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 19, 2026 (May 4, 2026 – May 10, 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 19 of 2026 (May 4, 2026–May 10, 2026), the number of ARI cases per sentinel site was 36.32 (135,274 cases), representing a decrease compared with the previous week. The number of cases reported per sentinel site for each disease was 0.34 for COVID-19, 0.18 for influenza, 1.61 for group A streptococcal pharyngitis, 0.27 for RSV infection, 0.26 for pharyngoconjunctival fever, and 0.06 for herpangina.

By age group, the highest number of reported cases was observed among individuals aged 10–59 years for influenza and COVID-19; among individuals aged

1–4 years for RSV infection, pharyngoconjunctival fever, and herpangina, and among individuals aged 5–14 years for group A streptococcal pharyngitis.

A total of 33 new hospital admissions due to influenza were reported, representing a decrease of 10 cases compared with the previous week. 139 new hospital admissions due to COVID-19 were reported, representing a decrease of 53 cases from the previous week.

Among specimens collected in week 19 of 2026 and reported by the time of analysis, no specimens tested positive for influenza A virus, influenza B virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or RSV.

During week 19, the number of newly reported cases decreased across most age groups and all regions; however, the impact of the healthcare system during the Golden Week holidays should be taken into consideration.

Contents

1. Patient Surveillance

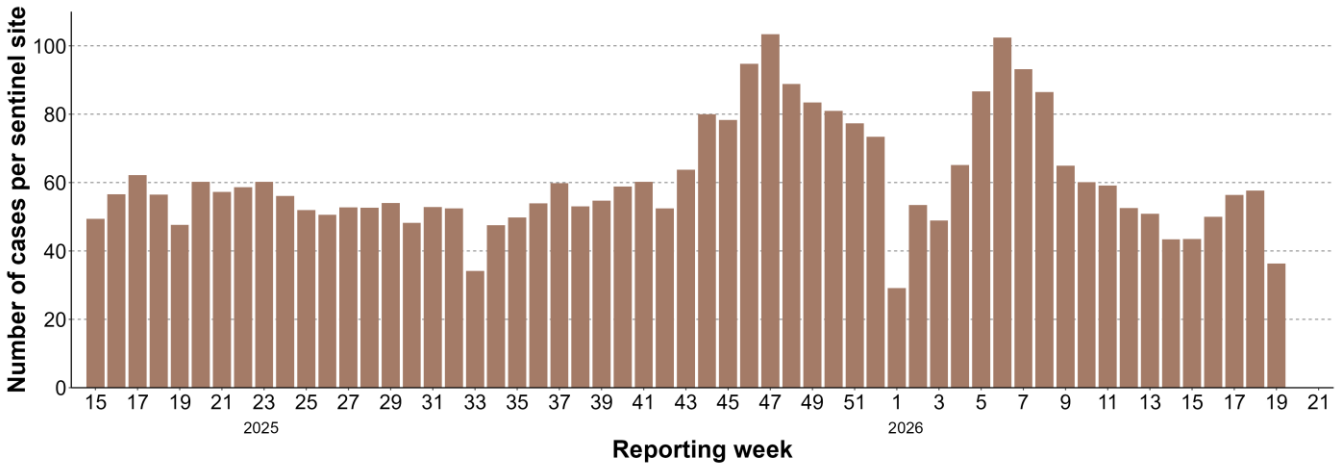
1.1. Nationwide Cases per Sentinel Site

In week 19 of 2026, a total of 3,724 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 36.32 (135,274 cases in total) (Figure 1), corresponding to a week-on-week ratio of 0.63 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.18 for influenza (662 cases) and 0.34 for COVID-19 (1,266 cases) (Figure 1A). The number of reporting sentinel sites was 3,736.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.27 for RSV infection (615 cases), 0.26 for pharyngoconjunctival fever (586 cases), 0.06 for herpangina (133 cases), and 1.61 for group A streptococcal pharyngitis (3,637 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,254.

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



Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026).

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

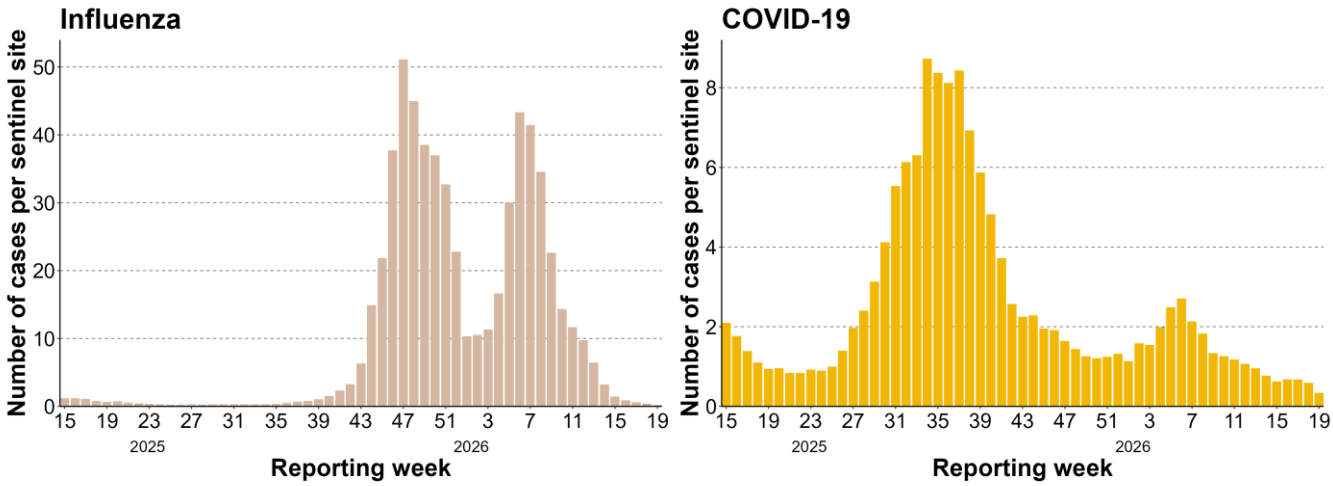
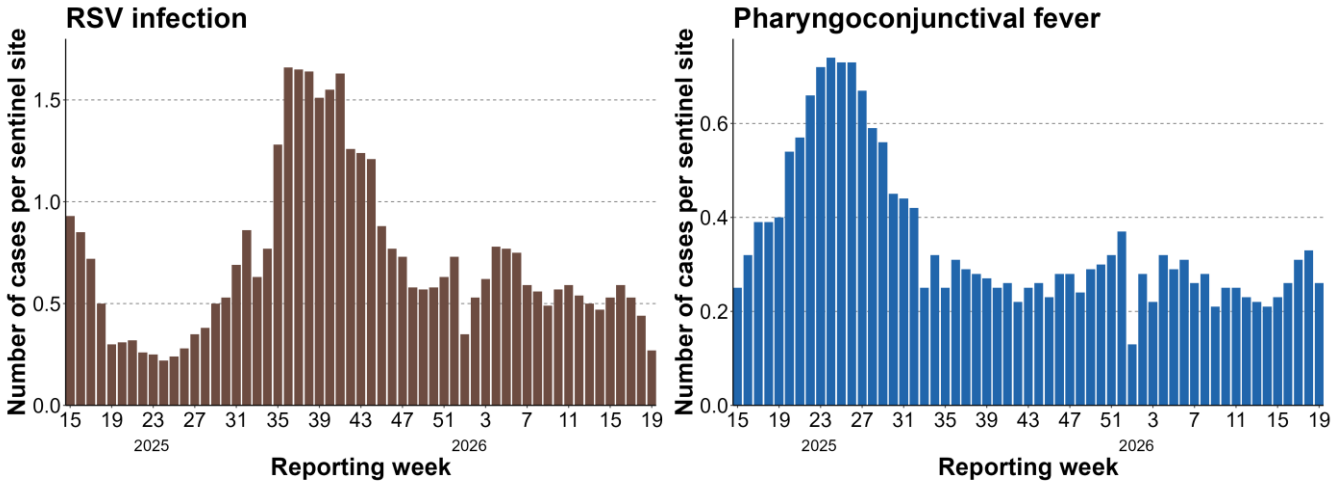
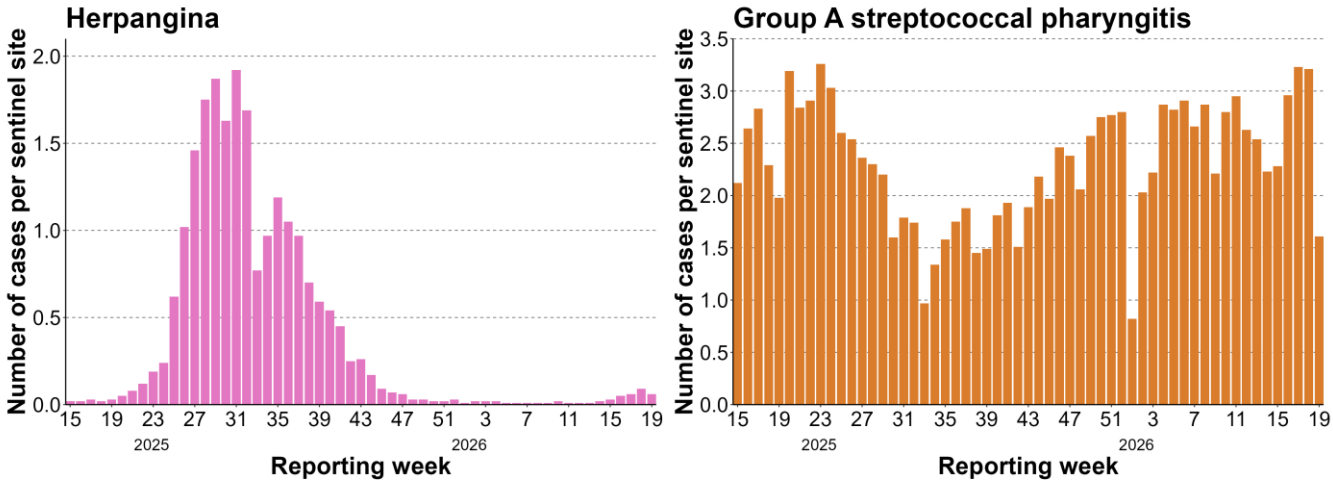


