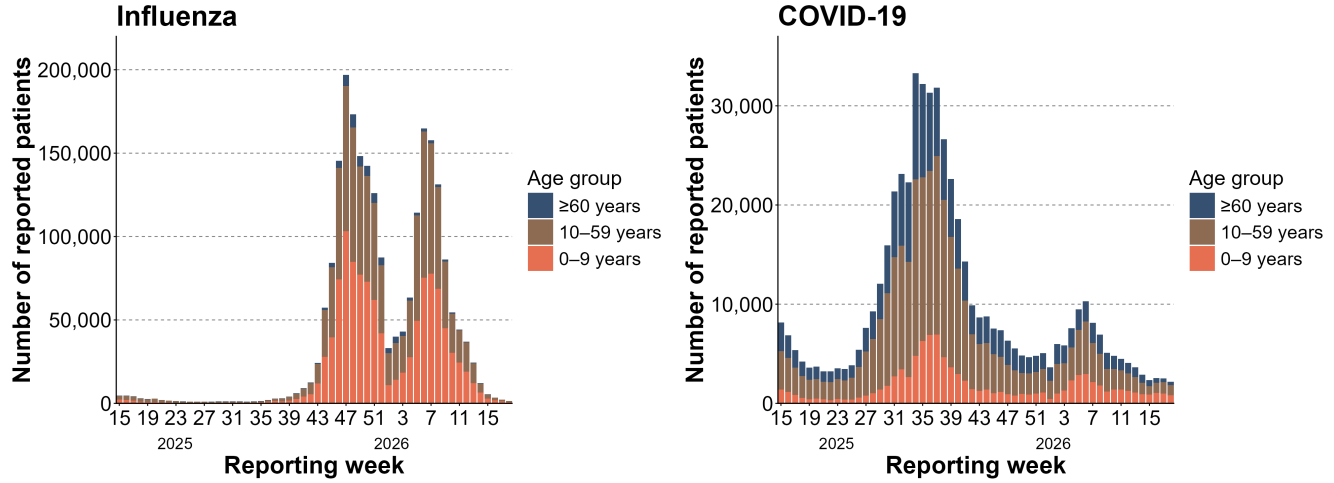
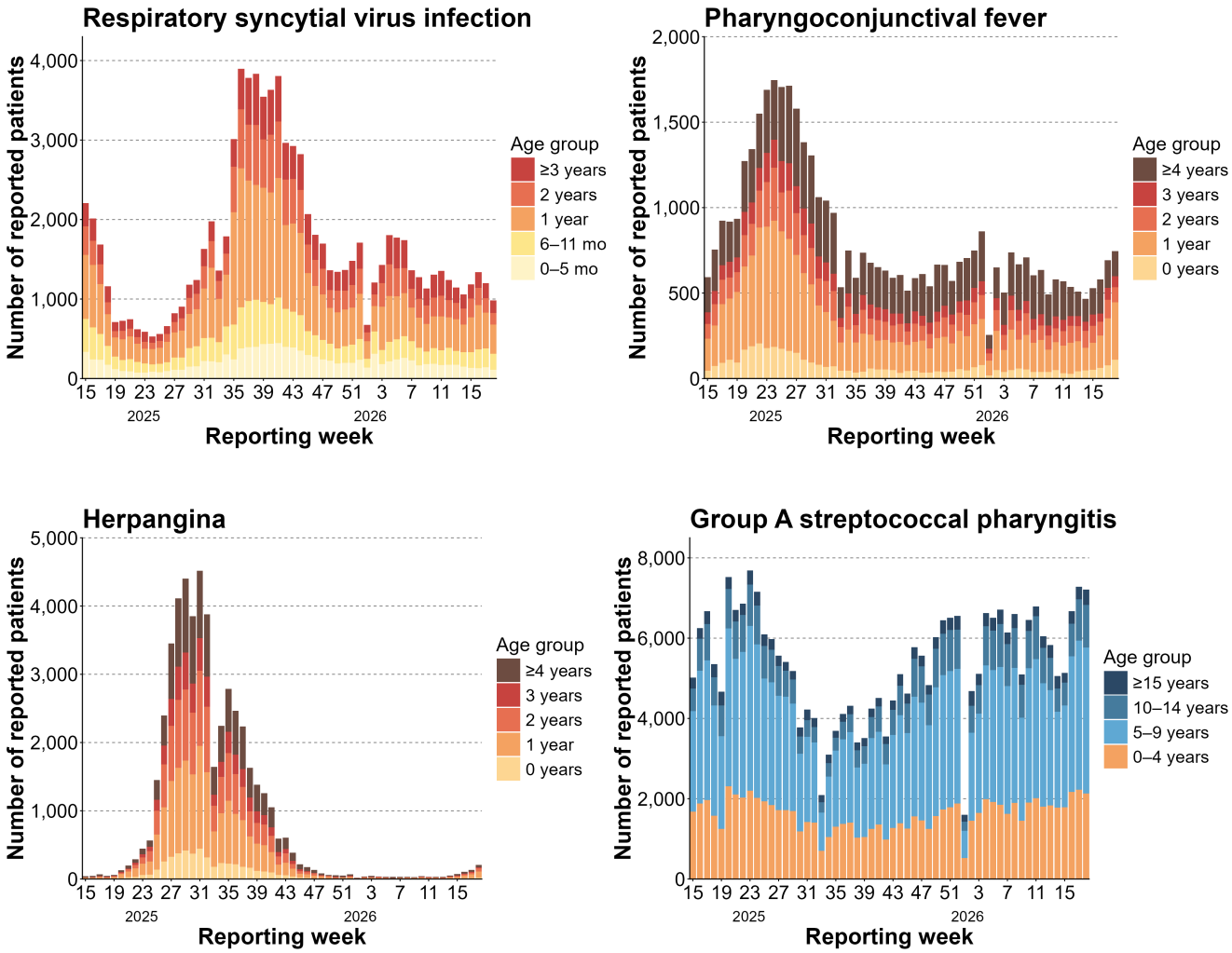


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 7, 2025 – May 3, 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 18

Age group	Influenza	COVID-19
0–9 years	668	804
	(0.59)	(0.80)

Age group	Influenza	COVID-19
10–59 years	768	1,017
	(0.71)	(0.90)
≥60 years	64	349
	(0.82)	(0.89)
Total	1,500	2,170
	(0.65)	(0.86)

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 18

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	313	111	24	39
	(0.83)	(1.44)	(1.71)	(0.70)
1–4 years	626	528	158	2,088
	(0.80)	(1.05)	(1.63)	(0.96)
5–14 years	38	99	23	4,704
	(0.93)	(1.00)	(1.28)	(0.99)
≥15 years	5	7	2	383
	(2.50)	(0.54)	(1.00)	(1.22)
Total	982	745	207	7,214
	(0.82)	(1.08)	(1.58)	(0.99)

Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 27, 2026 – May 3, 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 18 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma, which recorded the highest value at 89.73, followed by Iwate at 85.38, and Saitama at 80.13 (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 28 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 35.05 to 89.73 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 18

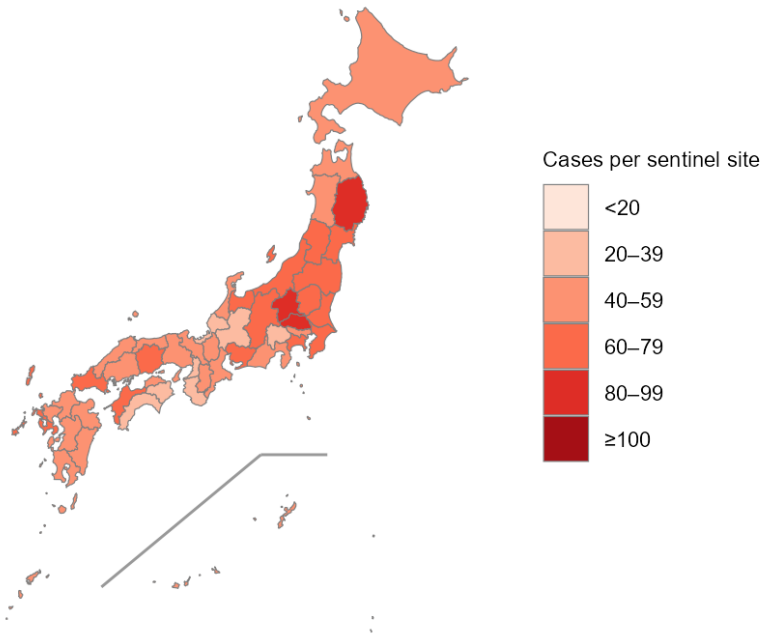
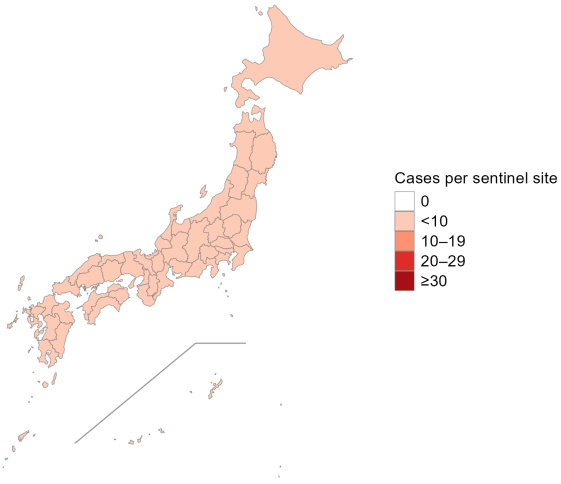
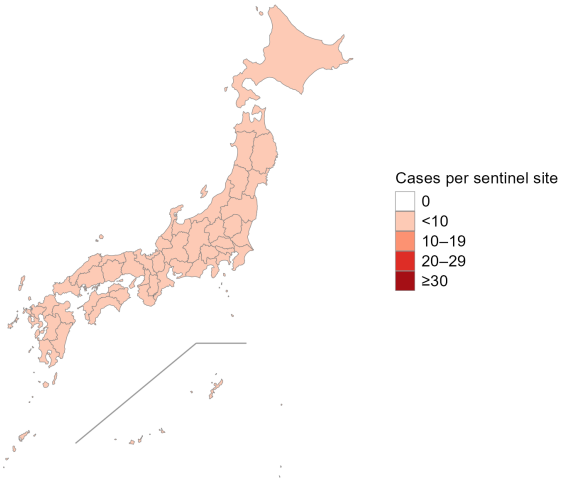


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 18

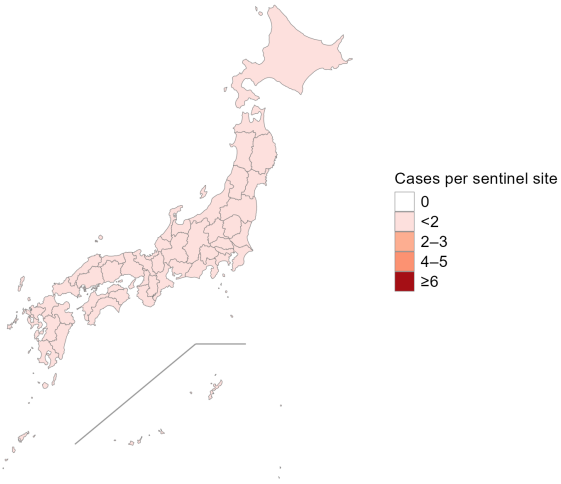
Influenza



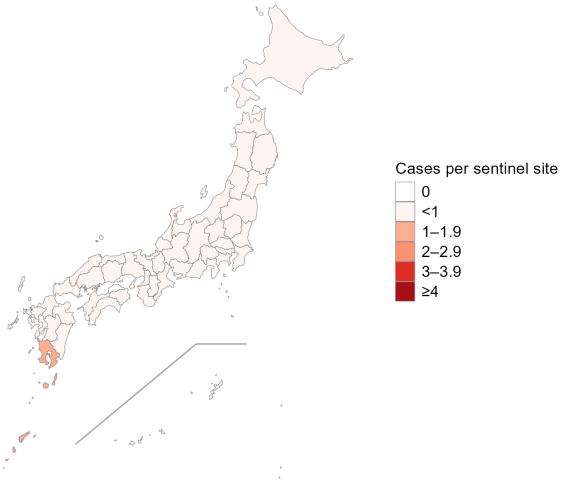
COVID-19



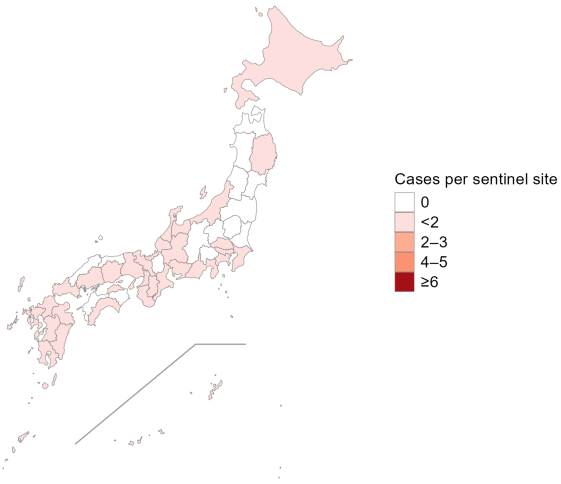
RSV infection



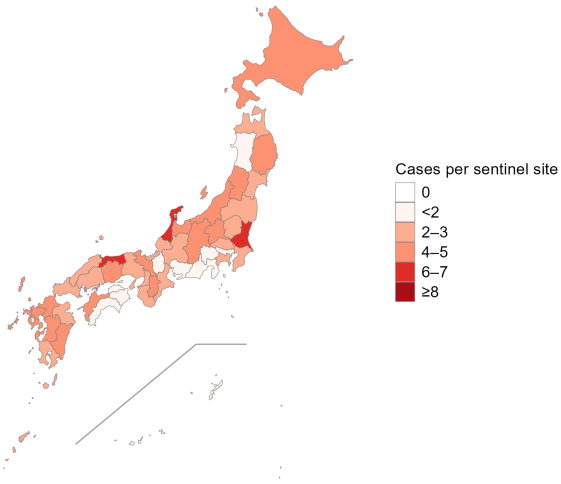
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 27, 2026 – May 3, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 18

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	8,722	53.18	1.00
Aomori	2,782	53.50	1.06
Iwate	3,586	85.38	1.01
Miyagi	4,062	73.85	1.00
Akita	1,115	44.60	1.21
Yamagata	2,432	64.00	0.97
Fukushima	3,082	64.21	1.00
Ibaraki	4,313	64.37	1.06
Tochigi	3,576	76.09	0.99
Gunma	4,038	89.73	1.07
Saitama	13,622	80.13	1.00
Chiba	11,381	66.56	0.94
Tokyo	23,350	57.23	0.95
Kanagawa	16,299	70.25	0.98
Niigata	3,232	62.15	1.08
Toyama	3,605	75.10	1.06
Ishikawa	2,704	57.53	0.98
Fukui	1,394	35.74	0.99
Yamanashi	1,286	36.74	0.98
Nagano	3,595	71.90	1.04
Gifu	1,734	38.53	0.97
Shizuoka	4,762	44.09	1.00
Aichi	12,109	74.29	1.09

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,773	40.19	1.08
Shiga	2,069	53.05	1.06
Kyoto	3,385	56.42	1.01
Osaka	10,456	36.69	0.92
Hyogo	8,210	50.68	1.00
Nara	1,752	41.71	0.96
Wakayama	1,752	38.93	0.98
Tottori	1,682	58.00	1.13
Shimane	1,182	59.10	1.01
Okayama	3,135	62.70	1.06
Hiroshima	4,798	52.15	1.03
Yamaguchi	3,787	62.08	1.04
Tokushima	1,174	35.58	1.10
Kagawa	982	42.70	1.24
Ehime	2,595	68.29	1.05
Kochi	1,332	35.05	1.17
Fukuoka	6,859	56.69	1.05
Saga	1,304	54.33	1.00
Nagasaki	3,070	60.20	1.06
Kumamoto	4,048	57.01	1.09
Oita	3,370	58.10	1.16
Miyazaki	1,199	42.82	1.07
Kagoshima	2,961	51.95	1.10
Okinawa	2,273	51.66	1.09

Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 27, 2026 – May 3, 2026)

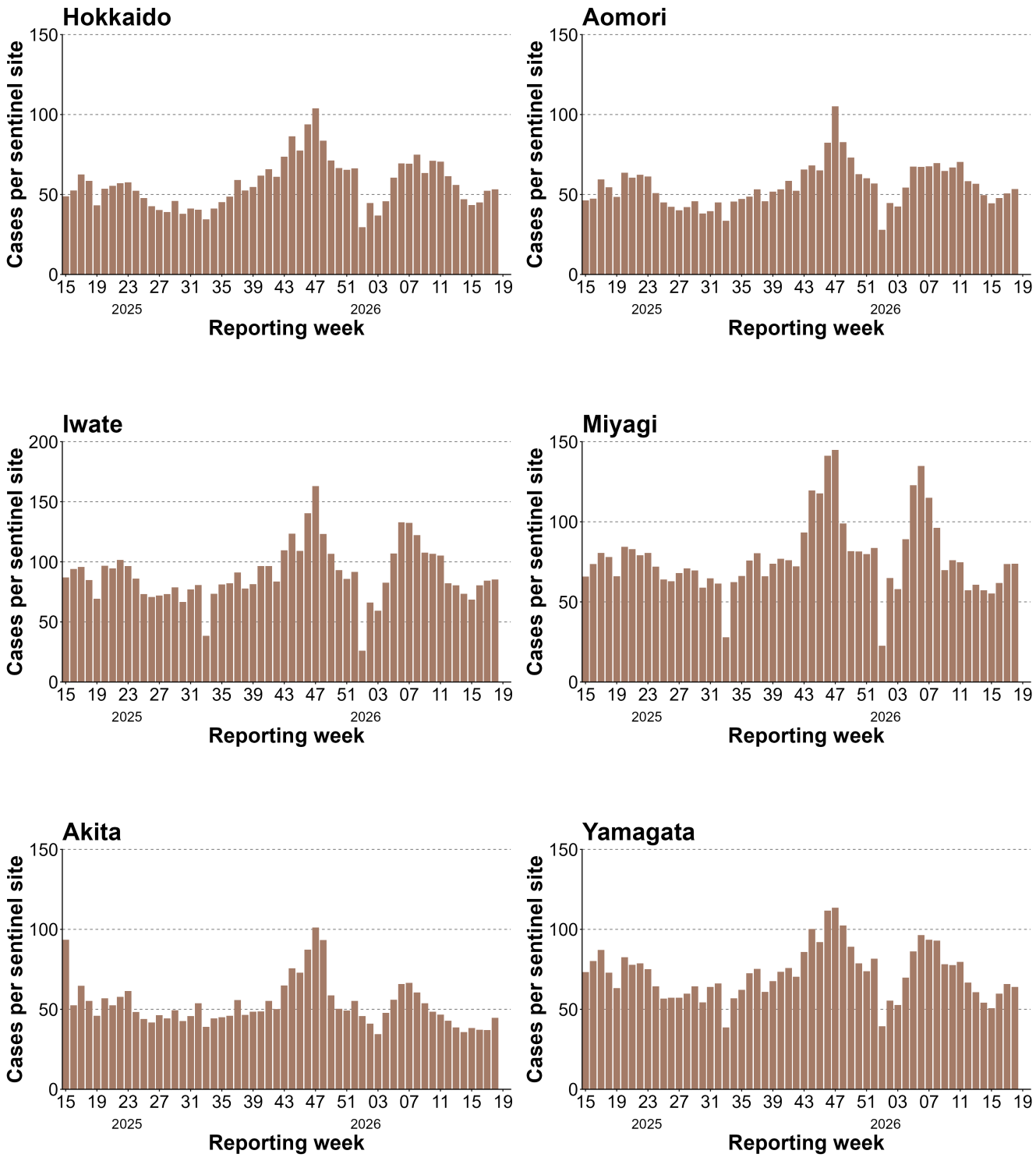
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

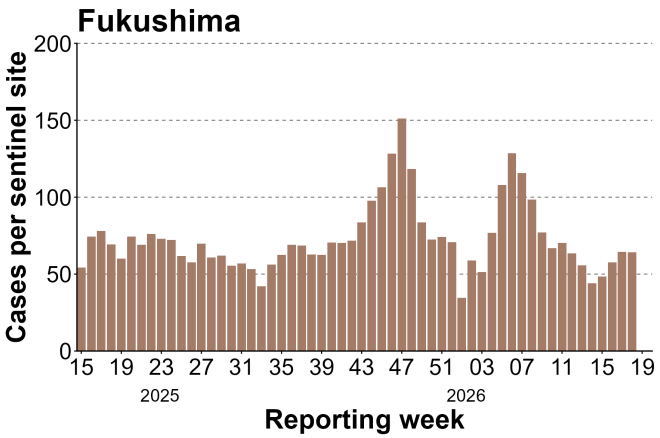
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 18