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

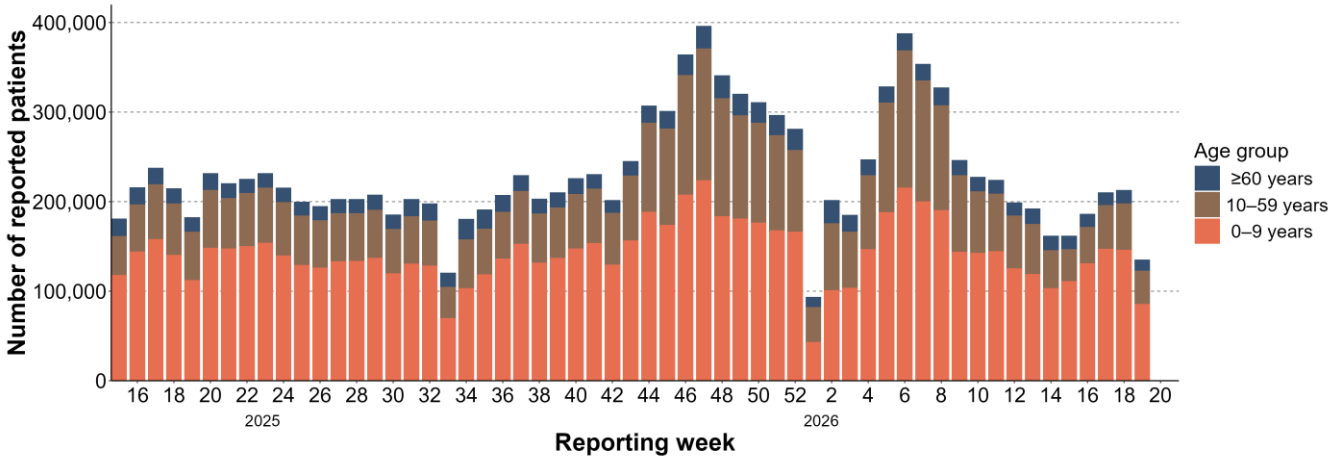
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 19 of 2026, the number of reported cases by age group was 85,665 cases among individuals aged 0–9 years (week-on-week ratio: 0.59), 37,354 cases among individuals aged 10–59 years (week-on-week ratio: 0.72), and 12,255 cases among individuals aged 60 years and older (week-on-week ratio: 0.83) (Figure 2).

For trends in reported cases by age group by disease, please refer to Table 1A and Table 1B. For week 19, the impact of the healthcare system during the Golden Week holidays should be taken into consideration.

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, 55 influenza cases and 304 COVID-19 cases were reported among individuals aged 60 years and older; of these, 13 influenza cases and 111 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 13, 2026 (data range: April 7, 2025 – May 10, 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

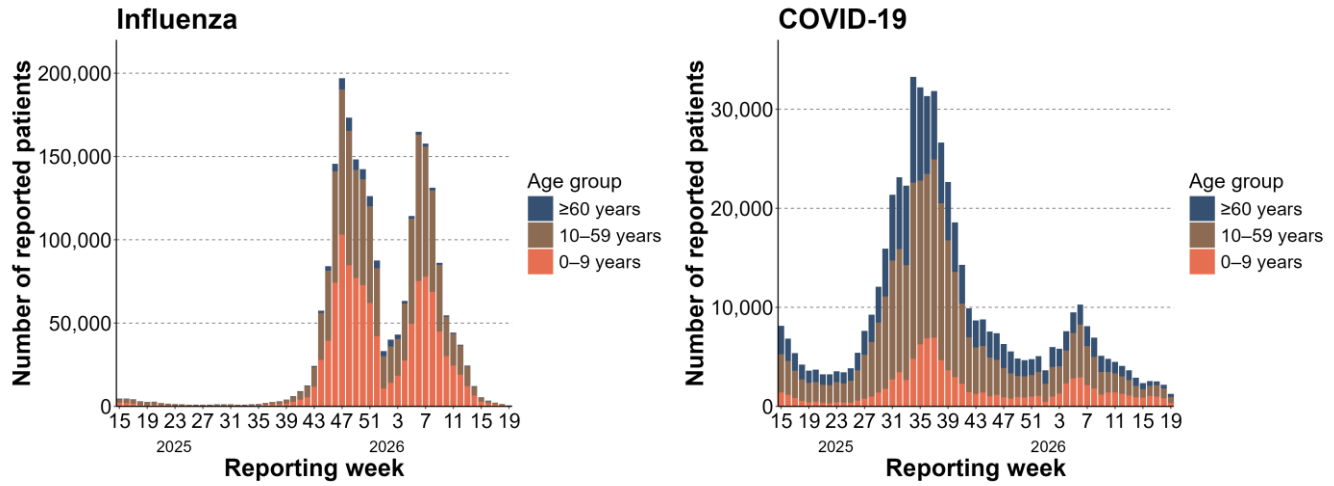
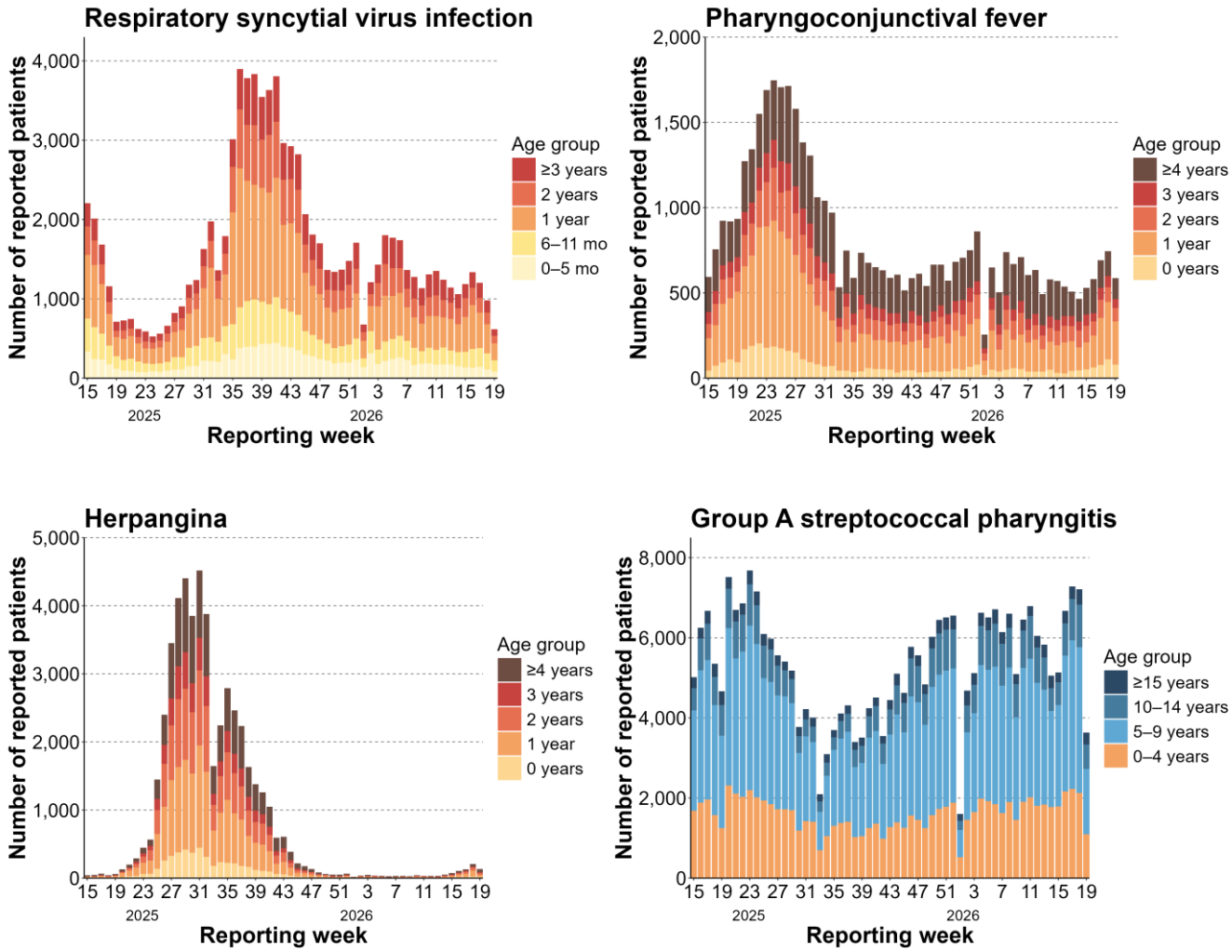


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 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 19

Age group	Influenza	COVID-19
0–9 years	217	328
	(0.32)	(0.41)
10–59 years	390	634
	(0.51)	(0.62)
≥60 years	55	304
	(0.86)	(0.87)
Total	662	1,266
	(0.44)	(0.58)

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 19

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	226	79	18	28
	(0.72)	(0.71)	(0.75)	(0.72)
1–4 years	368	408	77	1,064
	(0.59)	(0.77)	(0.49)	(0.51)
5–14 years	19	86	32	2,246
	(0.50)	(0.87)	(1.39)	(0.48)
≥15 years	2	13	6	299
	(0.40)	(1.86)	(3.00)	(0.78)
Total	615	586	133	3,637
	(0.63)	(0.79)	(0.64)	(0.50)

Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 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 19 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Saitama, which recorded the highest value at 57.73, followed by Iwate at 55.33, and Gunma at 53.73 (Figure 3A). No prefectures reported an increase in cases per sentinel site compared with the previous week (Table 2). For week 19, the impact of the healthcare system during the Golden Week holidays should be taken into consideration. Across all prefectures, the numbers of cases per sentinel site ranged from 22.59 to 57.73 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 19

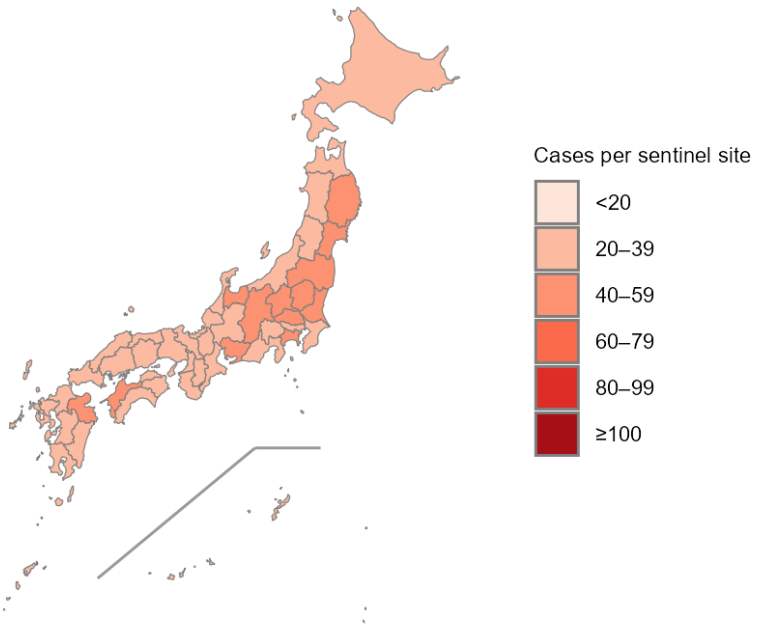
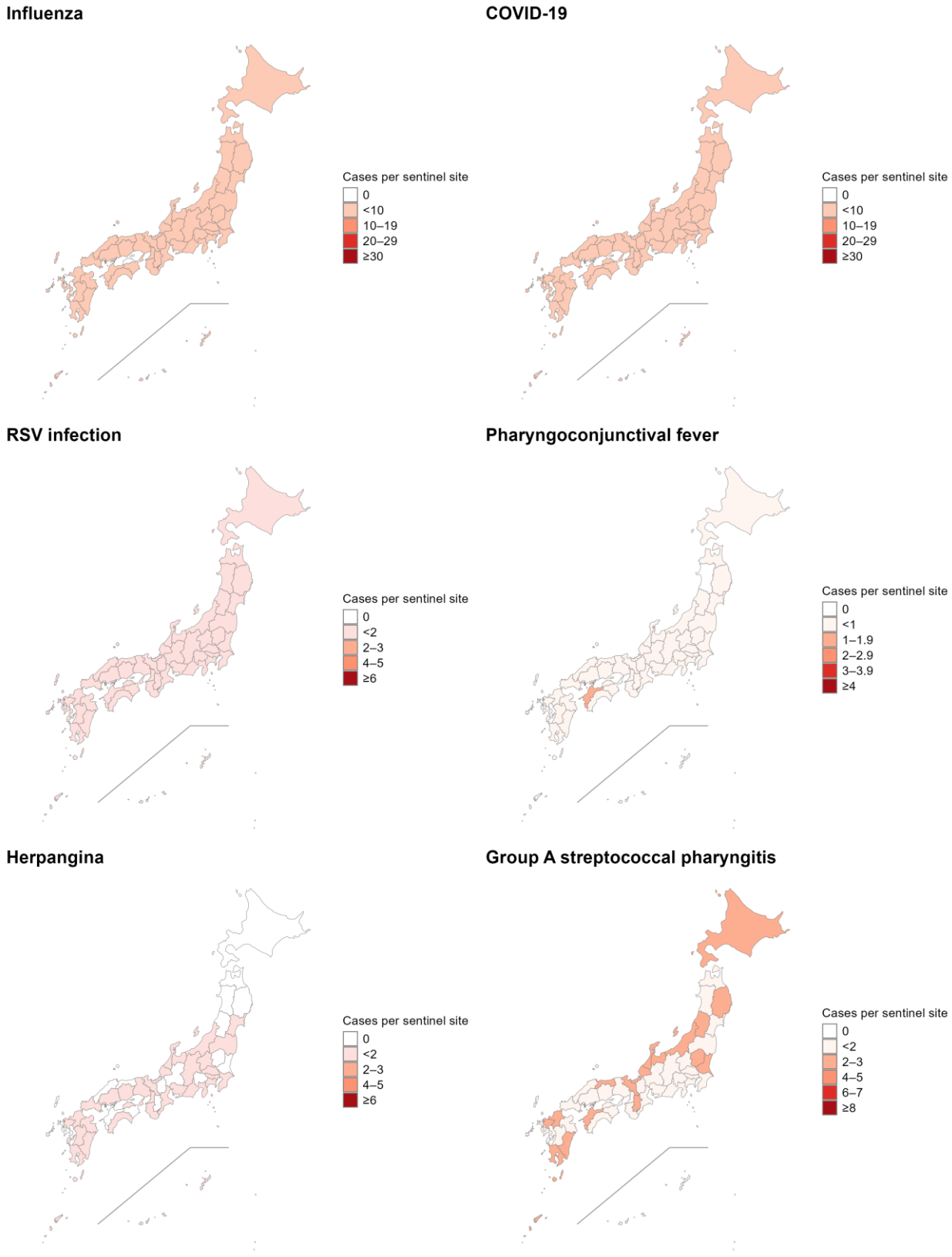