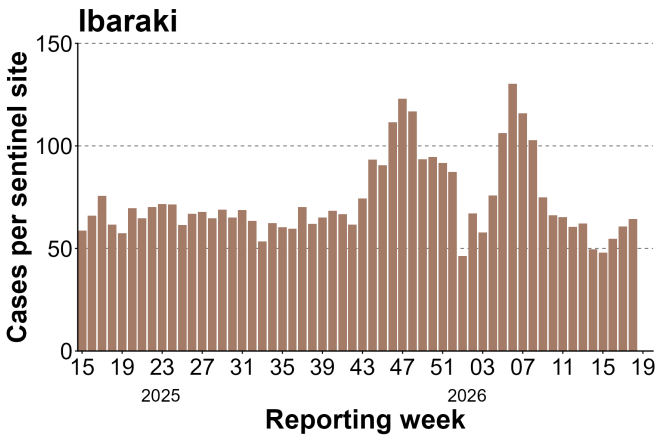
Infectious diseases	Prefectures		
Influenza	Okinawa (2.77)	Yamagata (2.54)	Hokkaido (1.30)
COVID-19	Akita (2.12)	Iwate (2.10)	Miyagi (1.78)
RSV infection	Ehime (1.76)	Kagoshima (1.61)	Yamagata (1.38)
Pharyngoconjunctival fever	Kagoshima (1.00)	Nagasaki (0.90)	Shimane (0.82)
Herpangina	Miyazaki (1.67)	Saga (0.83)	Kagoshima (0.77)
Group A streptococcal pharyngitis	Tottori (6.95)	Ibaraki (6.78)	Ishikawa (6.14)

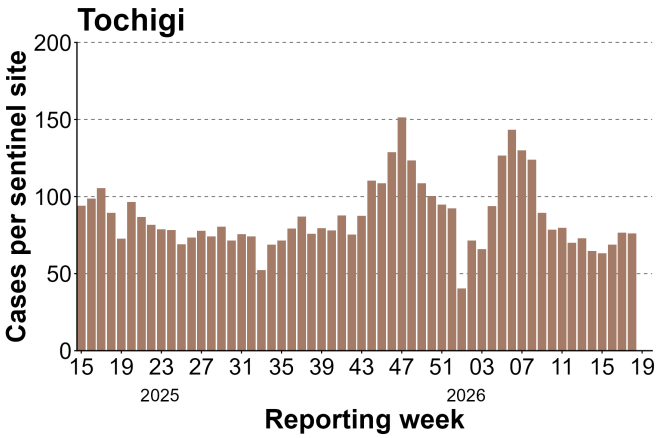
Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 27, 2026 – May 3, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

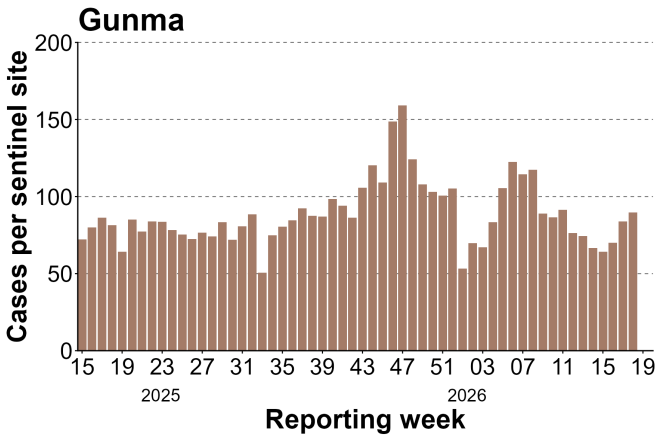
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

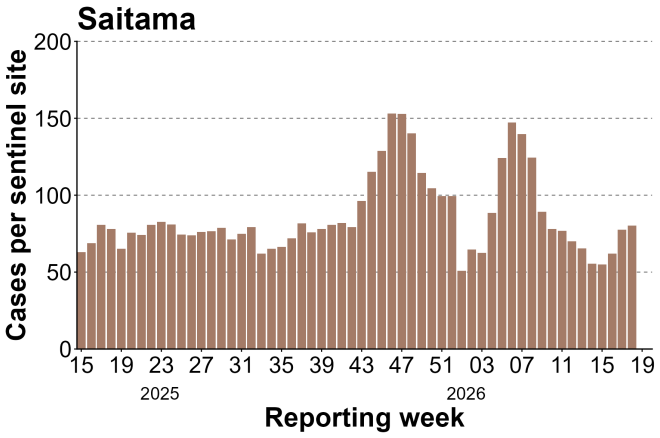


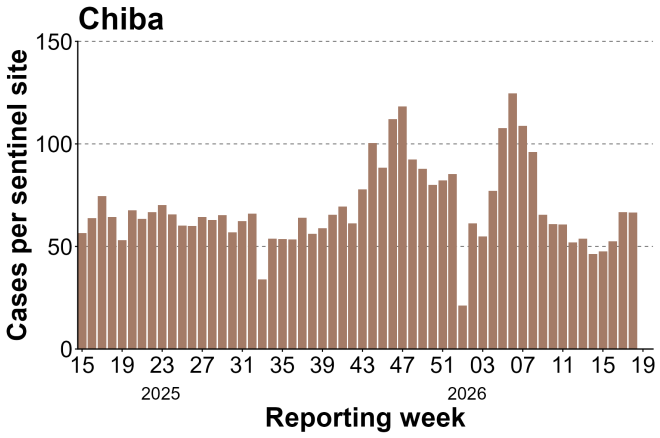

Fukushima
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

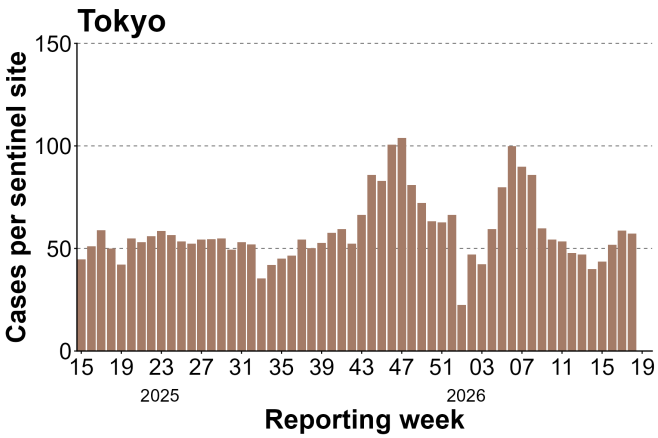

Ibaraki
Cases per sentinel site
0
50
100
150
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

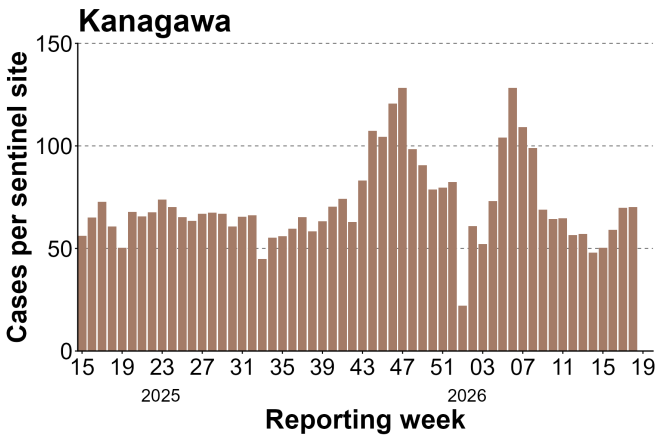

Tochigi
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

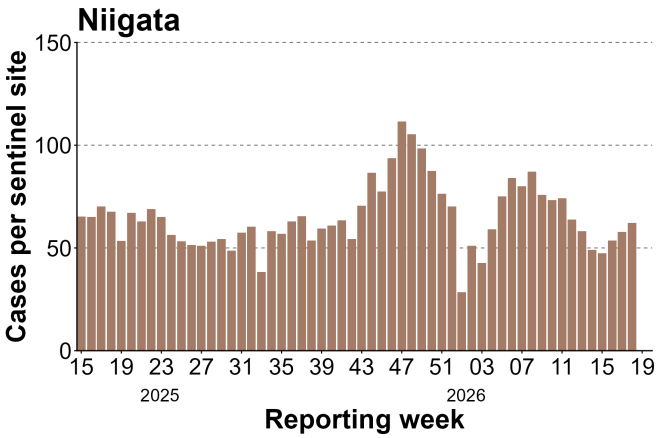

Gunma
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

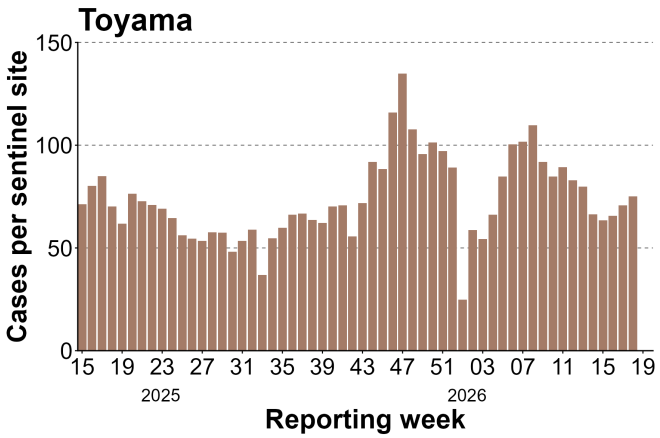

Saitama
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

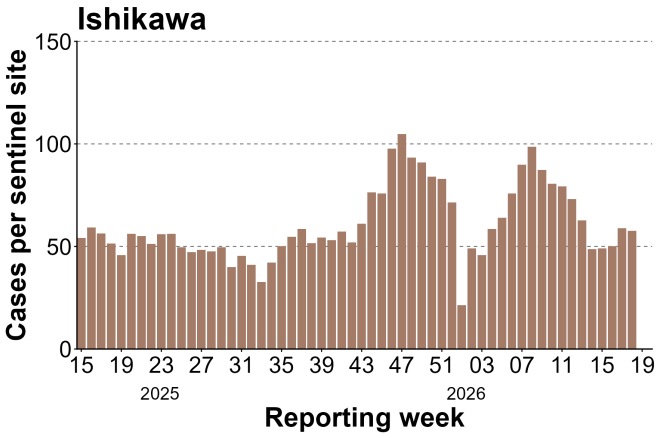

Chiba
Cases per sentinel site
0
50
100
150
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

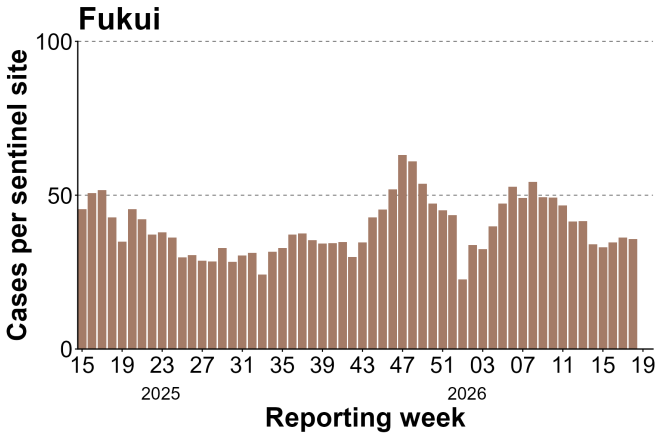

Tokyo
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

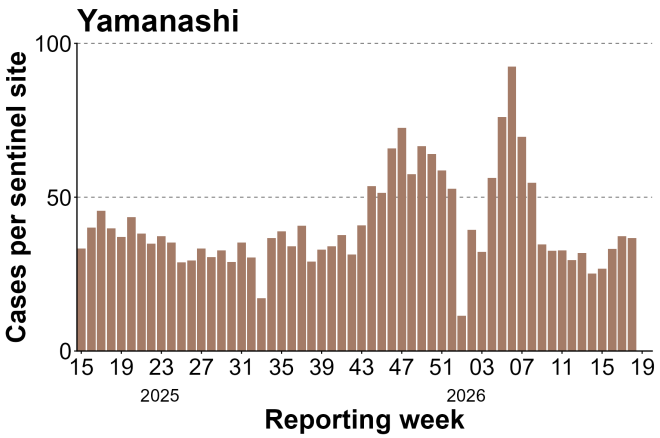

Kanagawa
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

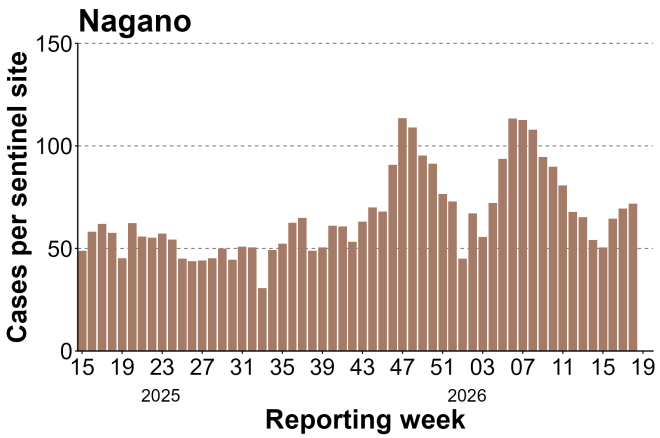

Niigata
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Toyama
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Ishikawa
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Fukui
Cases per sentinel site
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Yamanashi
Cases per sentinel site
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week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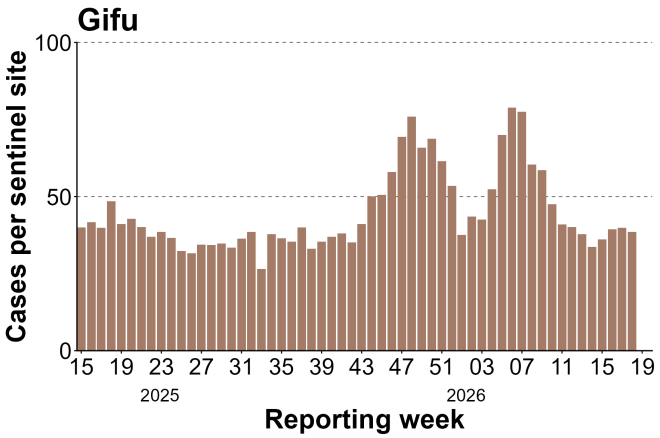
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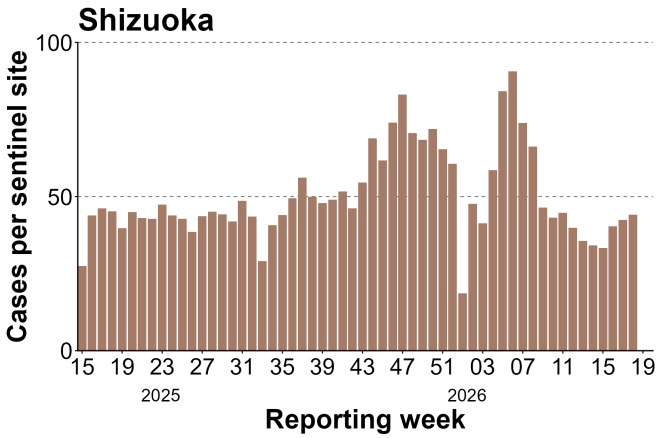
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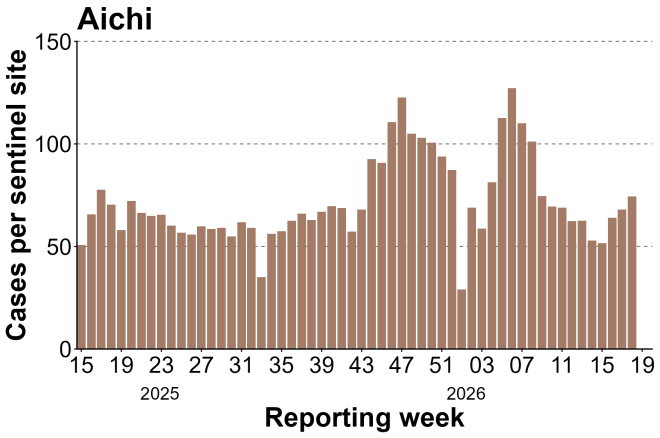
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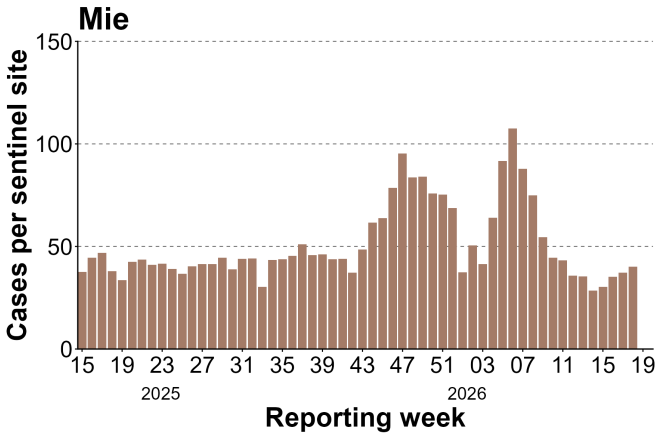
Reporting week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Cases per sentinel site
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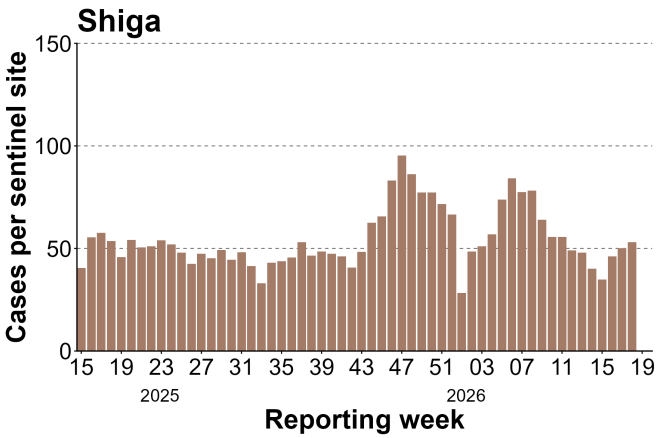
Reporting week


Shiga
Cases per sentinel site
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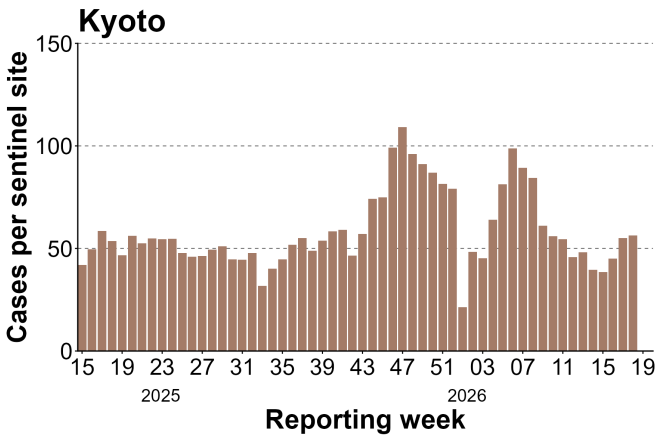
Kyoto
Cases per sentinel site
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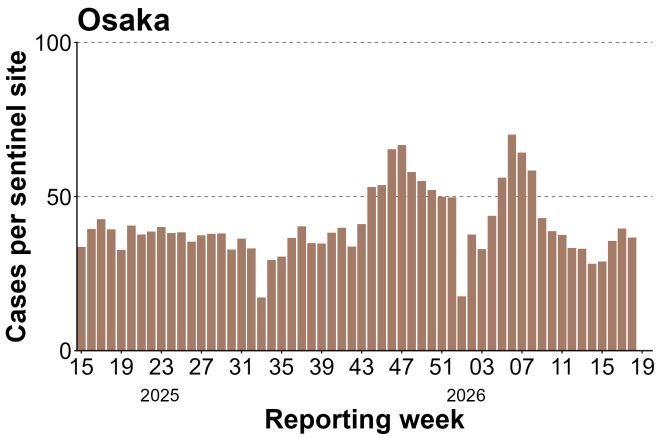
Reporting week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Cases per sentinel site
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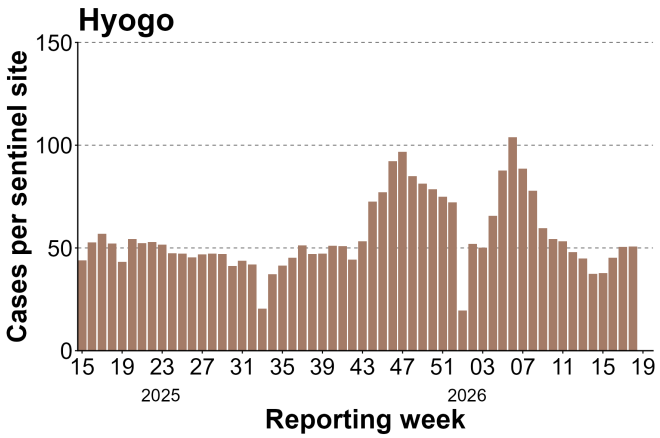
Reporting week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Cases per sentinel site
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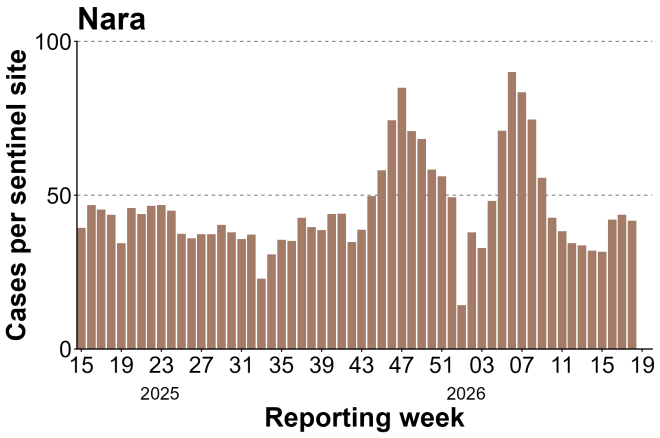
Reporting week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Cases per sentinel site
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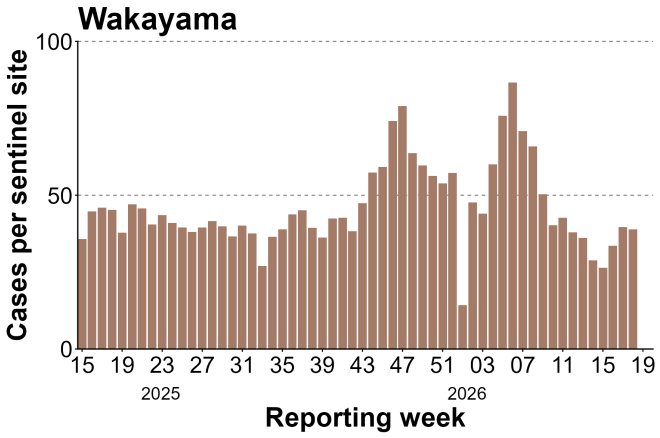
Reporting week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Cases per sentinel site
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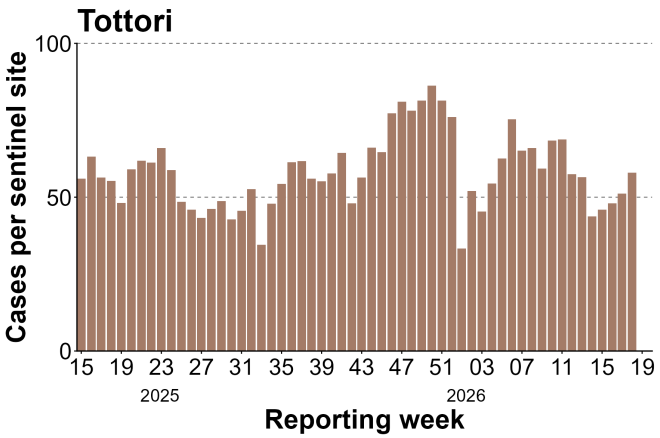
Reporting week