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 19



Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 19

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	4,874	29.36	0.56
Aomori	1,529	29.98	0.55
Iwate	2,324	55.33	0.65
Miyagi	2,634	47.89	0.65
Akita	799	31.96	0.72
Yamagata	1,339	36.19	0.55
Fukushima	2,036	42.42	0.66
Ibaraki	2,813	41.99	0.65
Tochigi	2,343	49.85	0.66
Gunma	2,418	53.73	0.60
Saitama	10,045	57.73	0.74
Chiba	7,033	38.86	0.62
Tokyo	14,400	34.45	0.62
Kanagawa	10,272	42.62	0.63
Niigata	1,919	36.90	0.59
Toyama	1,946	40.54	0.54
Ishikawa	1,779	37.85	0.66
Fukui	910	23.33	0.65
Yamanashi	808	23.09	0.63
Nagano	2,288	45.76	0.64
Gifu	1,313	29.18	0.76
Shizuoka	3,141	29.08	0.66

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Aichi	7,639	46.87	0.63
Mie	1,559	22.59	0.56
Shiga	1,436	36.82	0.69
Kyoto	2,008	32.39	0.59
Osaka	6,607	23.10	0.63
Hyogo	4,878	30.30	0.59
Nara	1,074	26.20	0.61
Wakayama	1,297	30.88	0.74
Tottori	1,048	36.14	0.62
Shimane	767	38.35	0.65
Okayama	1,828	36.56	0.58
Hiroshima	2,920	31.40	0.61
Yamaguchi	2,180	35.74	0.58
Tokushima	894	27.09	0.76
Kagawa	585	25.43	0.60
Ehime	1,642	43.21	0.63
Kochi	973	25.61	0.73
Fukuoka	4,706	38.57	0.69
Saga	872	36.33	0.67
Nagasaki	1,869	36.65	0.61
Kumamoto	2,679	37.73	0.66
Oita	2,348	40.48	0.70
Miyazaki	768	27.43	0.64
Kagoshima	2,077	36.44	0.70
Okinawa	1,657	37.66	0.73

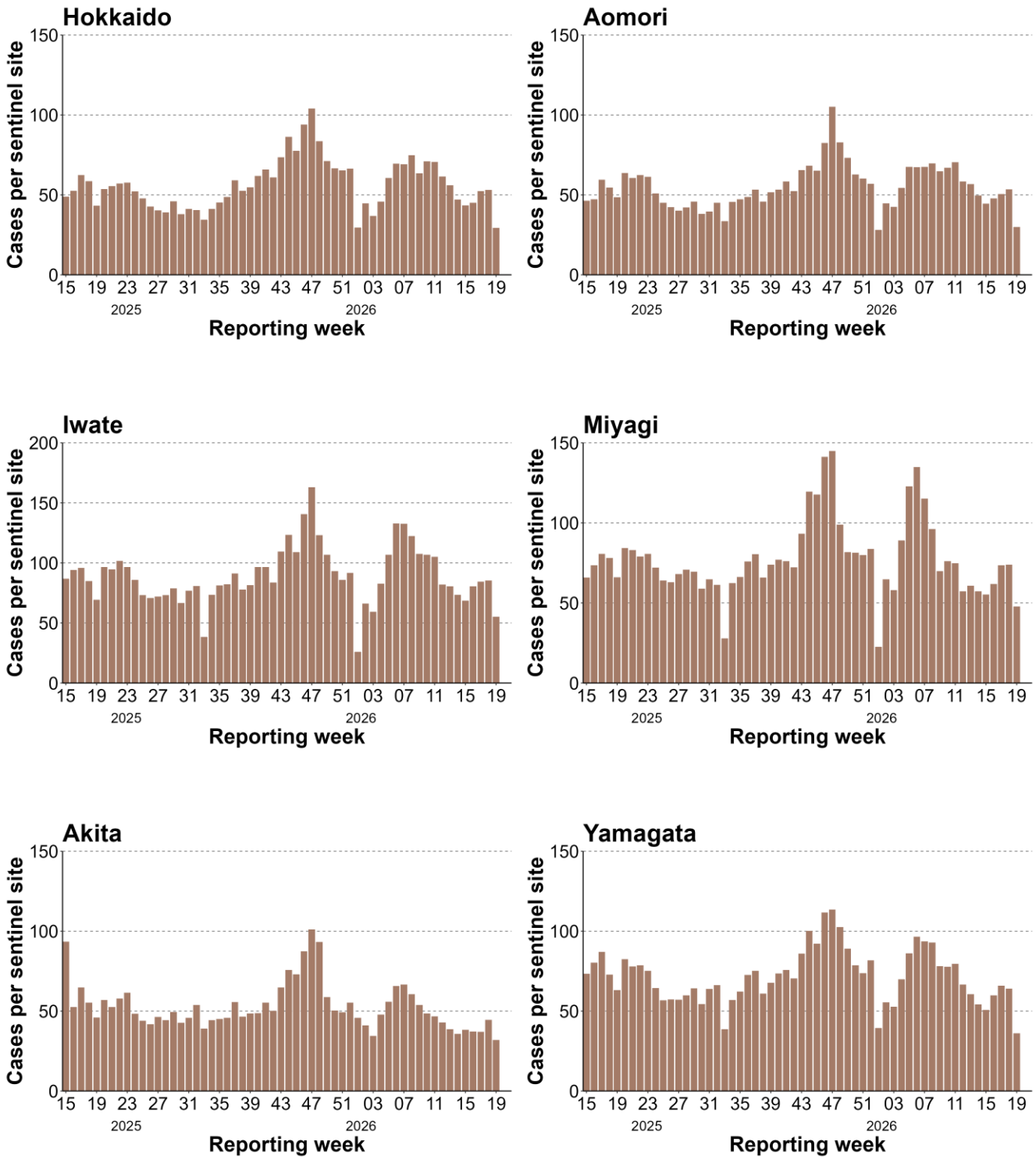
Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 2026)
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

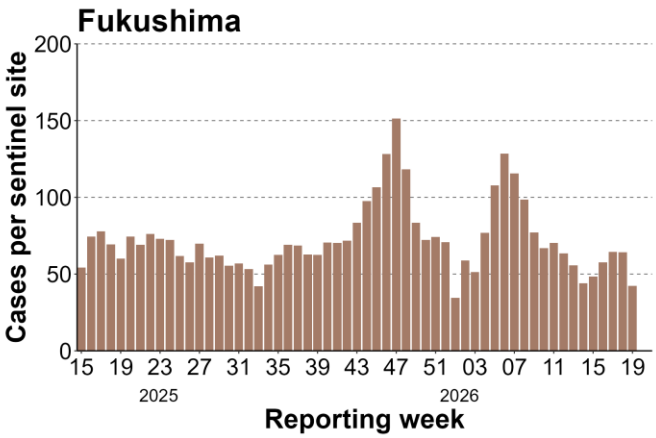
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 19