Tottori
Cases per sentinel site
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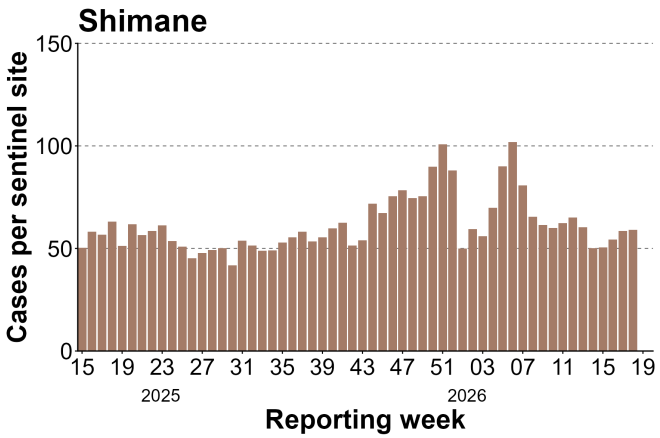
Reporting week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Cases per sentinel site
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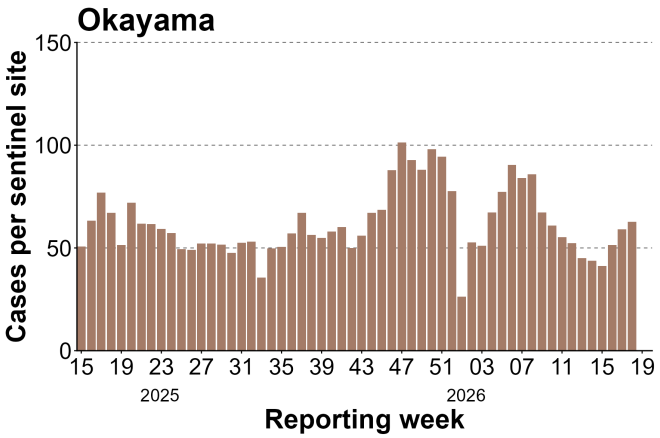
Reporting week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Cases per sentinel site
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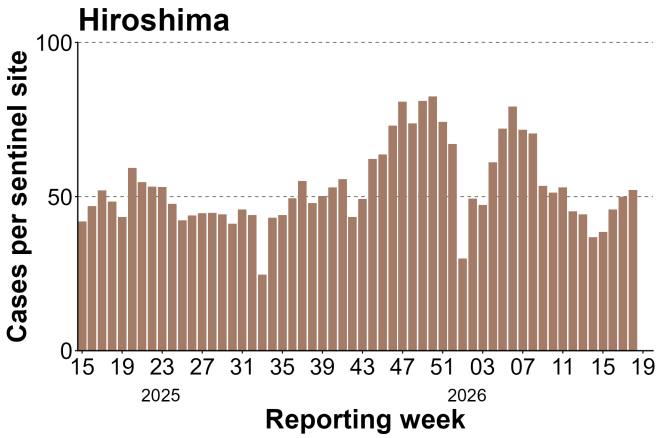
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Cases per sentinel site
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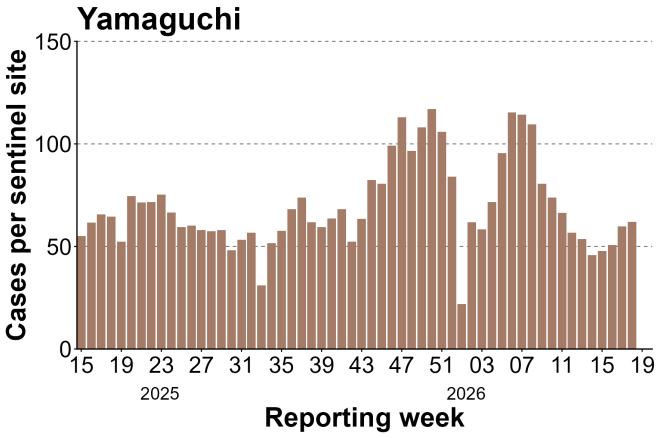
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Cases per sentinel site
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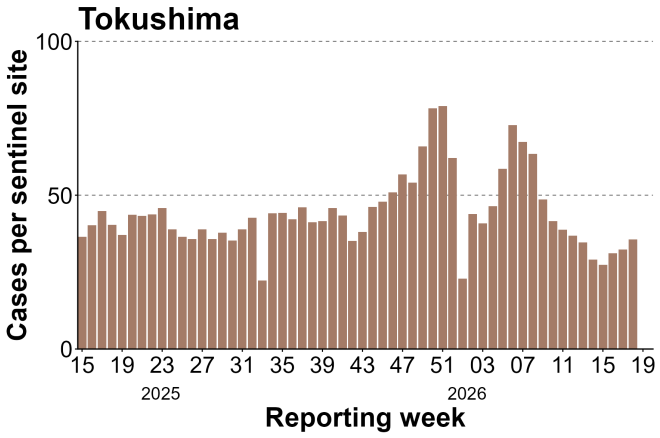
Tokushima
Cases per sentinel site
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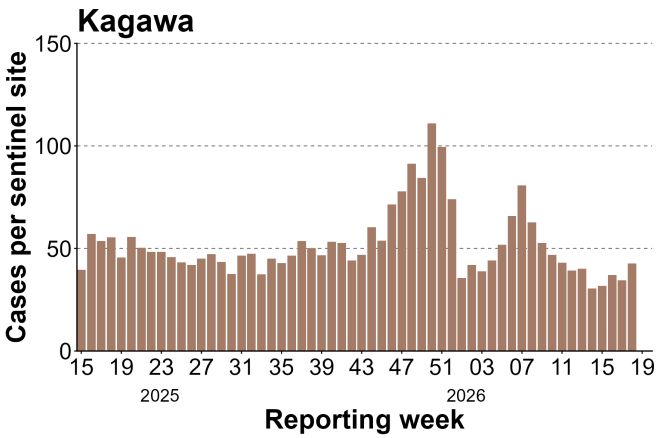
Reporting week


Kagawa
Cases per sentinel site
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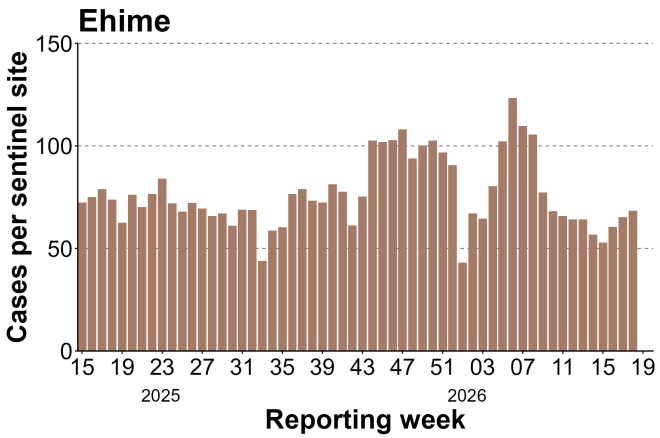
Reporting week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Cases per sentinel site
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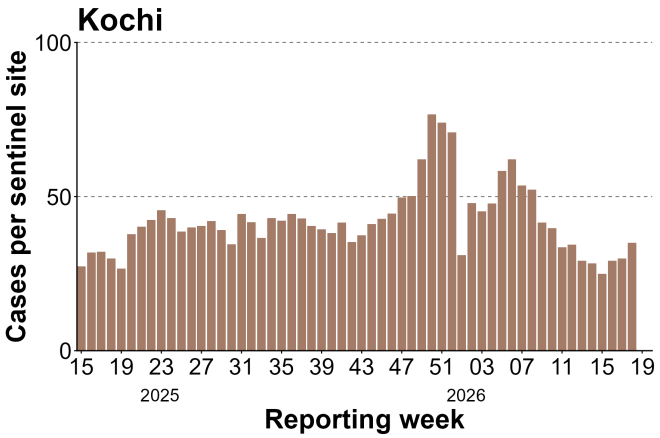
2026
Reporting week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Cases per sentinel site
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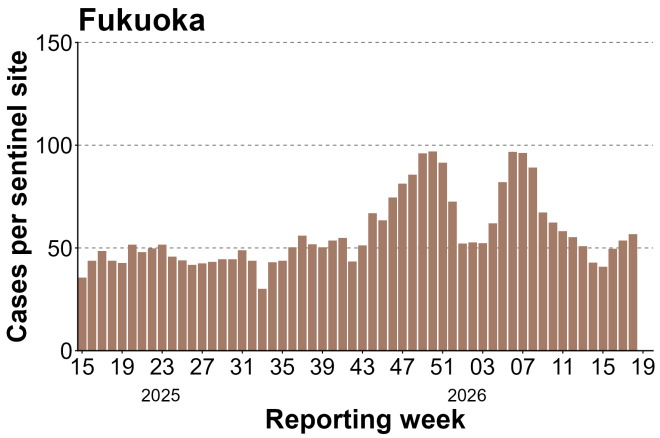
Reporting week


Fukuoka
Cases per sentinel site
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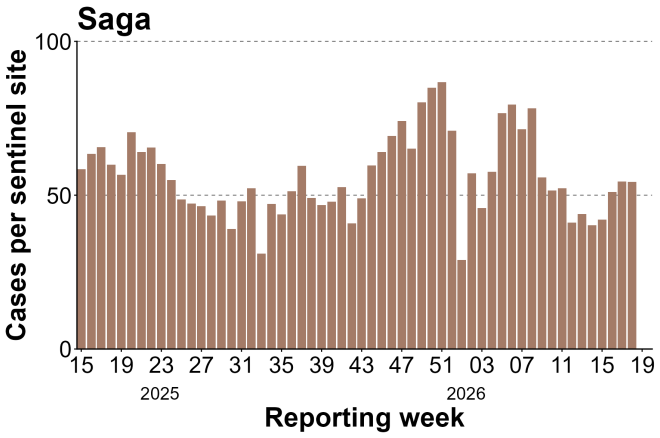
2026
Reporting week


Saga
Cases per sentinel site
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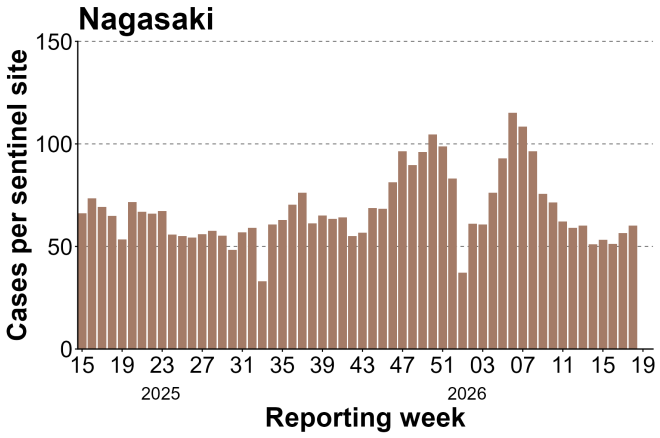
Reporting week


Nagasaki
Cases per sentinel site
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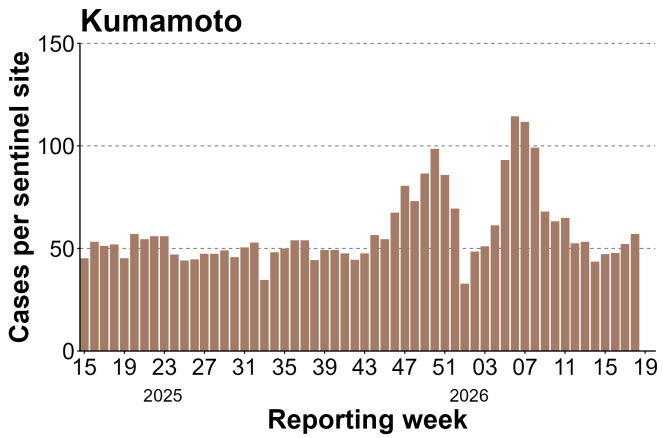
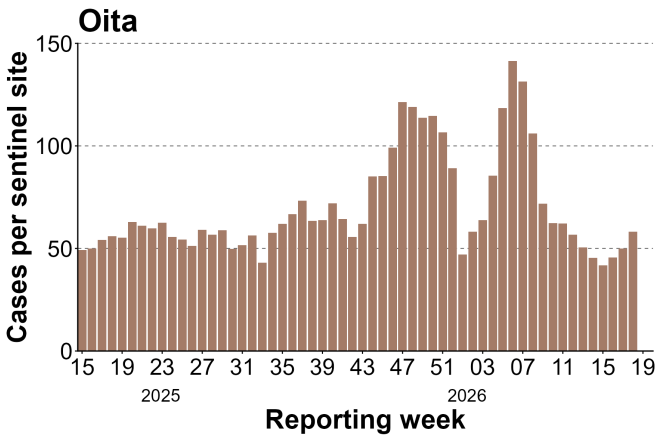
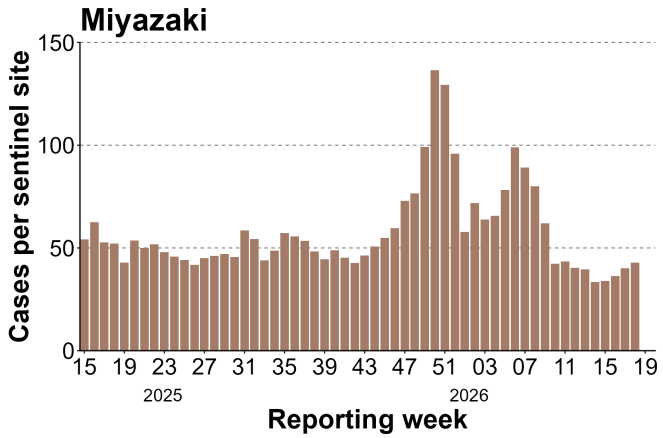
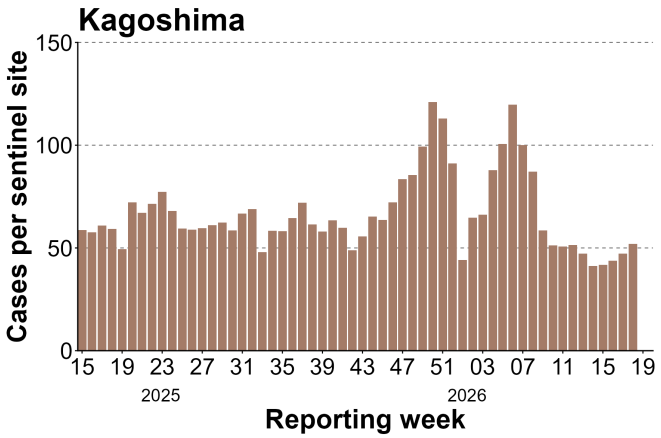
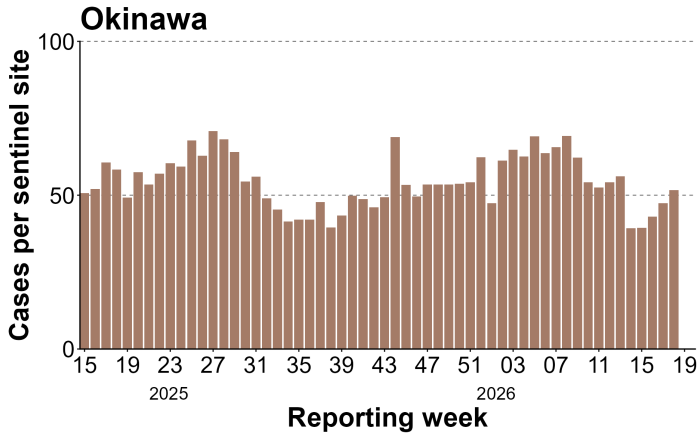
Reporting week











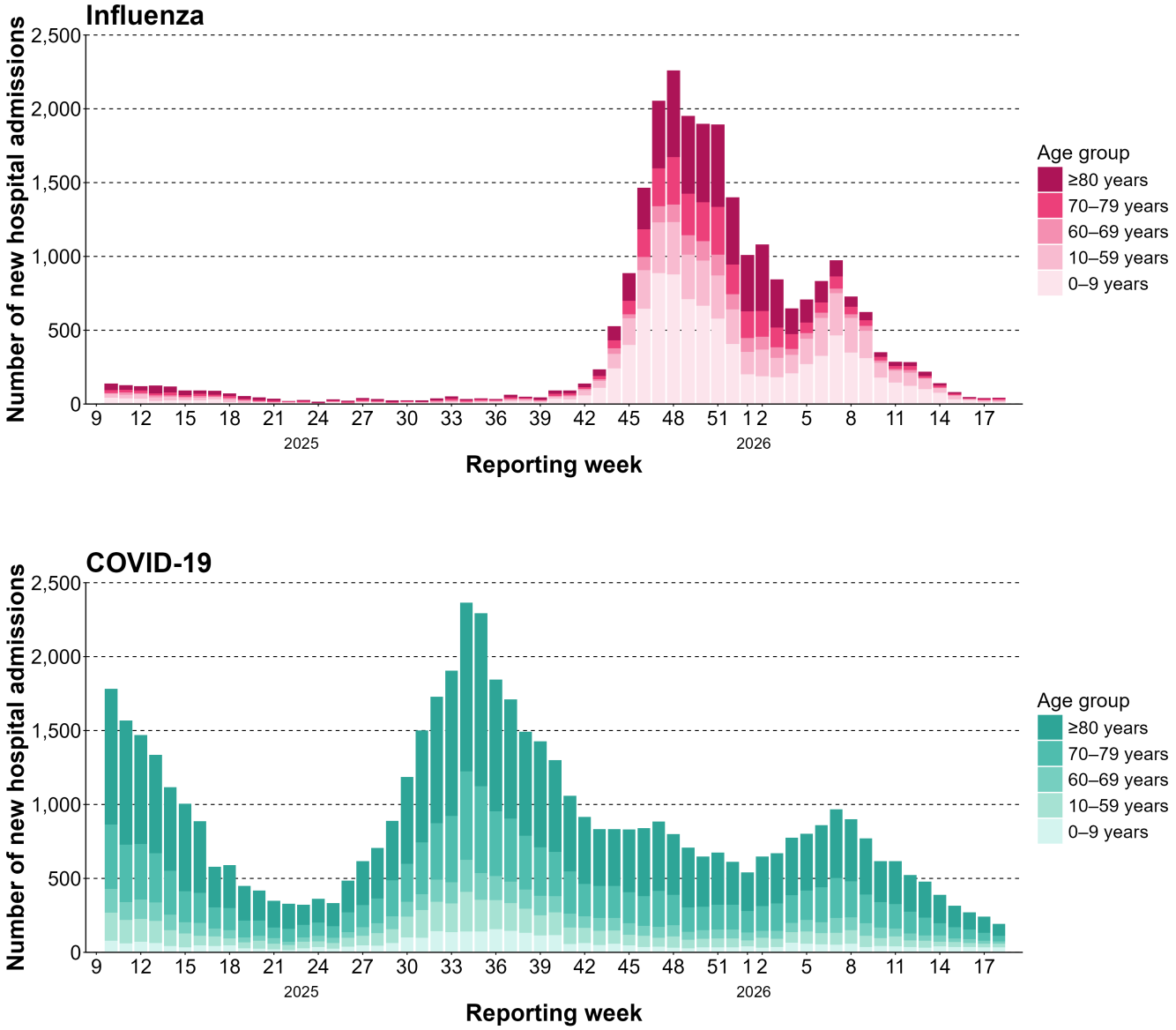
Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 7, 2025 – May 3, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 18 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 43 new hospital admissions due to influenza were reported, representing an increase of 2 cases compared with the previous week. 192 new hospital admissions due to COVID-19 were reported, representing a decrease of 49 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 May 8, 2026 (data range: April 7, 2025 – May 3, 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 18