Infectious diseases	Prefectures		
Influenza	Okinawa (2.32)	Yamagata (0.89)	Akita (0.56)
COVID-19	Iwate (1.21)	Akita (1.04)	Tokushima (0.88)
RSV infection	Miyazaki (1.53)	Kagoshima (1.45)	Fukuoka (0.83)
Pharyngoconjunctival fever	Ehime (1.00)	Kagoshima (0.81)	Fukui (0.64)
Herpangina	Kagoshima (0.52)	Miyazaki (0.40)	Saga (0.25)
Group A streptococcal pharyngitis	Ehime (3.86)	Nara (3.39)	Miyazaki (3.27)

Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 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
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15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
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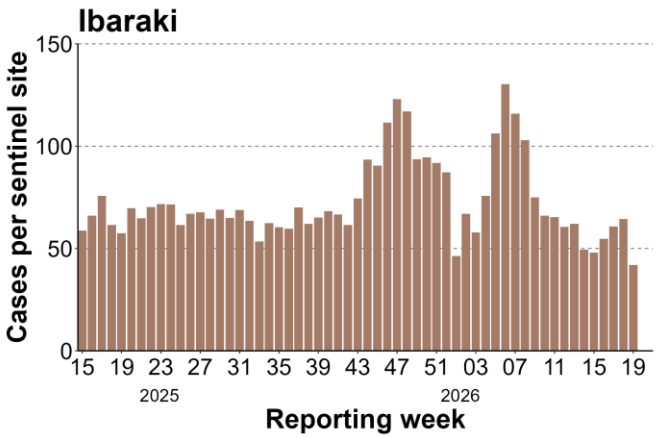
Reporting week


Ibaraki
Cases per sentinel site
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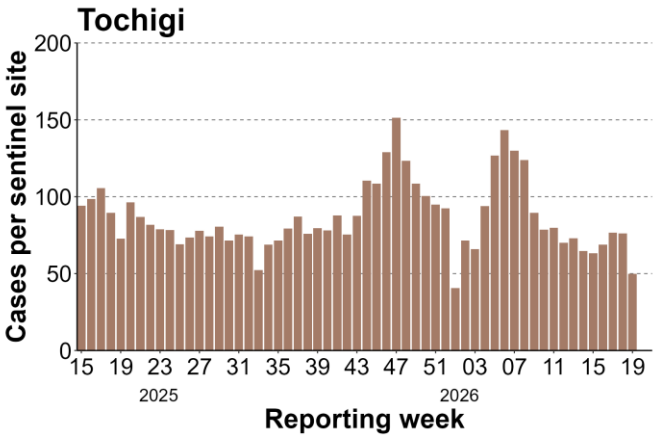
Reporting week


Tochigi
Cases per sentinel site
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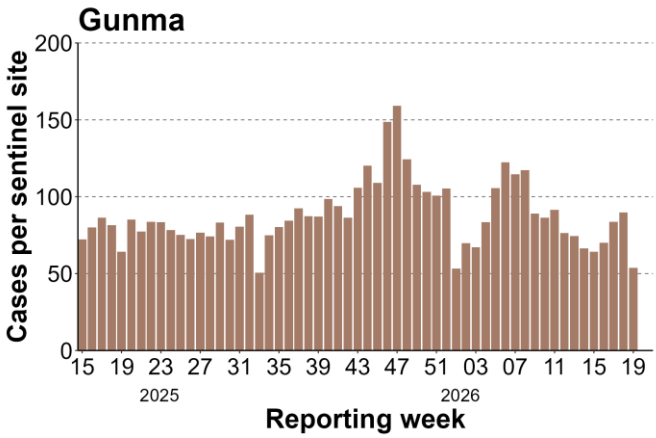
Reporting week


Gunma
Cases per sentinel site
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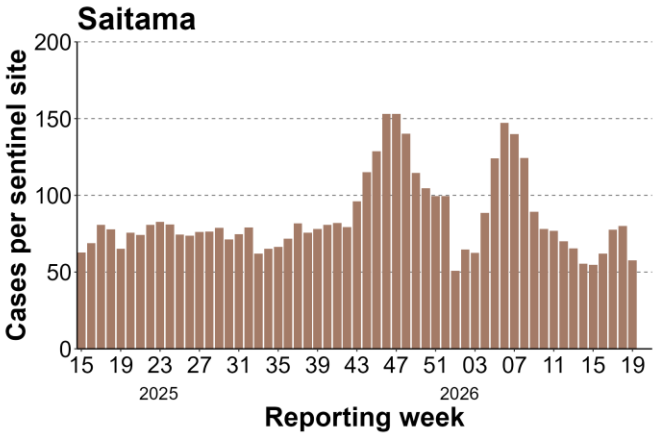
Reporting week


Saitama
Cases per sentinel site
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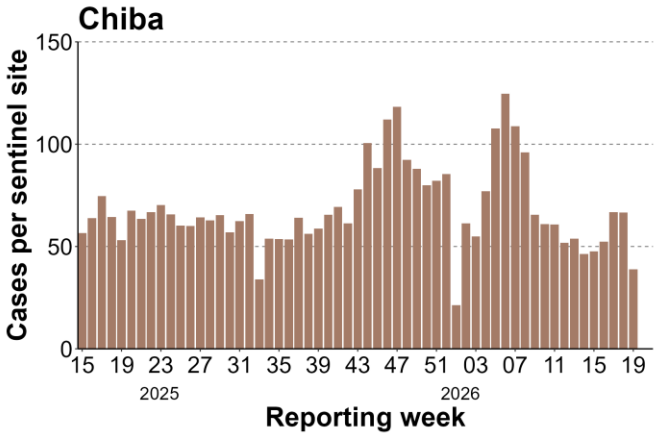
Reporting week


Chiba
Cases per sentinel site
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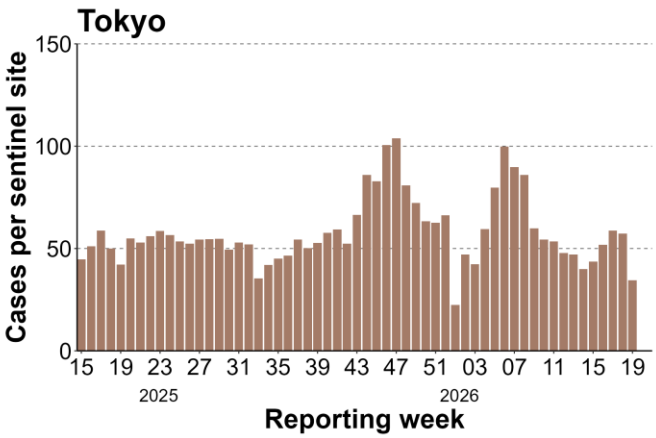
Reporting week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Cases per sentinel site
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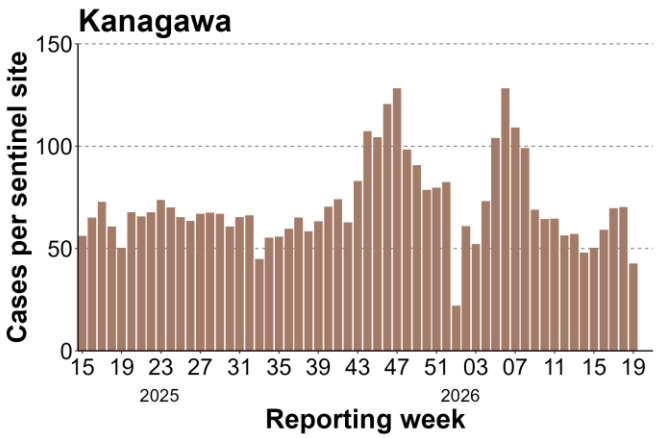
Reporting week