Age group	Influenza	COVID-19
0–9 years	13	35
	(0.87)	(1.03)
10–59 years	10	24
	(0.91)	(1.00)
60–69 years	5	16
	(—)	(0.80)
70–79 years	8	37
	(1.00)	(0.67)
≥80 years	7	80
	(1.00)	(0.74)
Total	43	192
	(1.05)	(0.80)

Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 27, 2026 – May 3, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

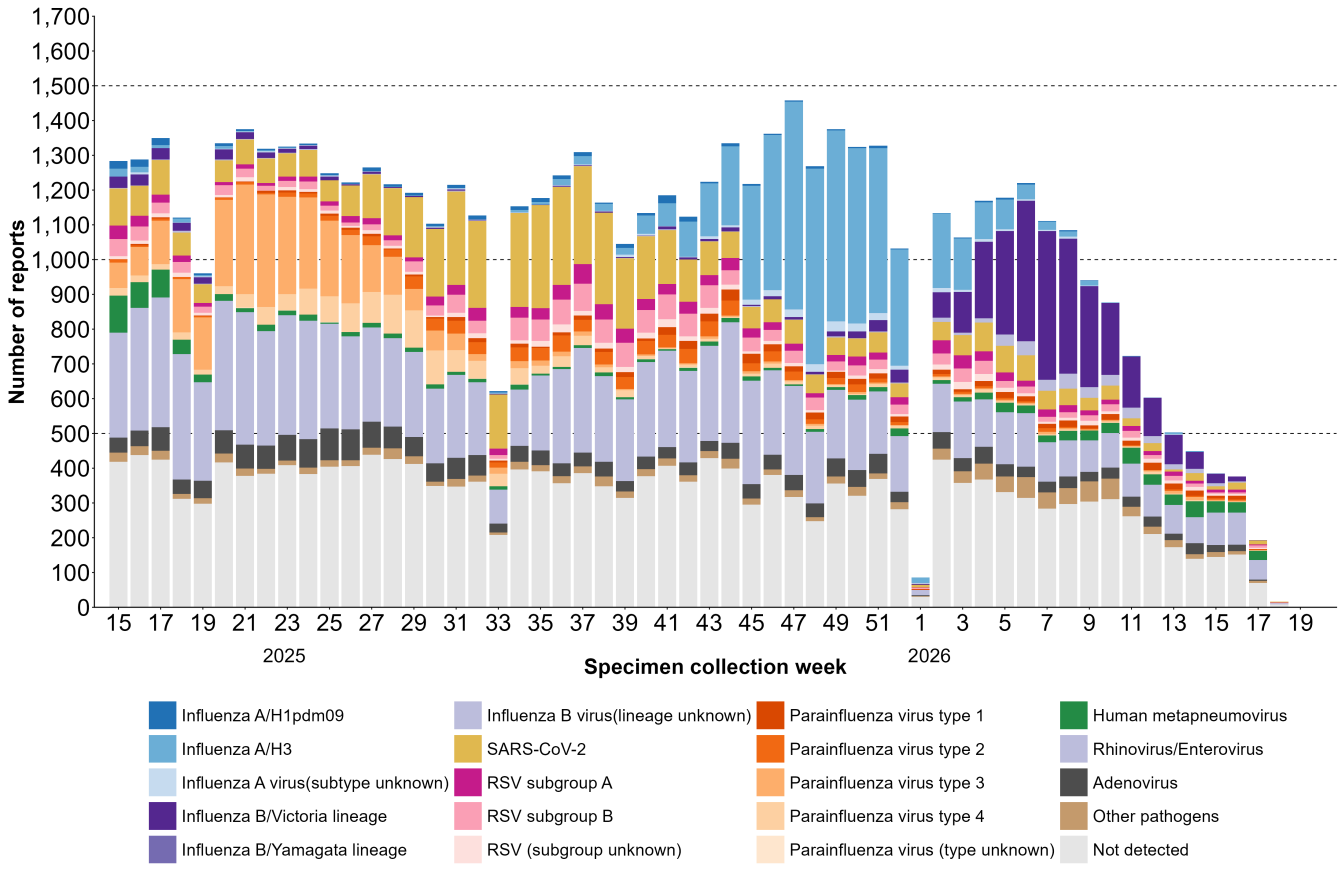
Among specimens collected at ARI pathogen sentinel sites in week 18 of 2026 and reported by the time of analysis, a total of 15 specimens were reported. Of these, 2 were positive for SARS-CoV-2, 2 were positive for RSV, 0 specimens were positive for influenza A virus, 0 were positive for influenza B virus (Figure 6).

The pathogen-specific test positivity was 13.3% for SARS-CoV-2, and 13.3% for RSV, 0% for influenza A virus, 0% for influenza B virus (Figure 7).

Specimens collected in week 13 (March 23–29) 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.

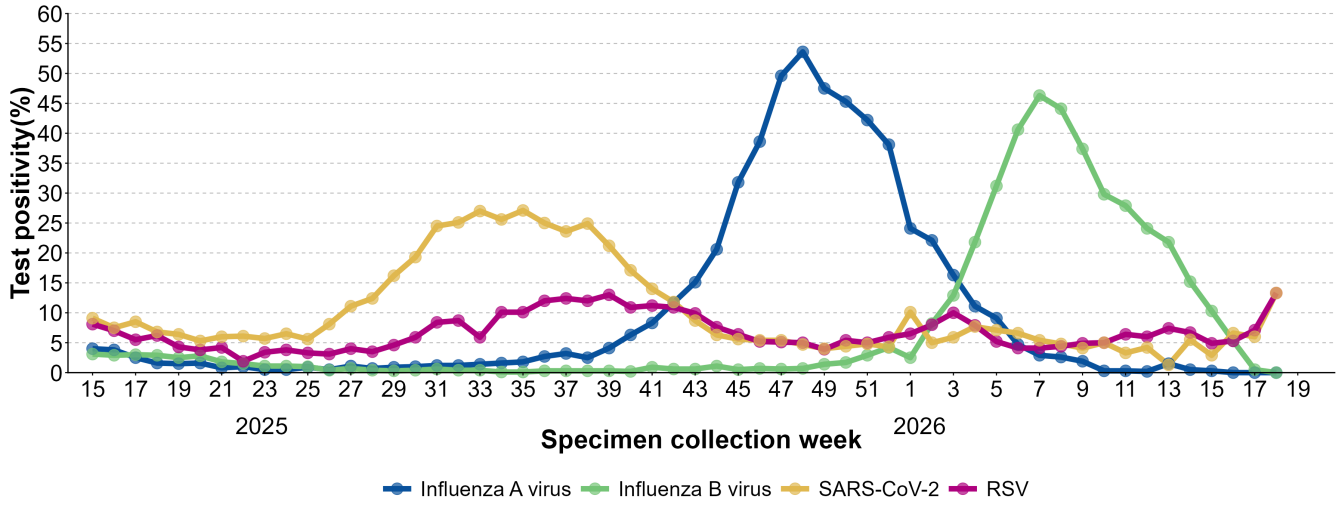
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 18, No detections were reported.

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



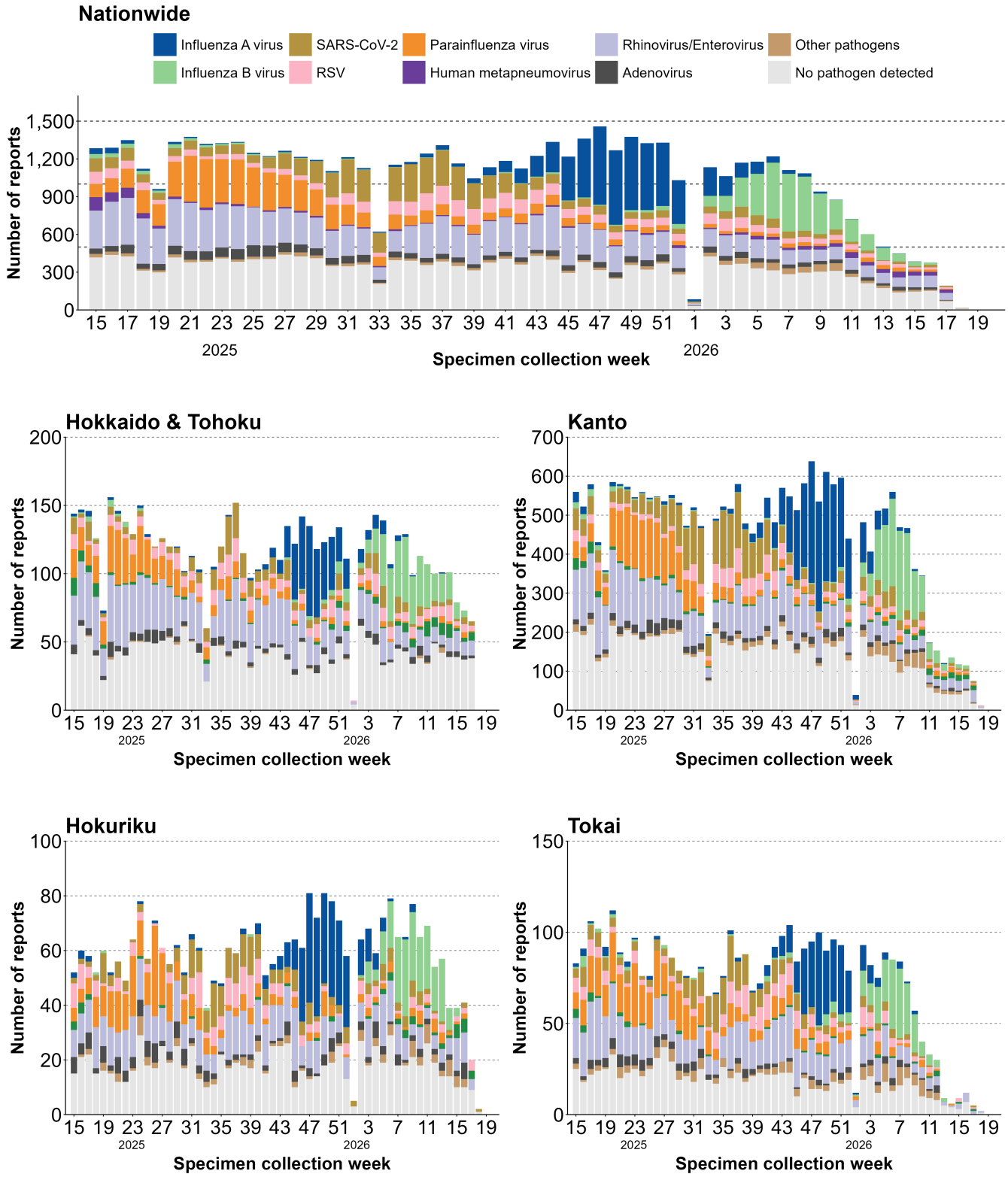
Data source: Infectious Disease Surveillance in Japan; data as of May 7, 2026 (data range: April 7, 2025 – May 3, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily 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.

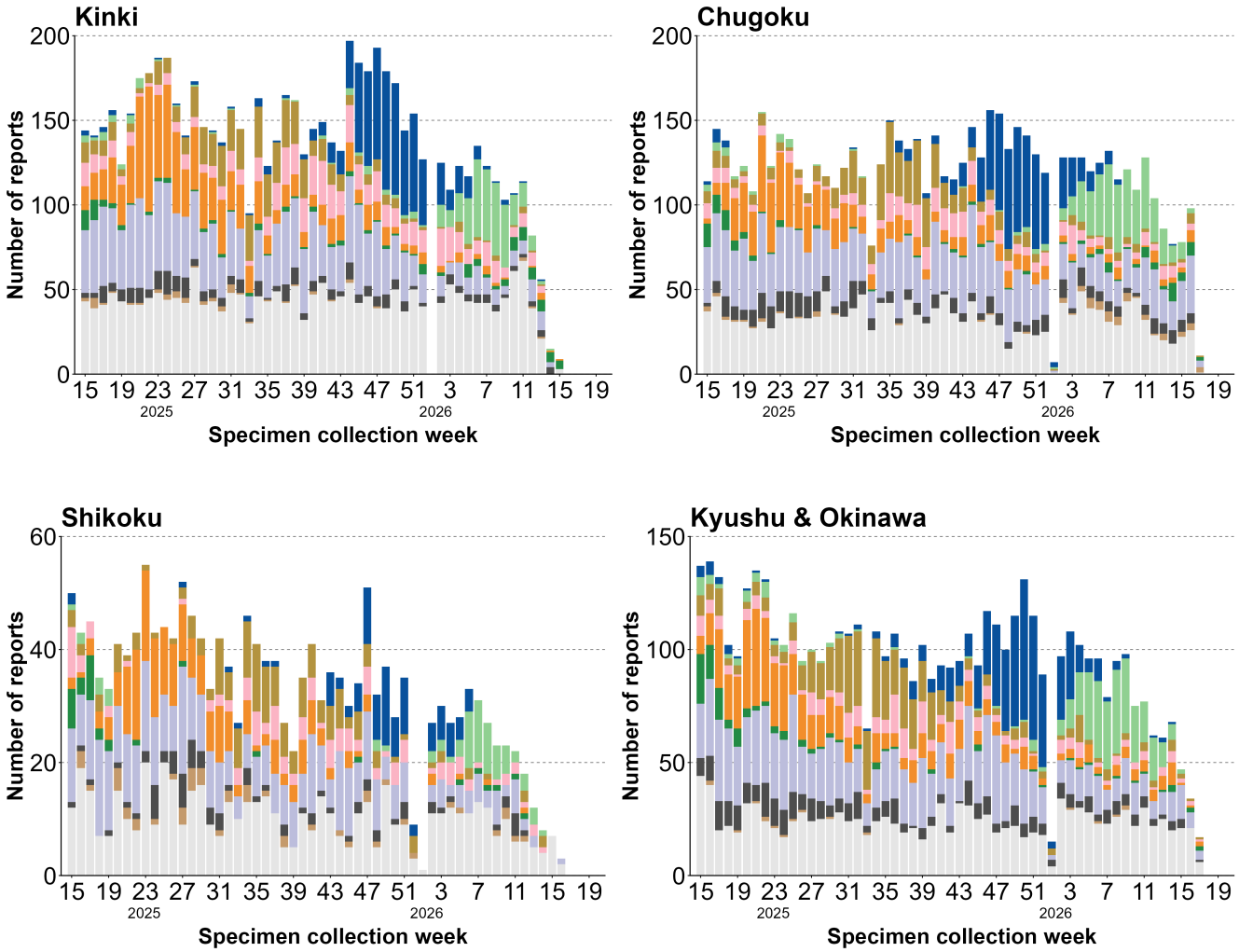
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of May 7, 2026 (data range: April 7, 2025 – May 3, 2026).
Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: (number positive / number tested) × 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 May 7, 2026 (data range: April 7, 2025 – May 3, 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 13 (March 23–29)

Region	Number of specimens	Most frequently detected pathogen

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	96	Influenza B virus
Kanto	111	Rhinovirus/Enterovirus
Hokuriku	51	Influenza B virus
Tokai	8	Influenza B virus and Rhinovirus/Enterovirus
Kinki	52	Rhinovirus/Enterovirus
Chugoku	71	Influenza B virus
Shikoku	11	Influenza B virus
Kyushu & Okinawa	60	Influenza B virus

Data source: Infectious Disease Surveillance in Japan; data as of May 7, 2026 (data range: April 27, 2026 – May 3, 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_iryou/kenkou/kekkaku-kansenshou/infulenza/index.html
・COVID-19
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・RSV infection
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・Pharyngoconjunctival fever
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/pcf.html
・Herpangina
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/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
● 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.

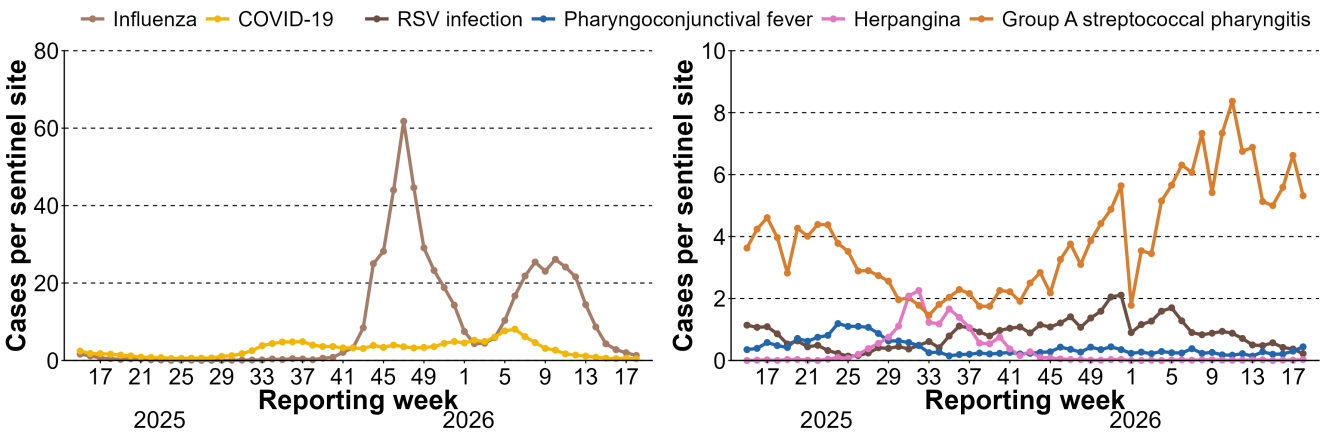
Pathogen	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
Influenza A/H1	0	0	0	0	0	0
Influenza A/H1pdm09	0	0	0	0	0	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	0	0	0	0	0	0
Influenza B virus	3	1	3	0	0	0
SARS-CoV-2	0	2	0	0	3	0
RSV	3	2	1	0	1	0
Parainfluenza virus 1	0	1	0	0	0	0
Parainfluenza 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)	2	0	0	0	0	0
Rhinovirus/Enterovirus	3	4	4	8	1	0
Human metapneumovirus	1	2	3	1	1	0
Adenovirus	0	0	0	0	0	0
Coronavirus HKU1	1	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	1	0	0
Coronavirus OC43	1	0	1	1	0	0

Pathogen	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0
Chlamydia pneumoniae	0	0	0	0	0	0
Mycoplasma pneumoniae	0	0	0	0	0	0

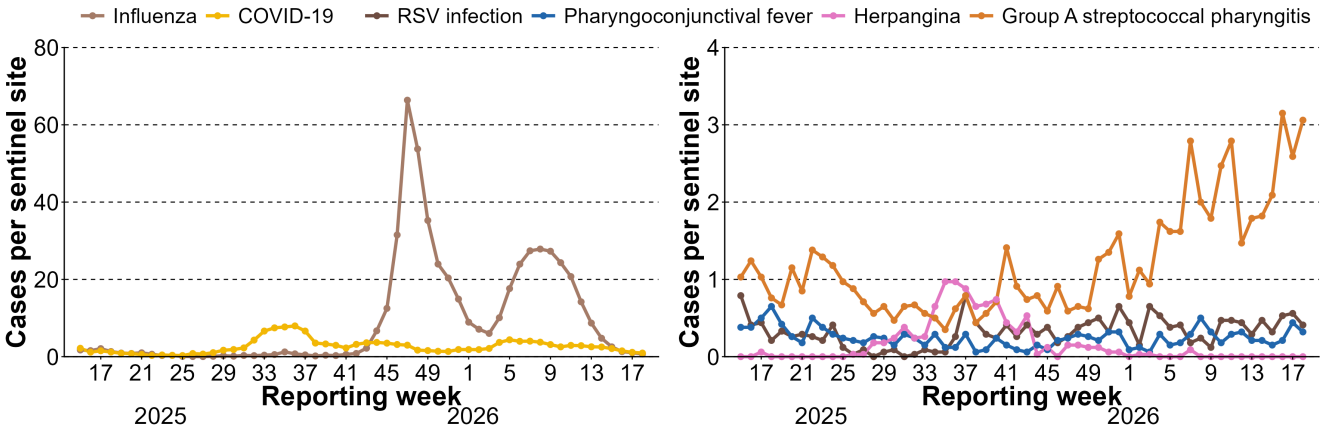
Source: Infectious Disease Surveillance in Japan; data as of May 7, 2026 (data range: March 23, 2026 to May 3, 2026)
Note: As reporting is based on voluntary participation by medical institutions, the number of reported cases should be interpreted as reference values. A total of 11 medical institutions participated between weeks 13–18.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
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