Kanagawa
Cases per sentinel site
150
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2025
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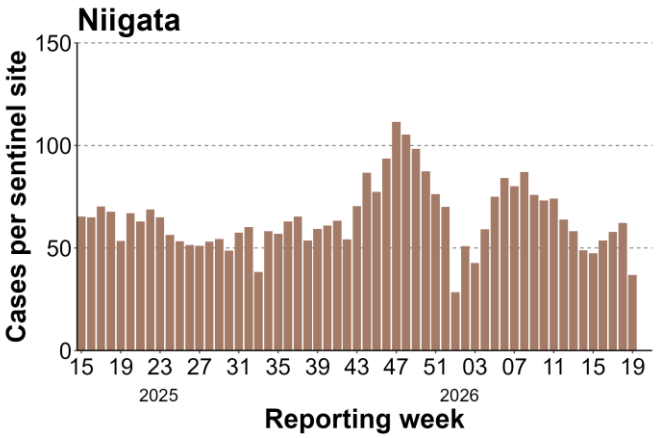
Reporting week


Niigata
Cases per sentinel site
150
100
50
0
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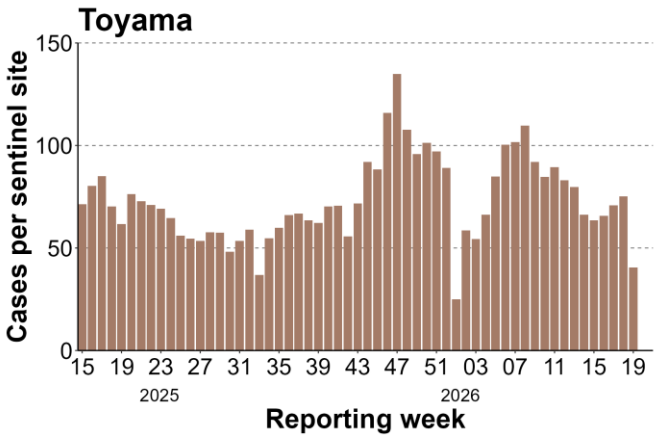
2025
2026
Reporting week


Toyama
Cases per sentinel site
150
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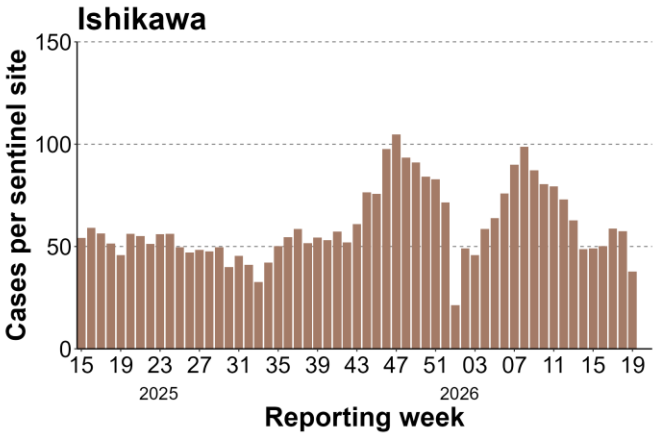
2025
2026
Reporting week


Ishikawa
Cases per sentinel site
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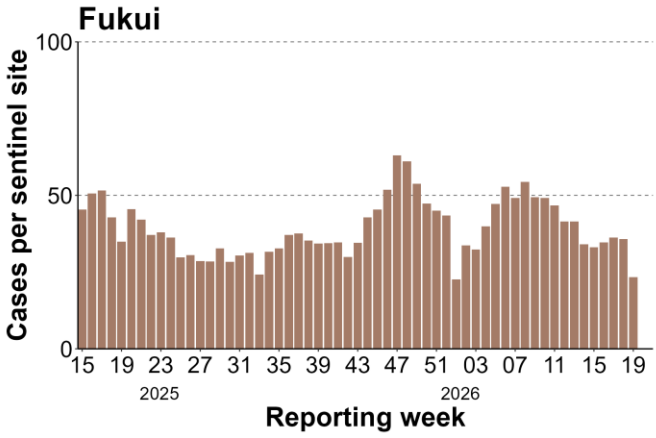
Fukui
Cases per sentinel site
100
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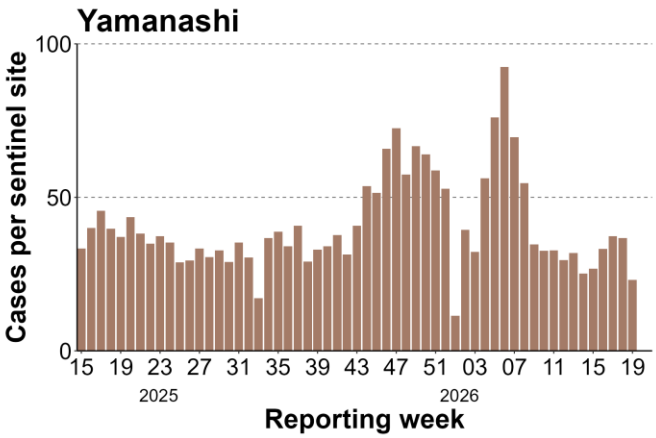
2025
2026
Reporting week


Yamanashi
Cases per sentinel site
100
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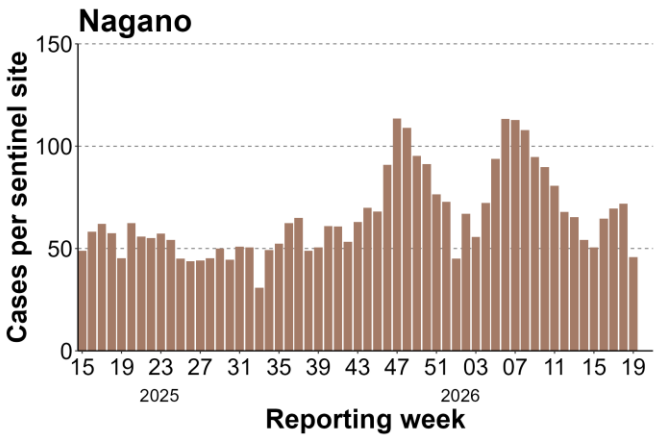
Reporting week


Nagano
Cases per sentinel site
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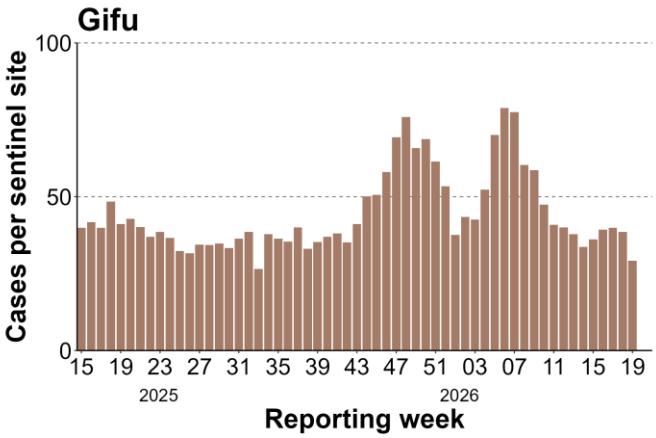
2026
Reporting week