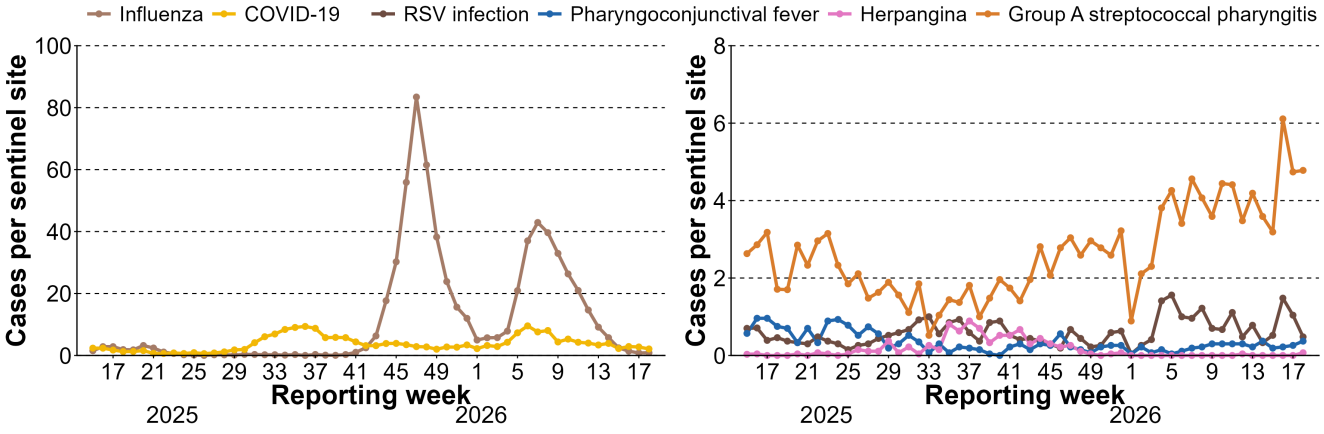
Hokkaido



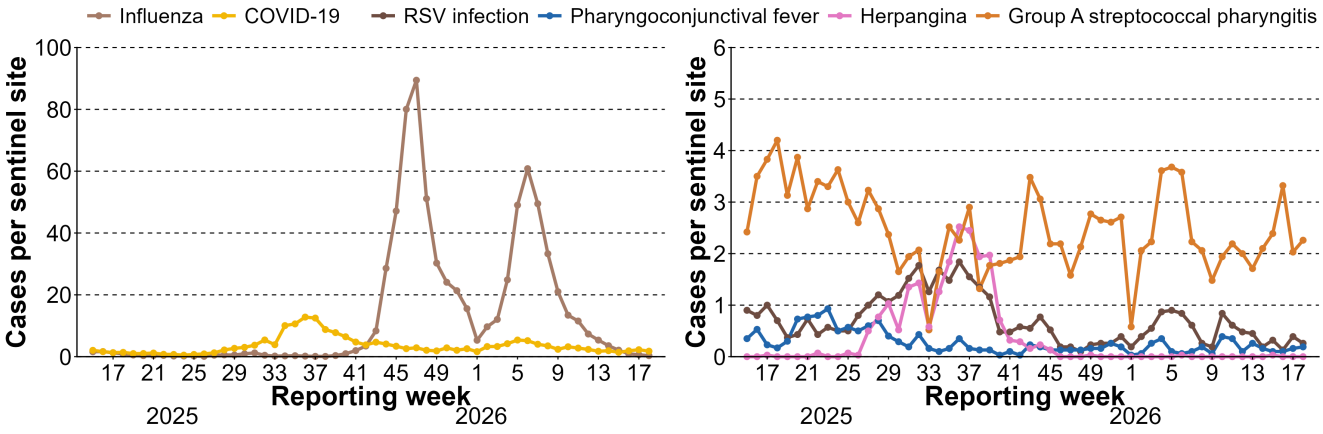
Aomori



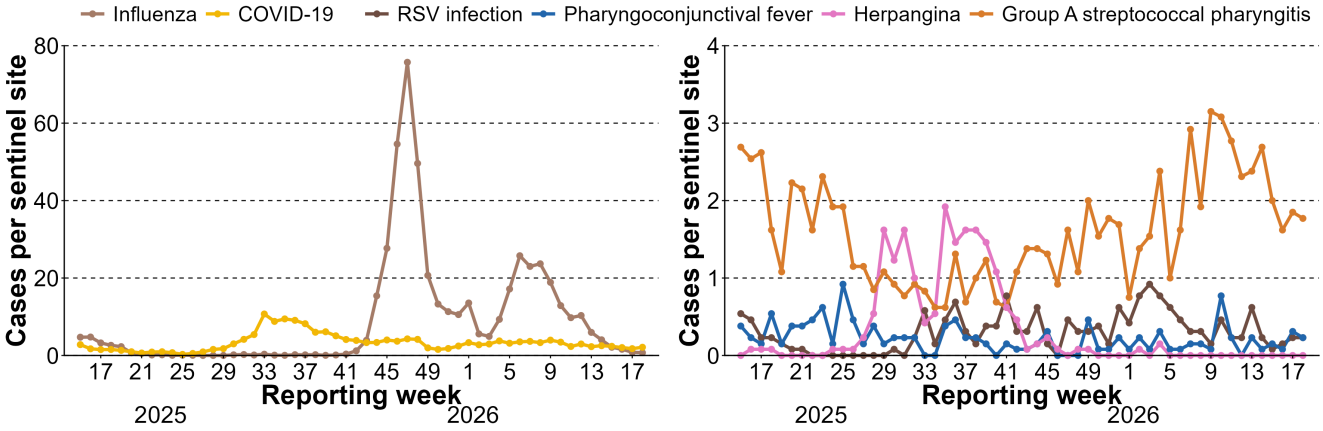
Iwate



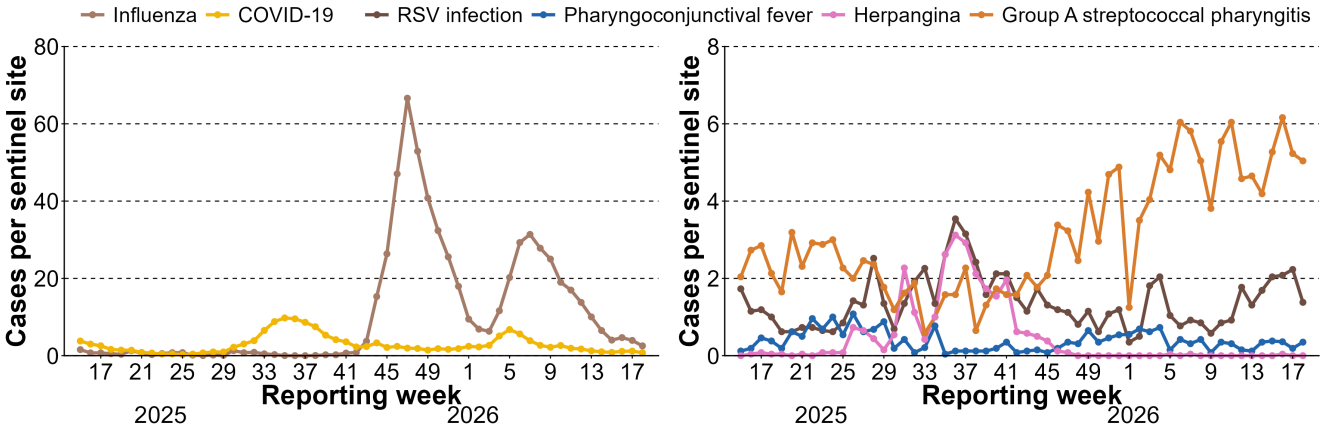
Miyagi



Akita



Yamagata



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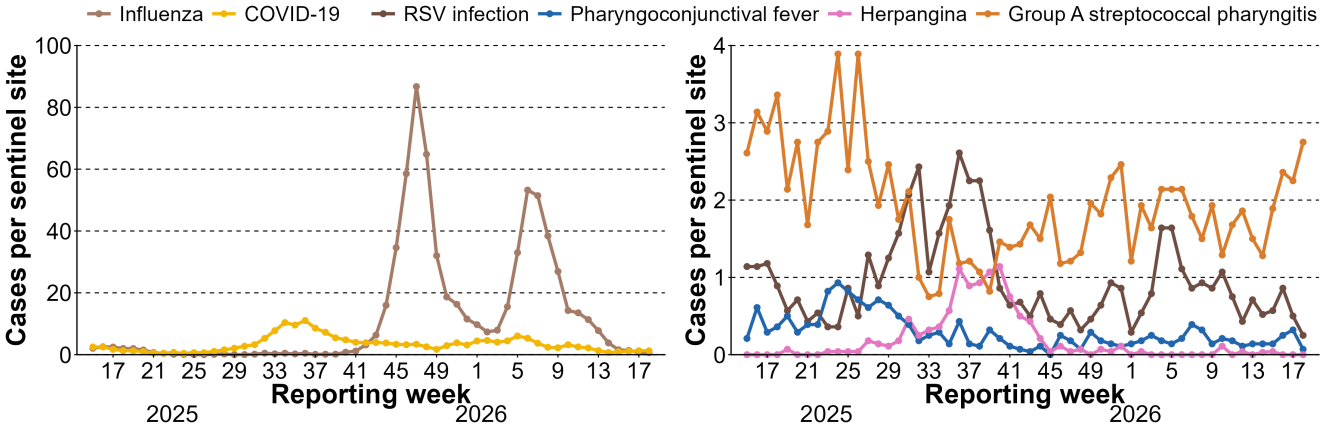
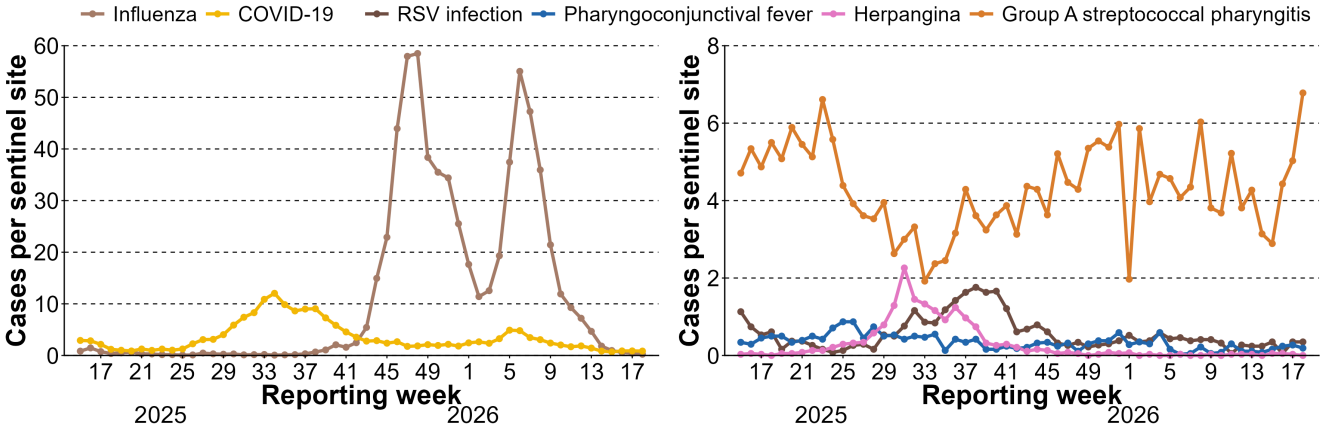
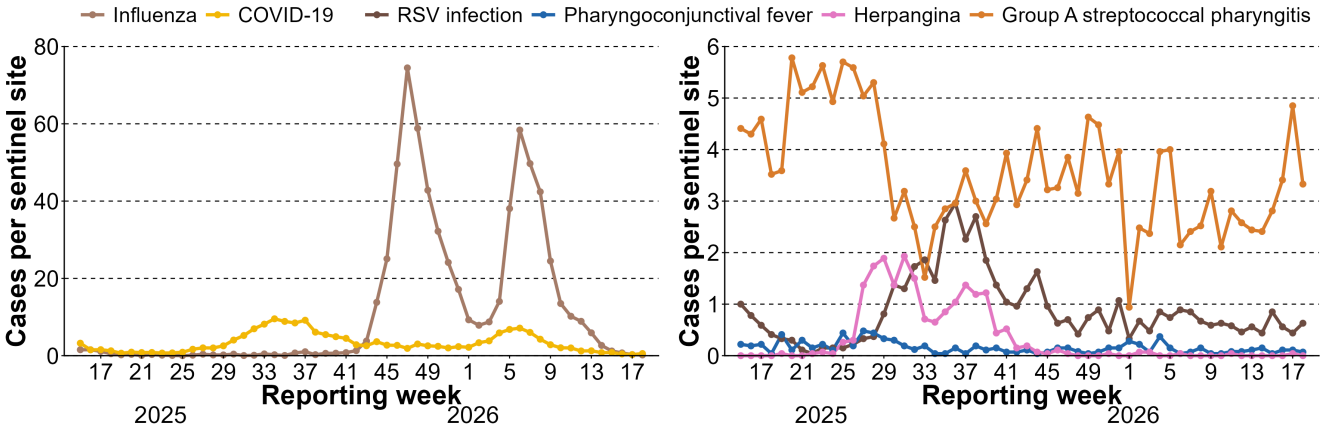


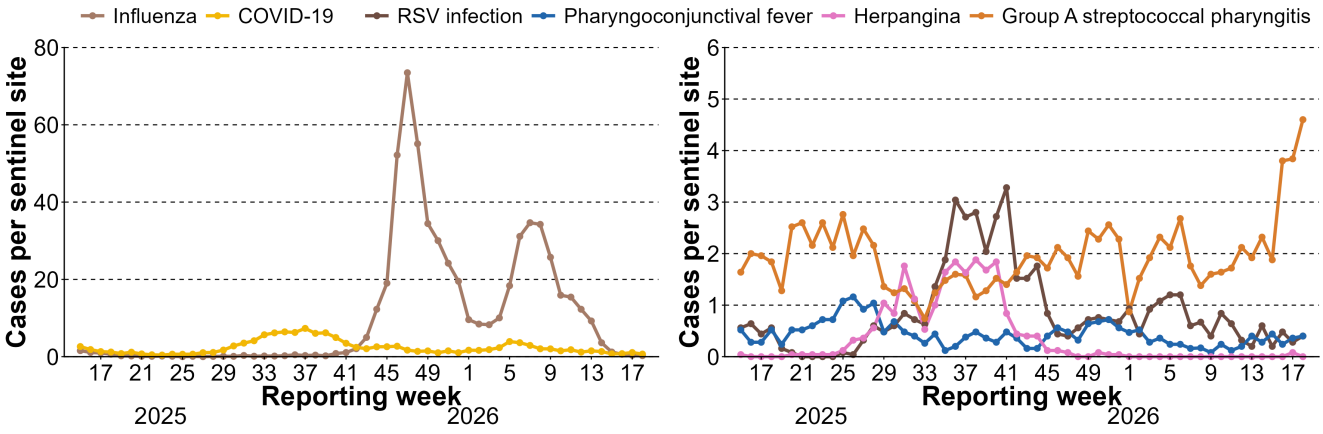
Ibaraki



Tochigi



Gunma



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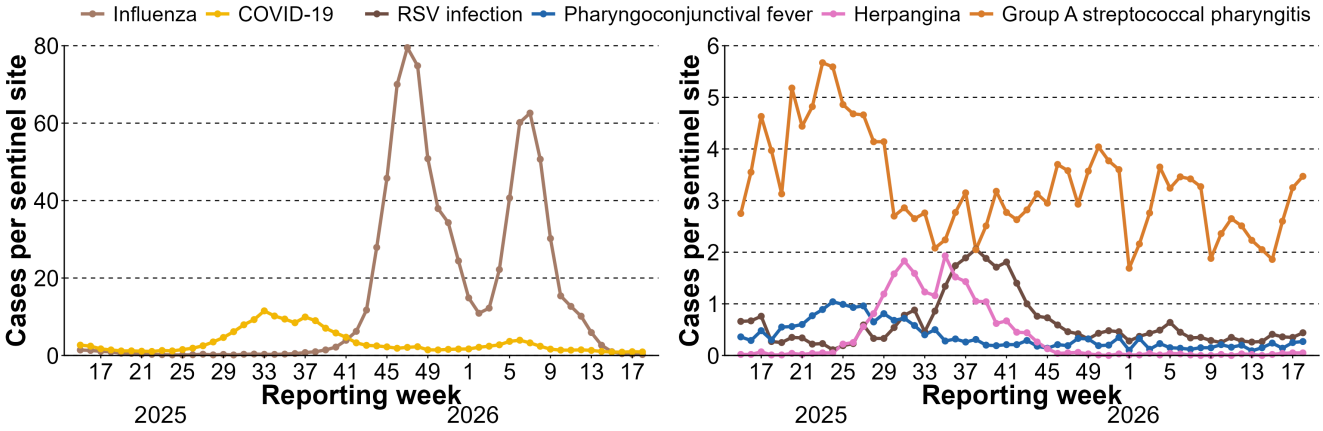
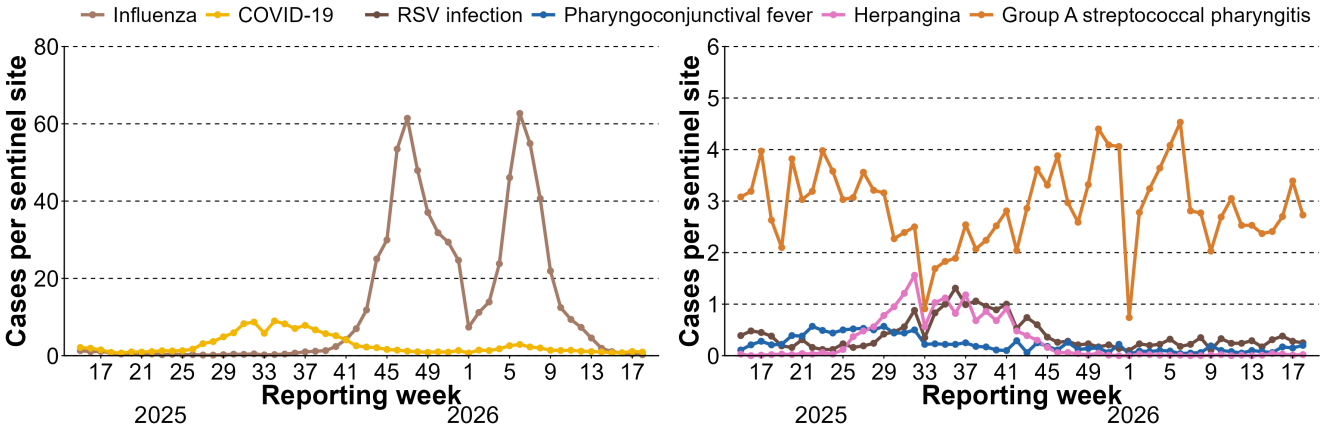
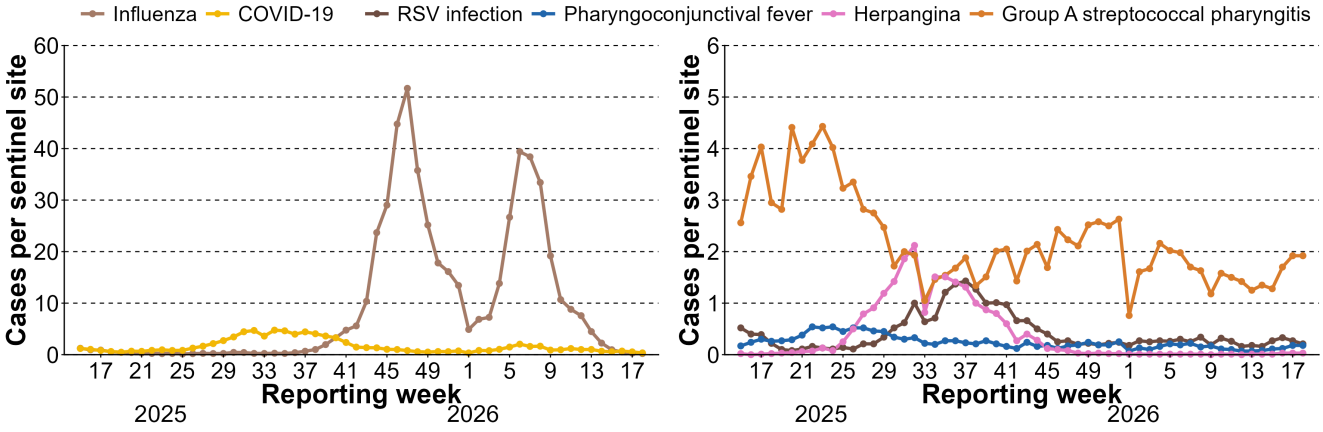


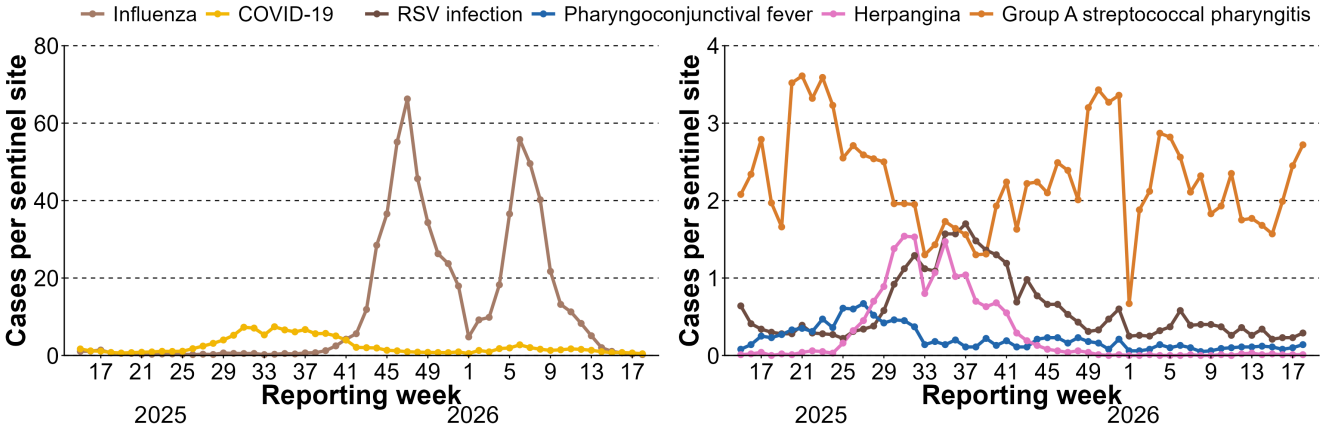
Chiba



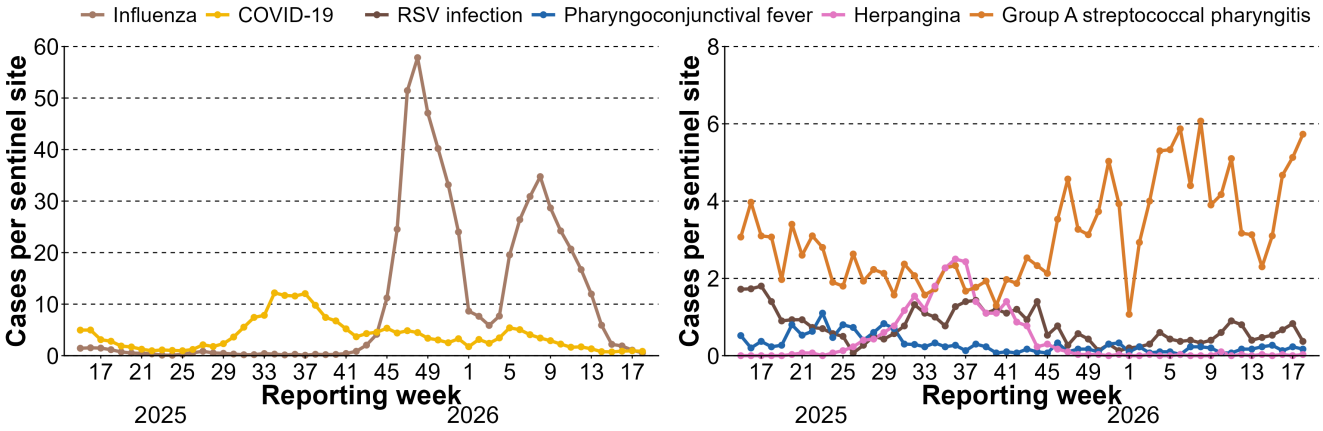
Tokyo



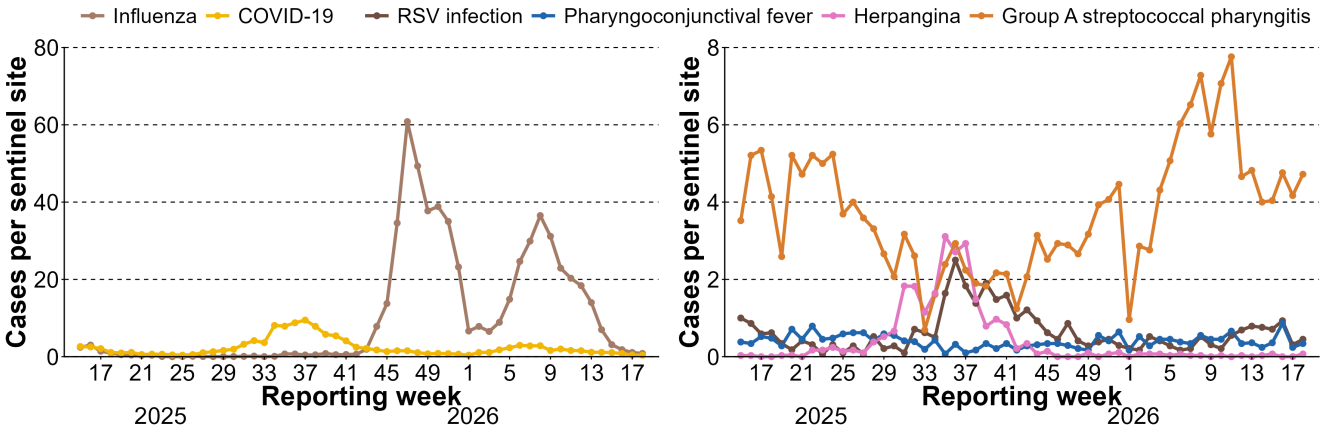
Kanagawa



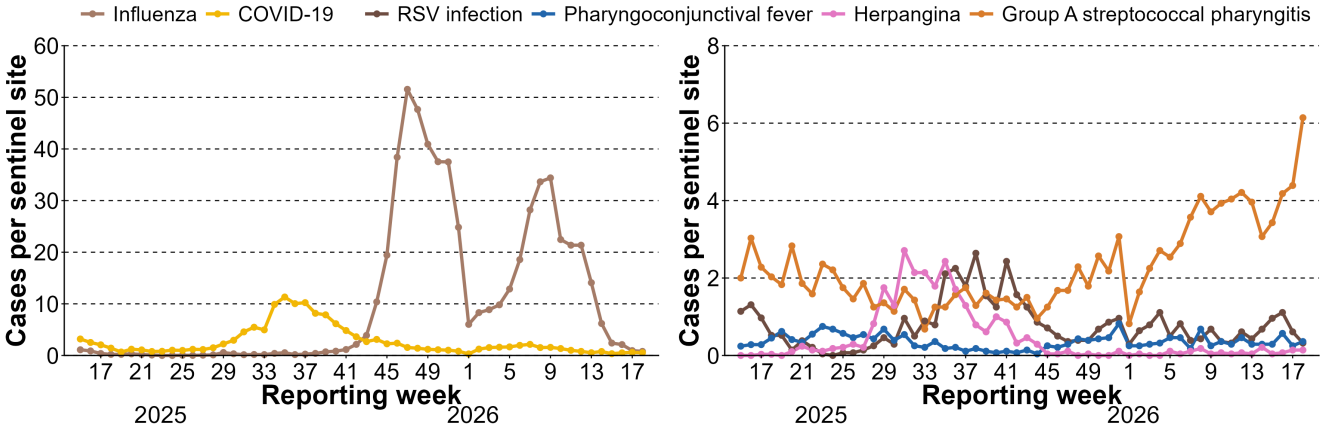
Niigata



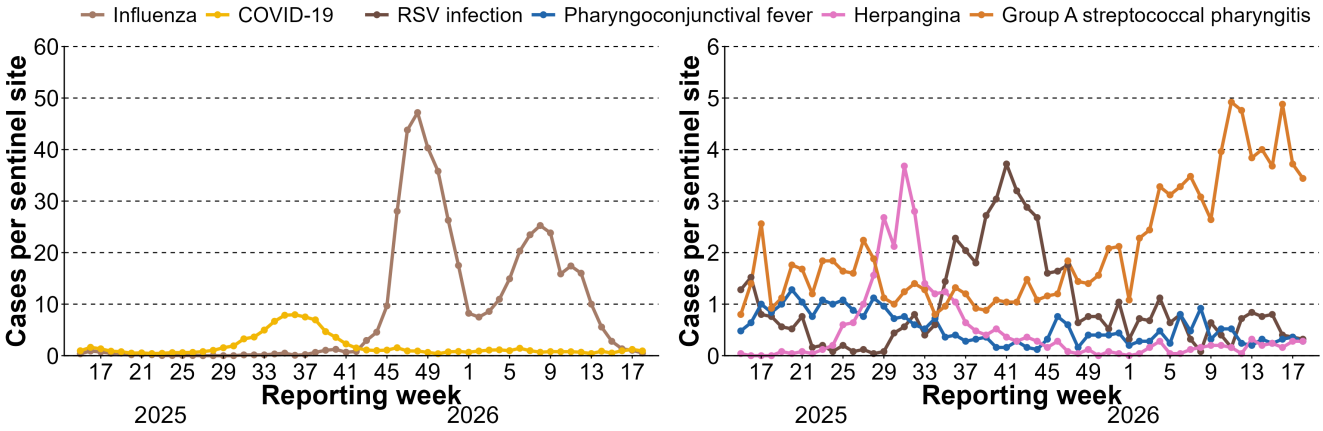
Toyama



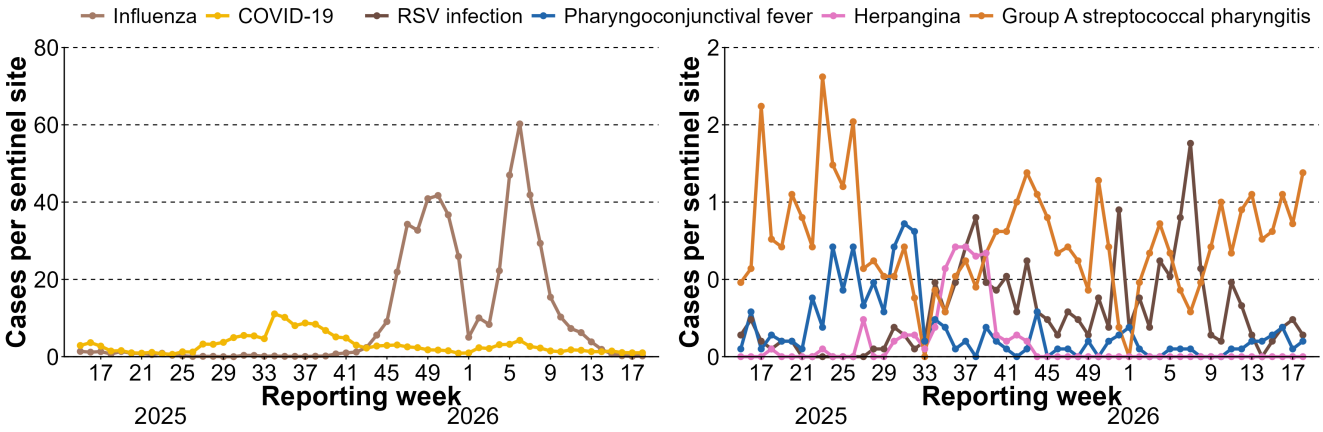
Ishikawa



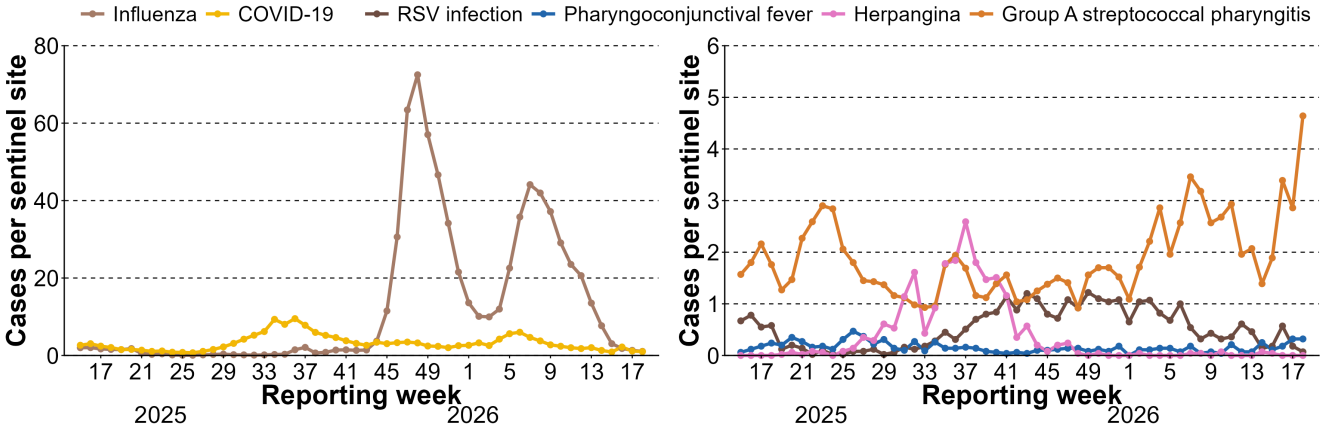
Fukui



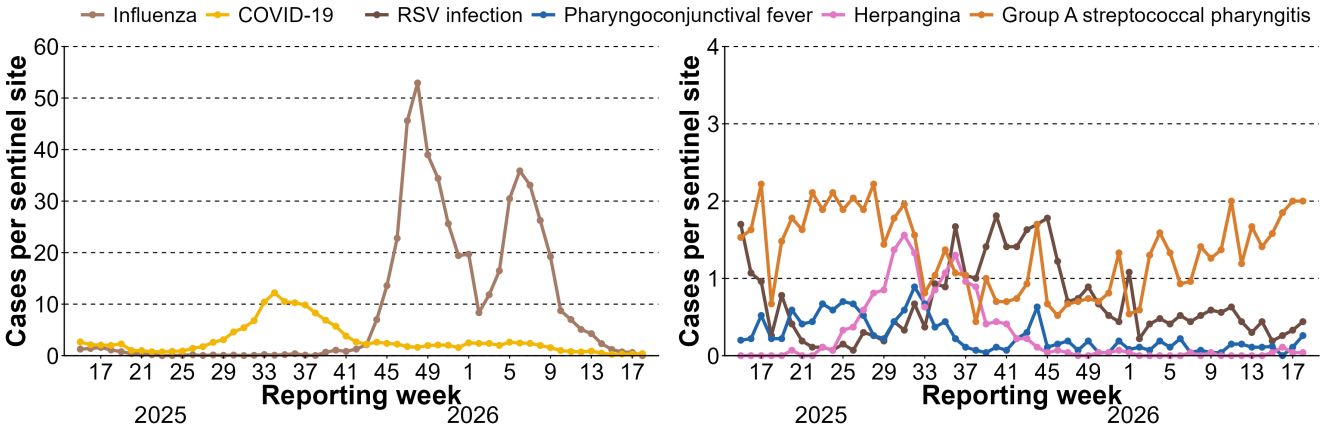
Yamanashi



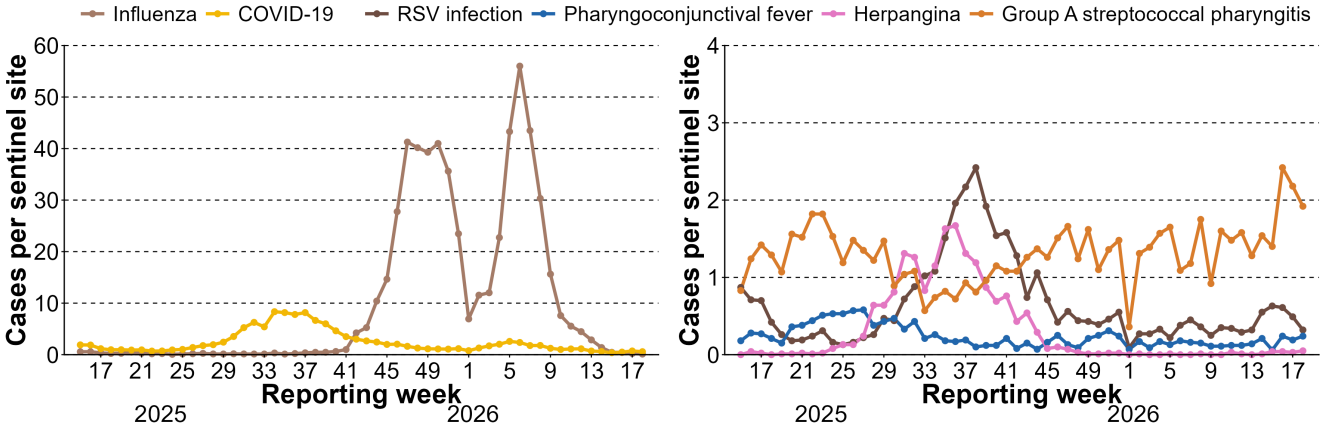
Nagano



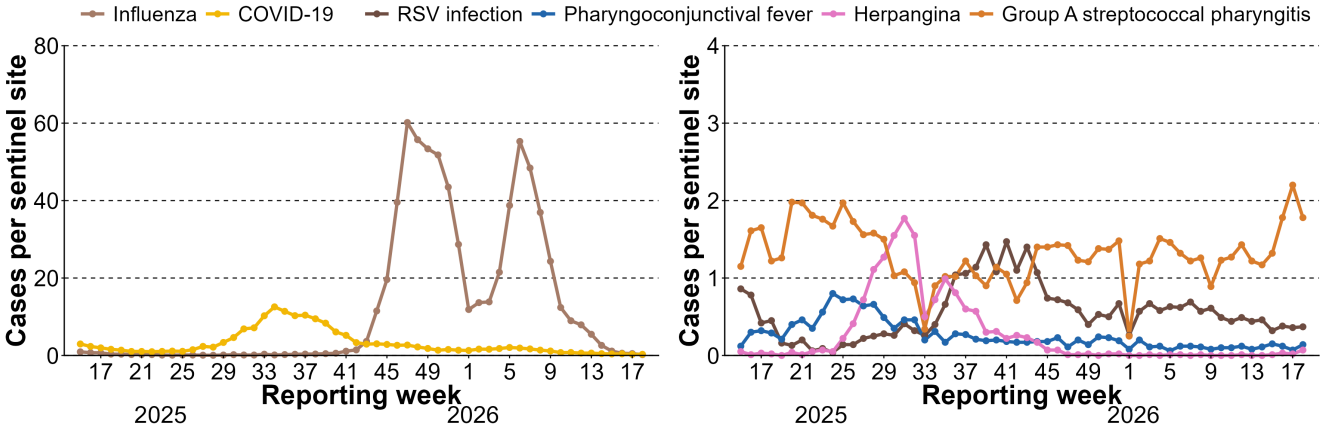
Gifu



Shizuoka



Aichi



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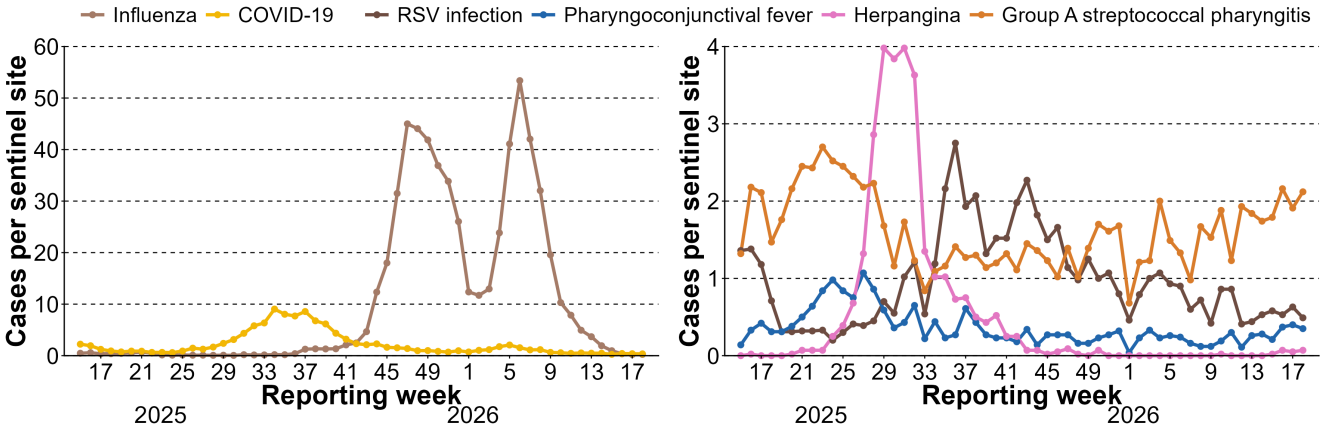
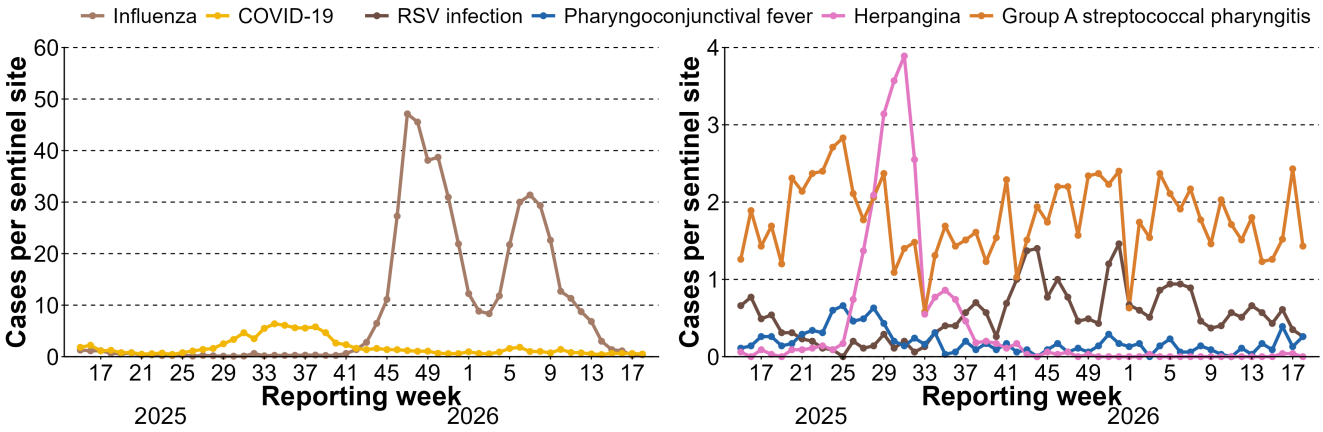
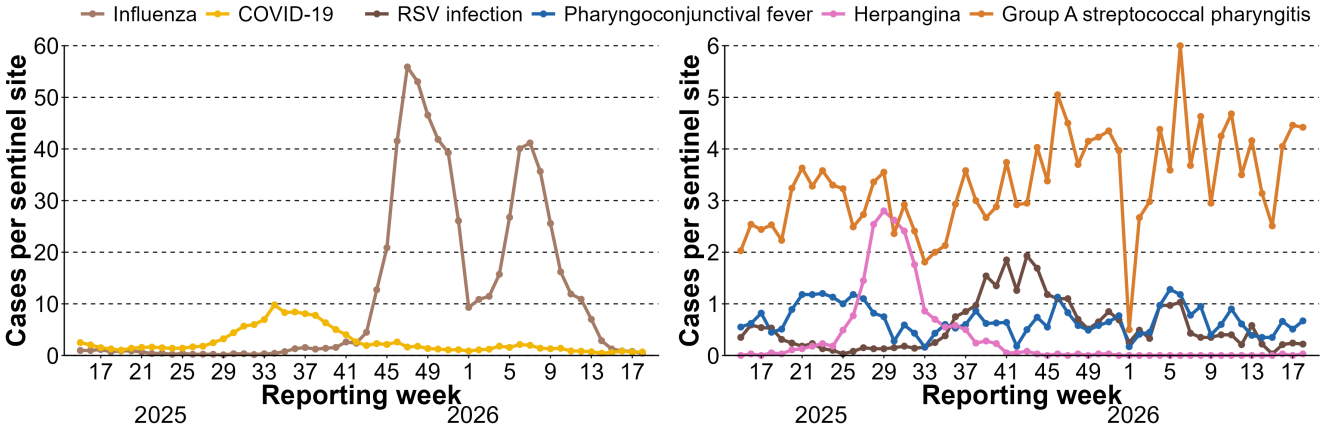