Gifu
Cases per sentinel site
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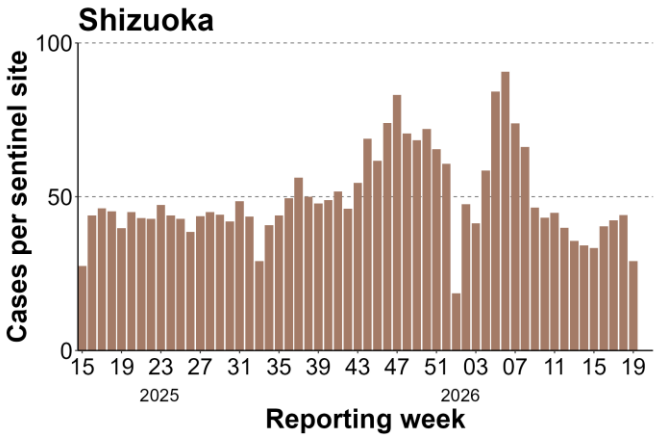
Shizuoka
Cases per sentinel site
100
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2026
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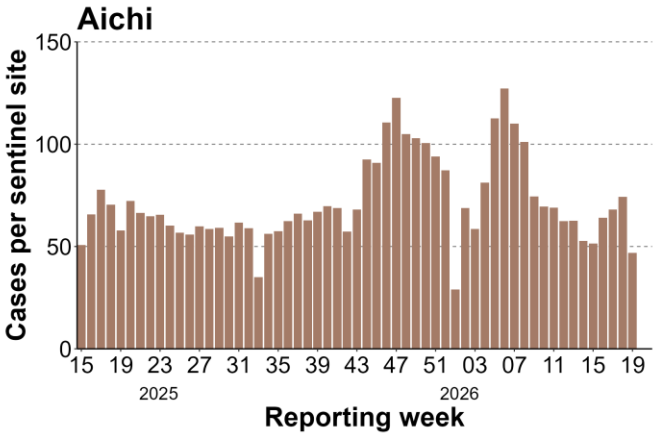
Aichi
Cases per sentinel site
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2026
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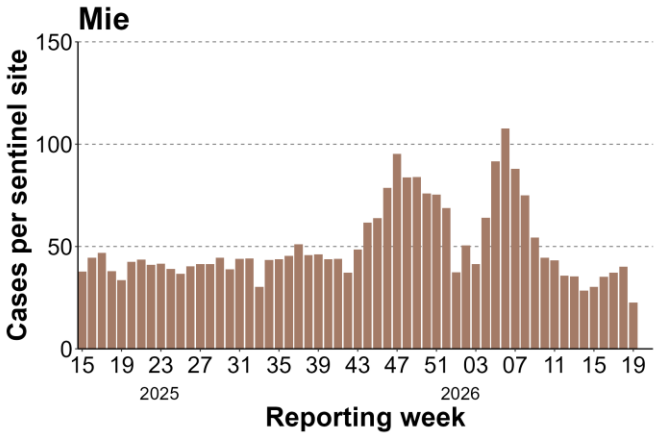
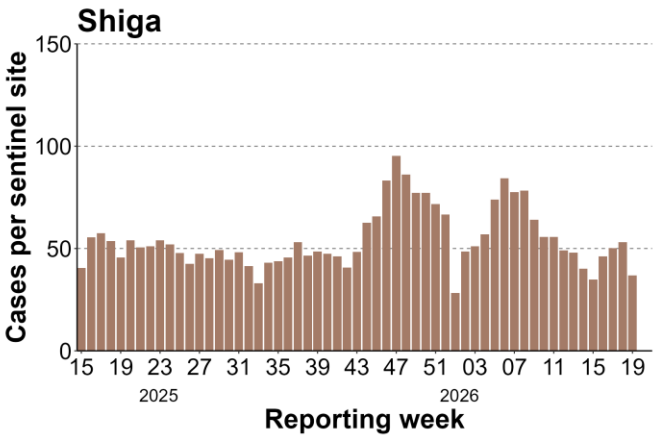

Mie
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week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Cases per sentinel site
150
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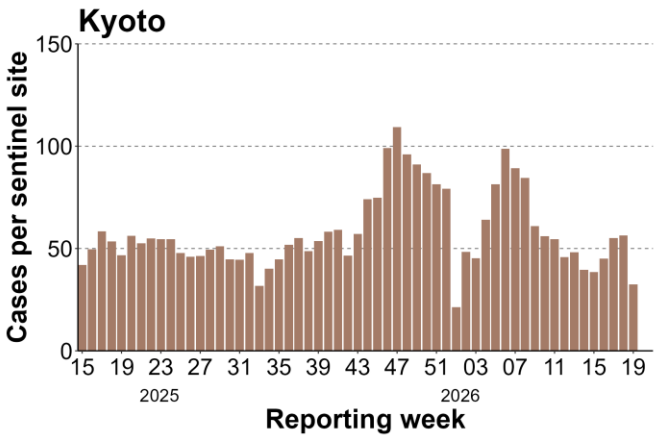
2025
2026
Reporting week


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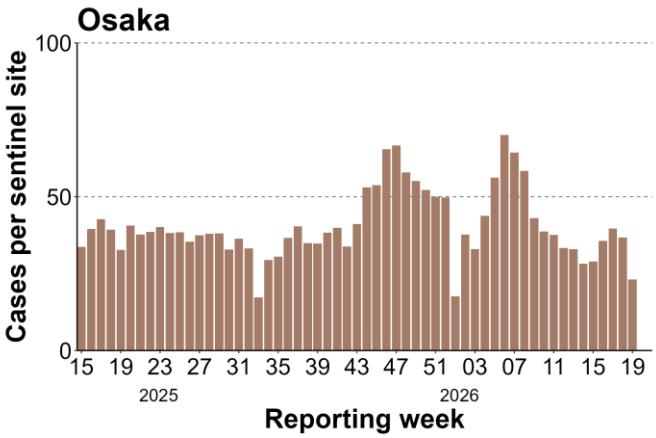
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Osaka
Cases per sentinel site
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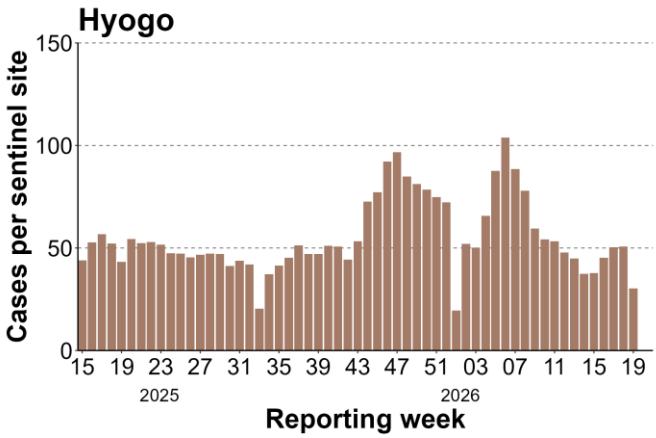
2025
2026
Reporting week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Cases per sentinel site
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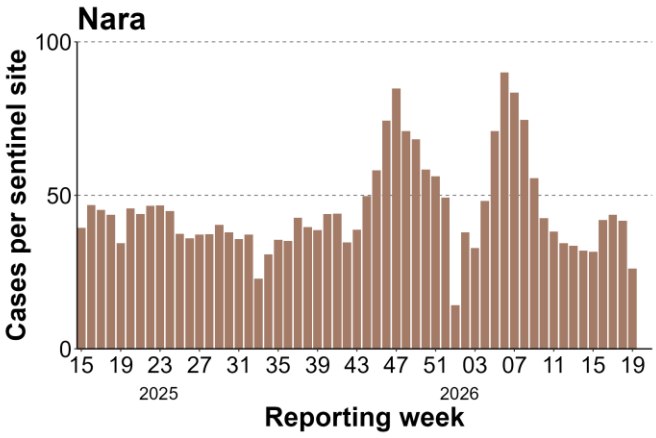
2025
2026
Reporting week