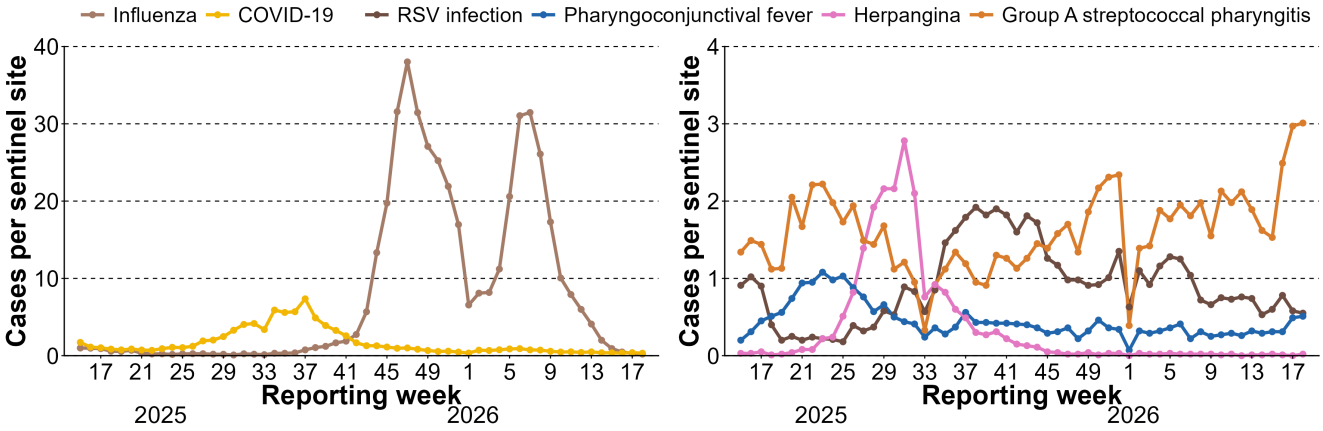
Shiga



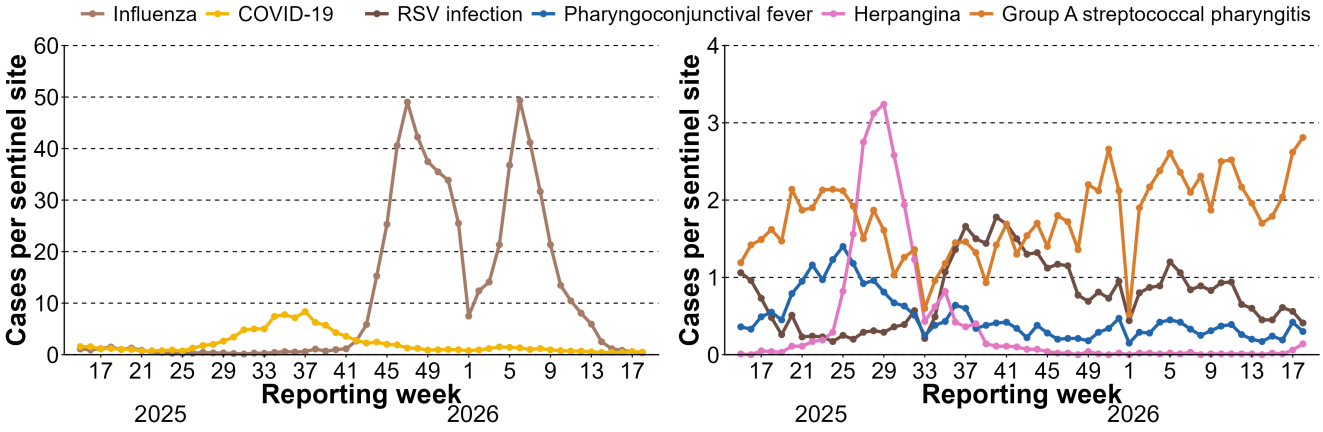
Kyoto



Osaka



Hyogo



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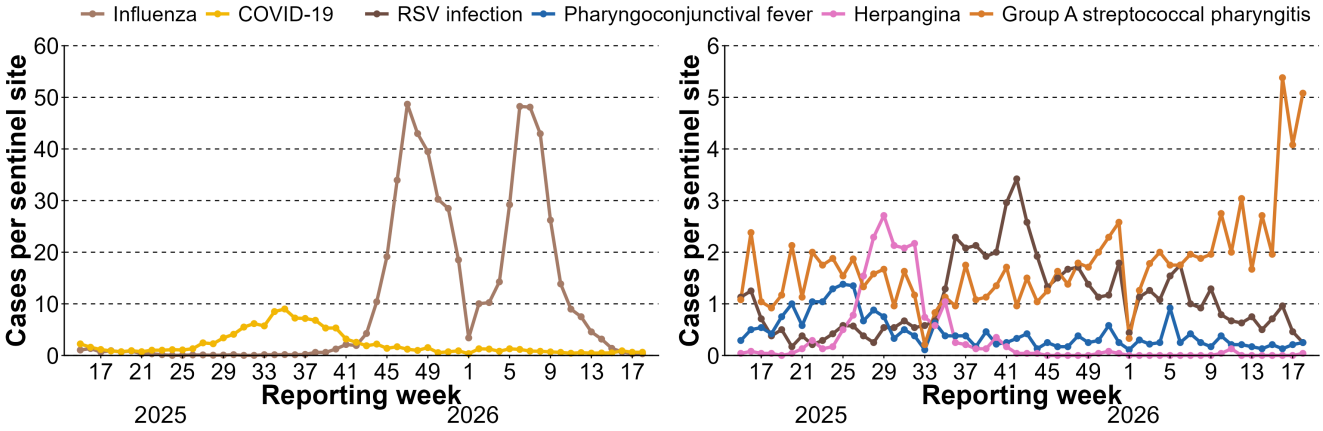
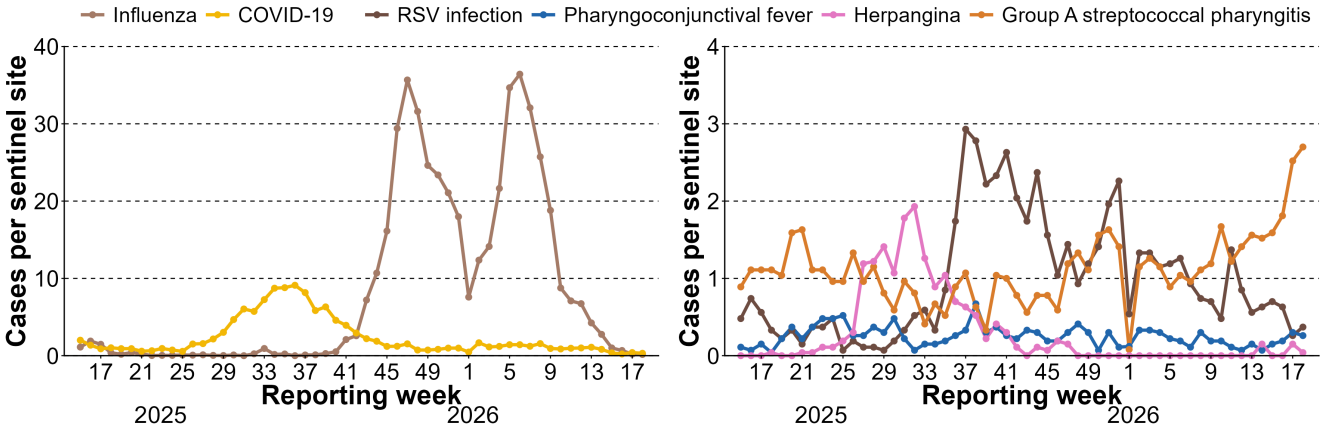
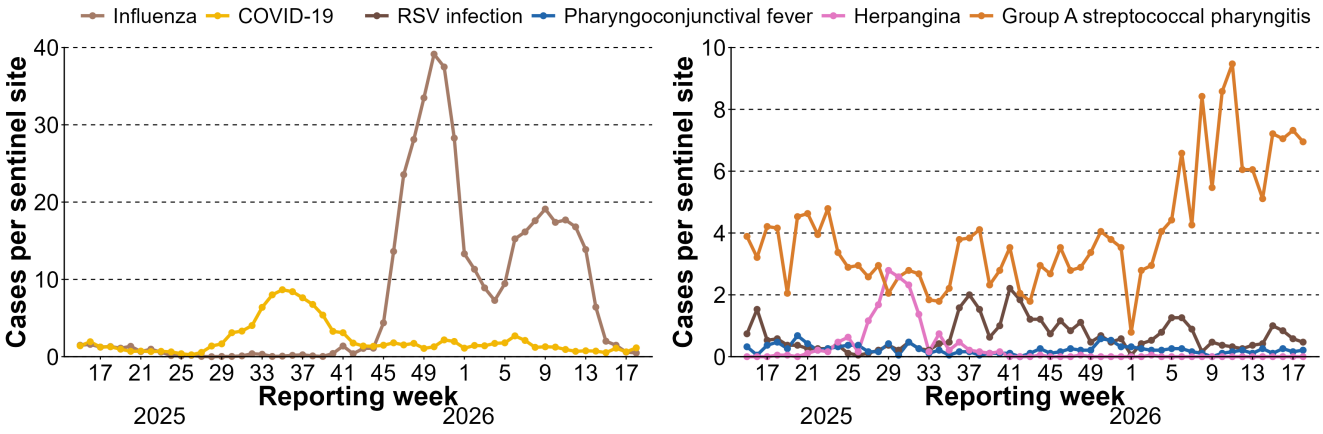


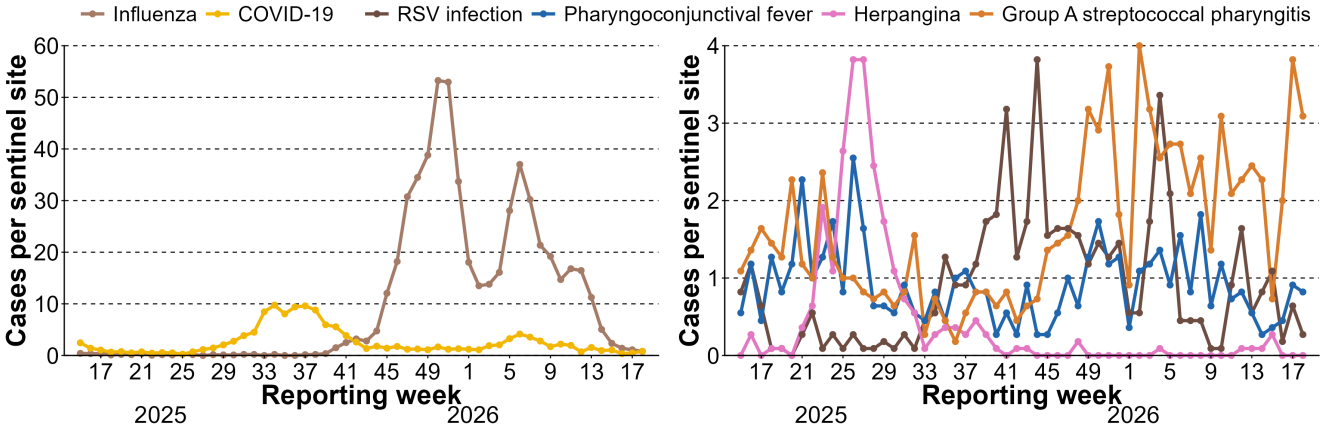
Wakayama



Tottori



Shimane



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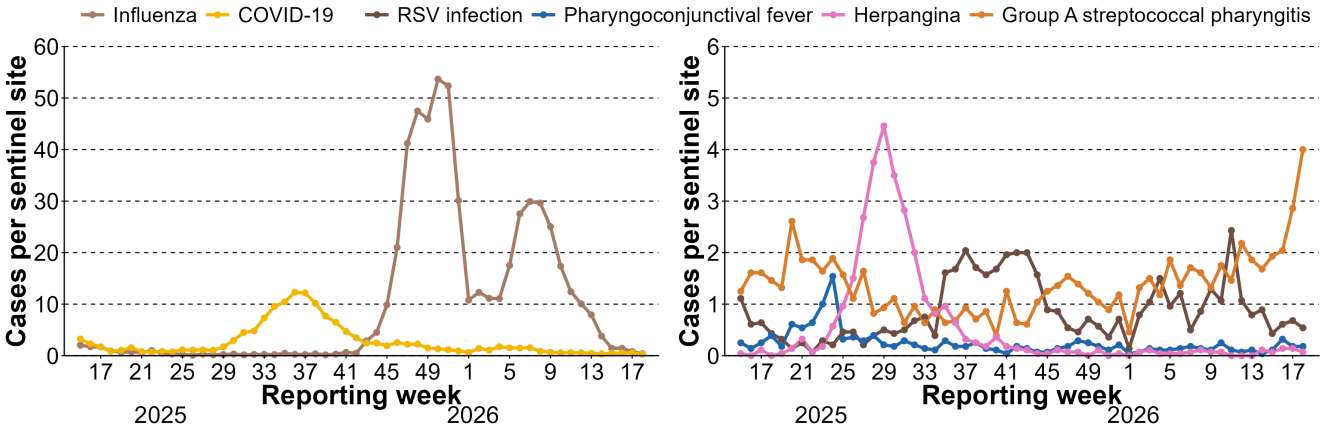
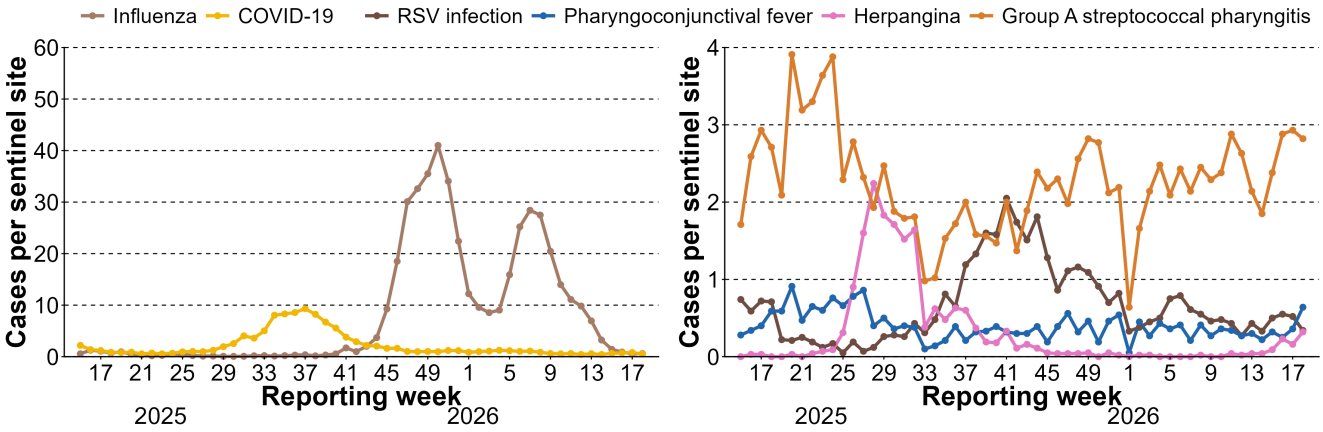
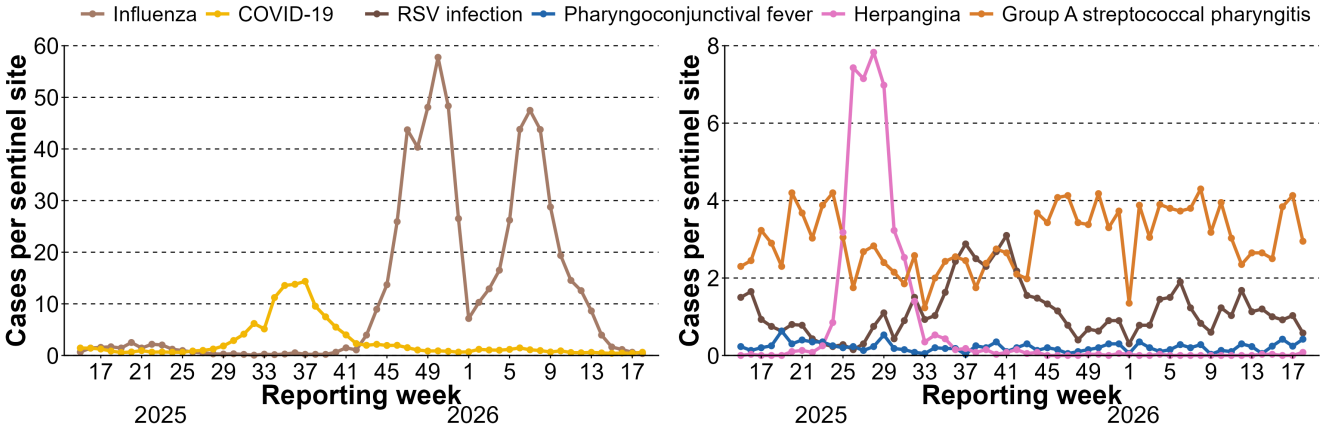


Hiroshima



Yamaguchi



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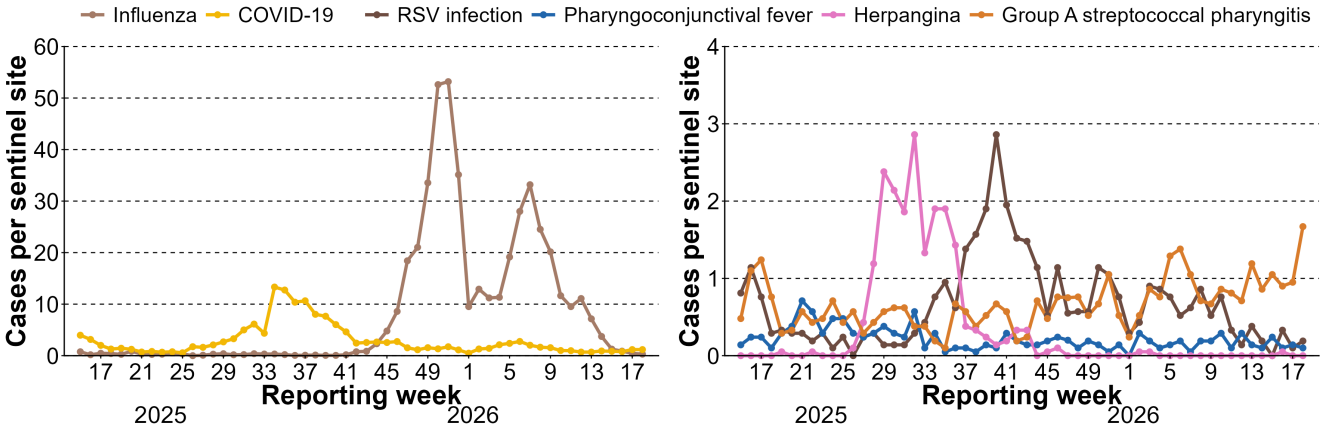
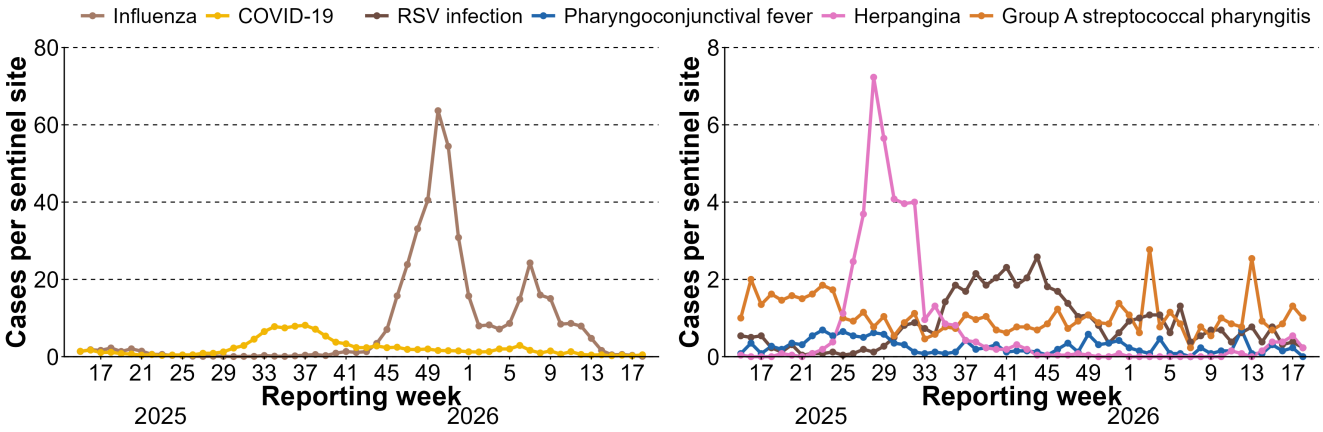
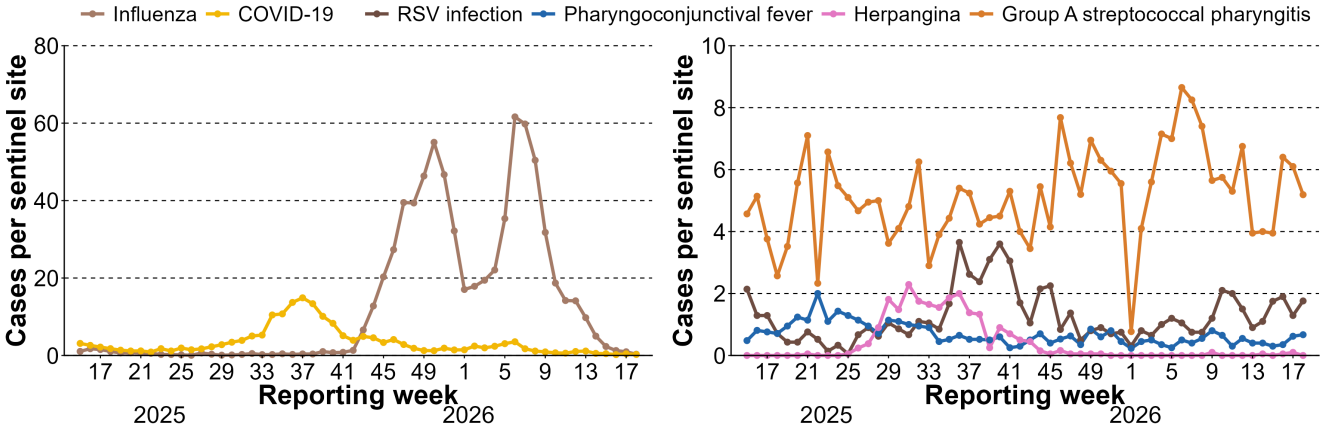


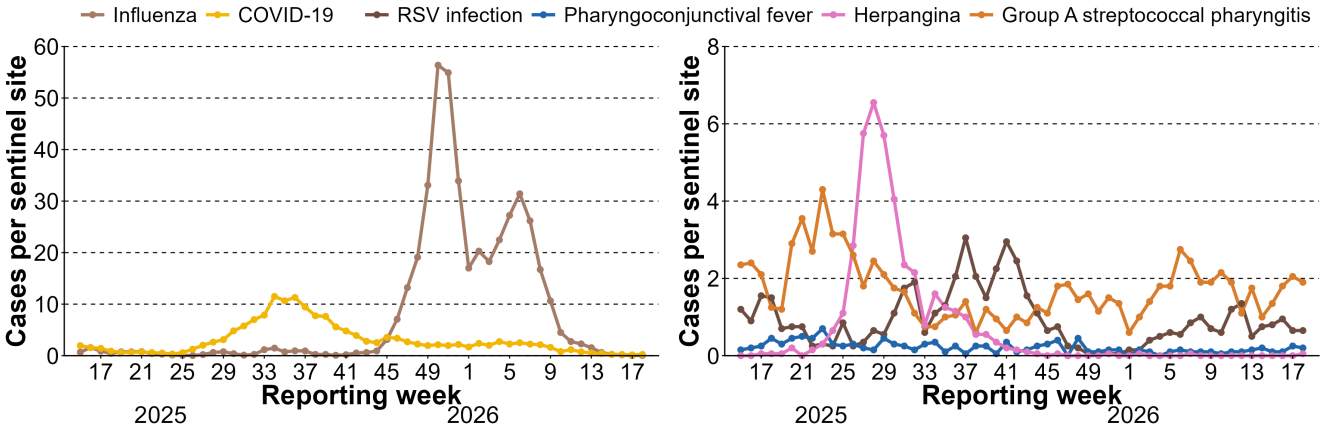
Kagawa



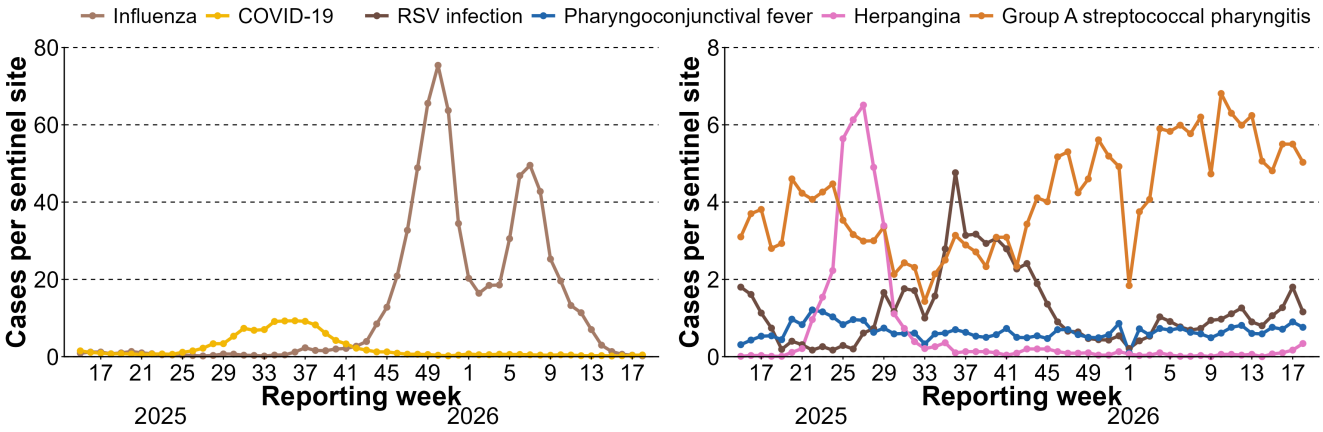
Ehime



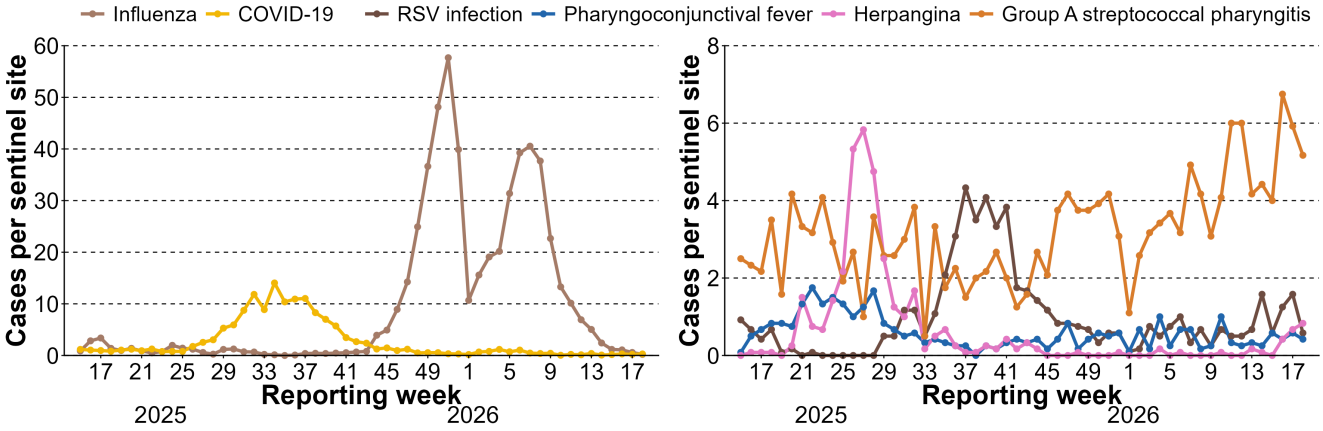
Kochi



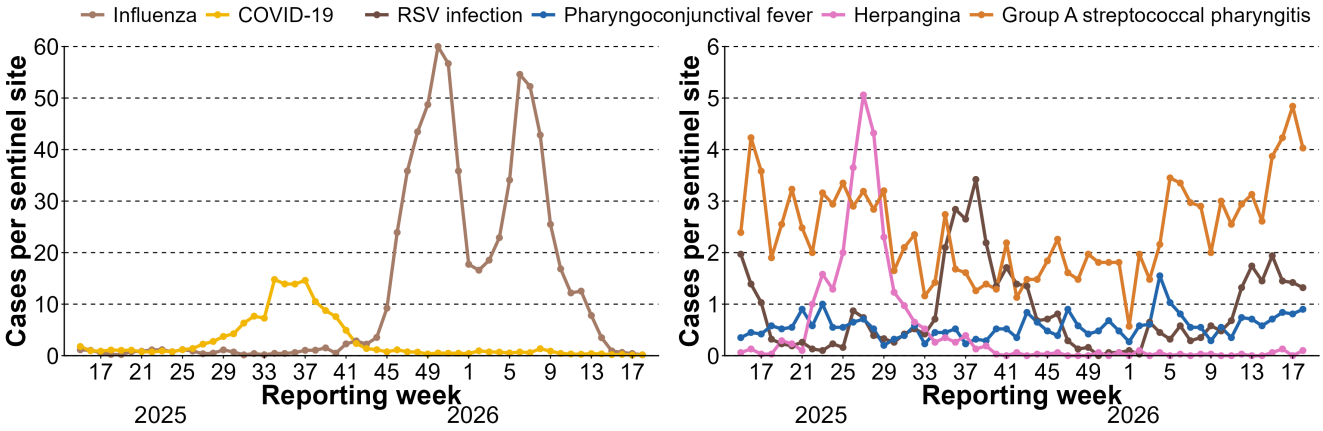
Fukuoka



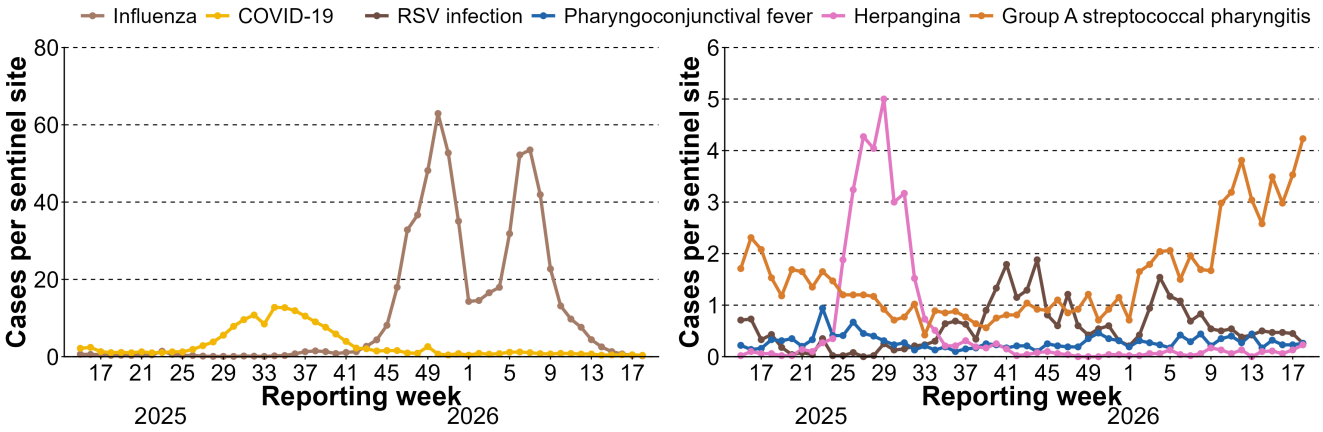
Saga



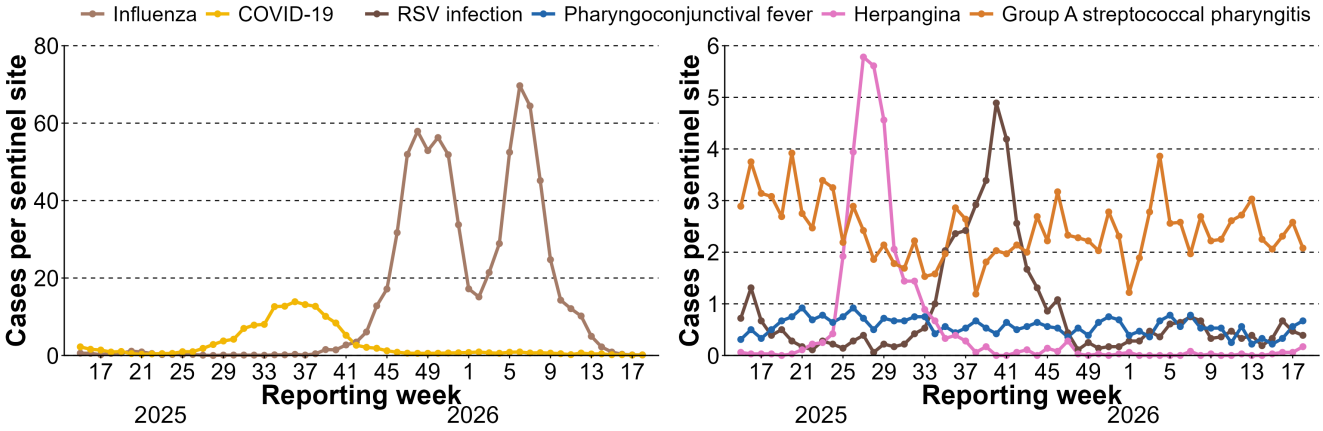
Nagasaki



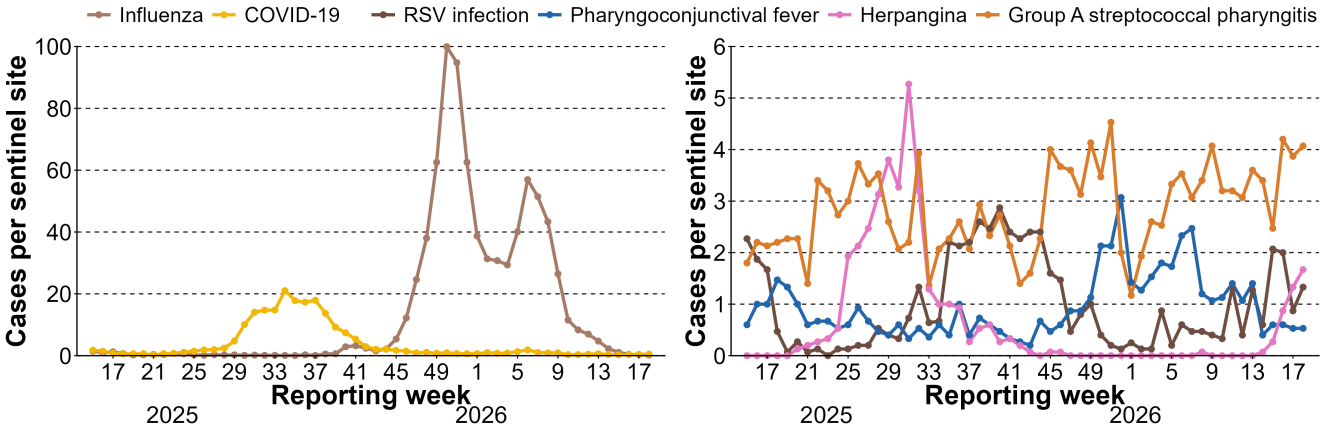
Kumamoto

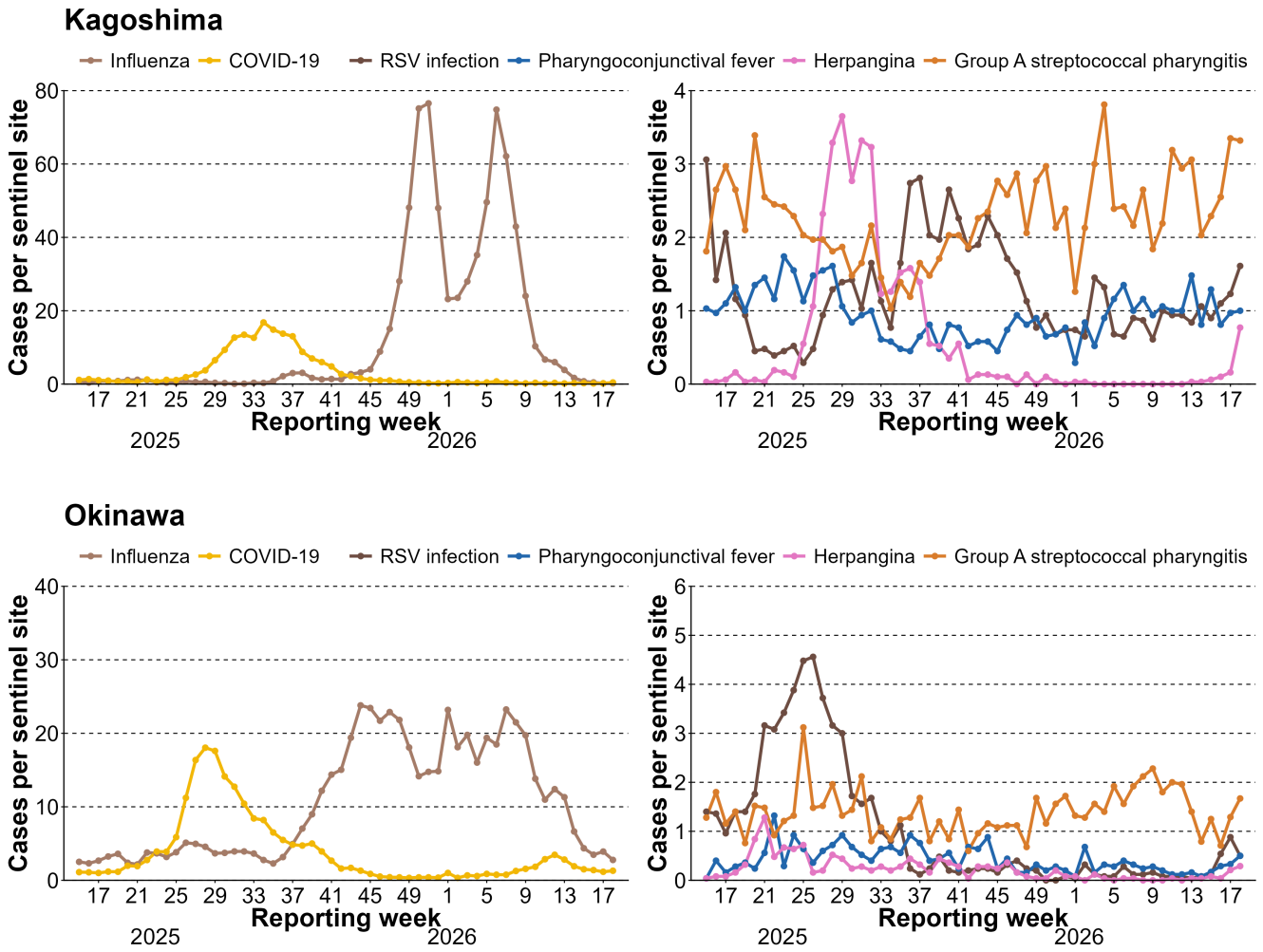


Oita



Miyazaki





Data source: Infectious Disease Surveillance in Japan; data as of May 8, 2026 (data range: April 7, 2025 – May 3, 2026)

Supplementary information 3A. Number of pathogens reported in March 2026

	Number of reports
Pathogen detected	1,702
No pathogen detected	1,060

Supplementary information 3B. Number of tests, positive cases, and positivity by pathogen in March 2026

Pathogen	Number of tests	Number of positives	Pathogen positivity(%)
Influenza A virus	2,708	15	0.6%

Pathogen	Number of tests	Number of positives	Pathogen positivity(%)
Influenza B virus	2,708	691	25.5%
SARS-CoV-2	2,760	105	3.8%
RSV	2,762	166	6.0%
Parainfluenza virus	2,760	123	4.5%
Human metapneumovirus	2,760	166	6.0%
Rhinovirus/Enterovirus	2,760	412	14.9%
Adenovirus	2,699	123	4.6%

Data source: Infectious Disease Surveillance in Japan; data as of May 7, 2026(data range: March 1, 2026 to March 31, 2026)
Note: The number of reported pathogens is calculated based on the presence or absence of detected pathogens.
The number of tests for each pathogen is calculated based on positive and negative results, excluding those not tested.
Data are aggregated by specimen collection month, not by reporting month. 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.