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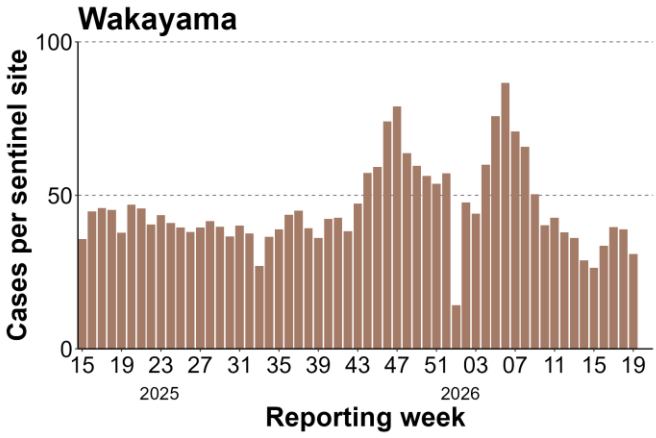
2025
2026
Reporting week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Cases per sentinel site
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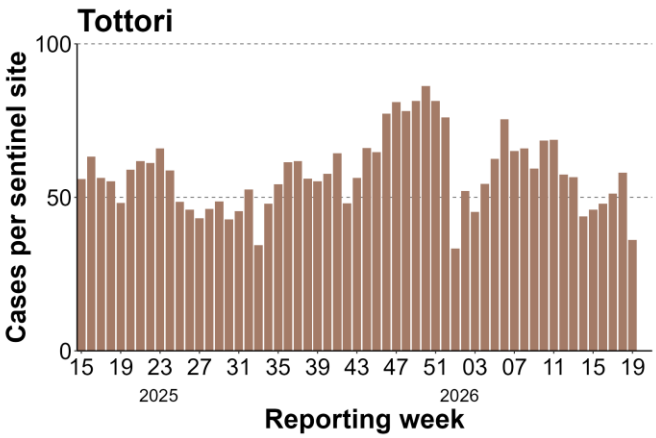
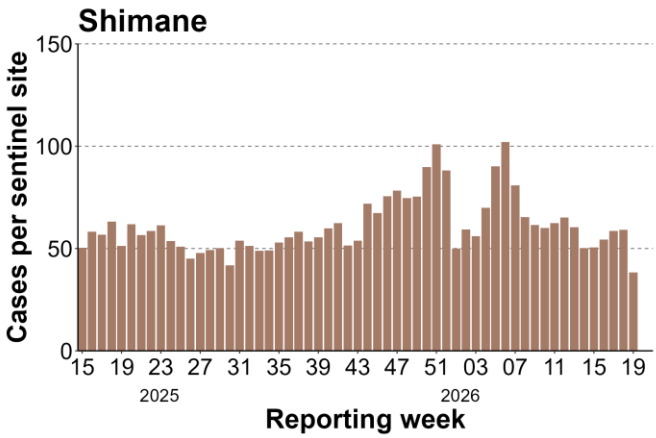
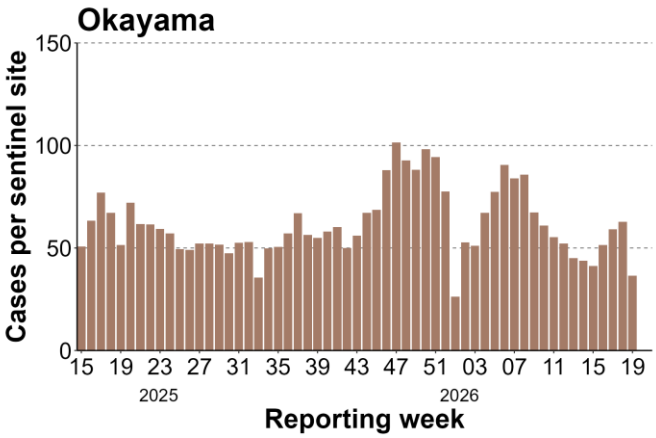
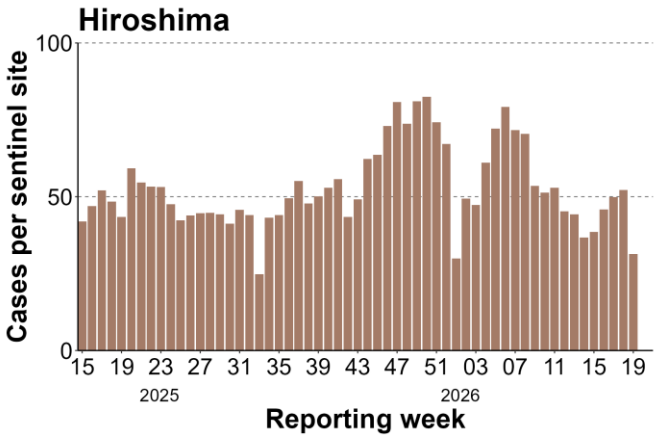
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Tottori
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


Shimane
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


Okayama
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


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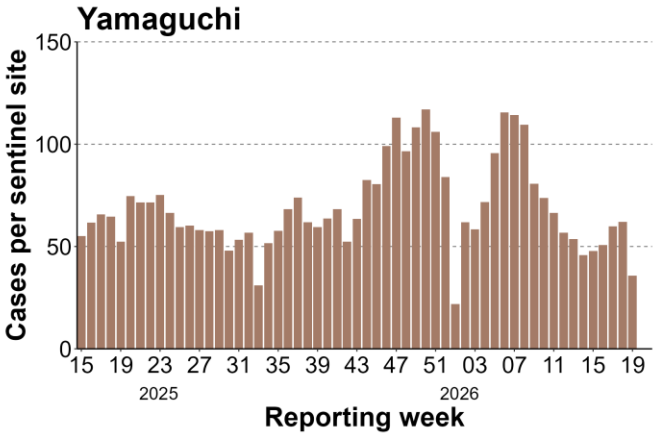
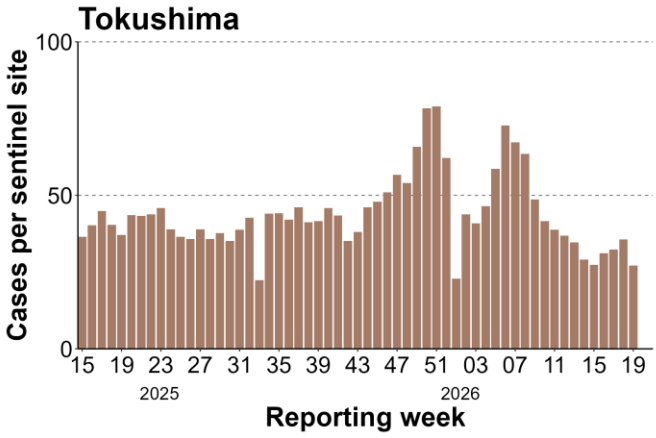
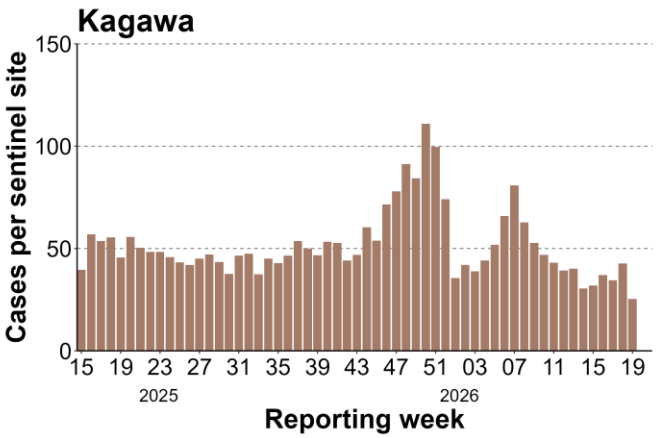
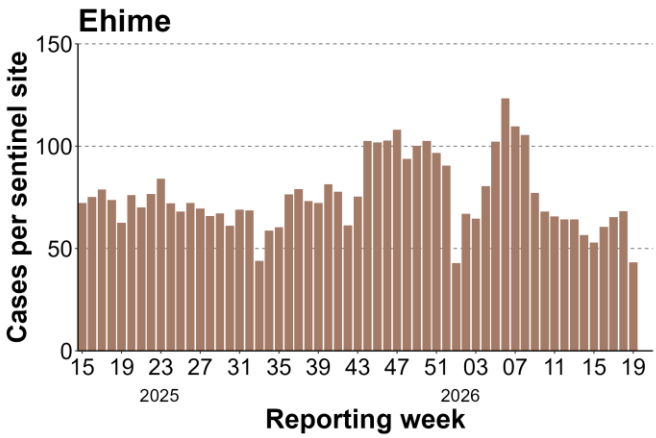
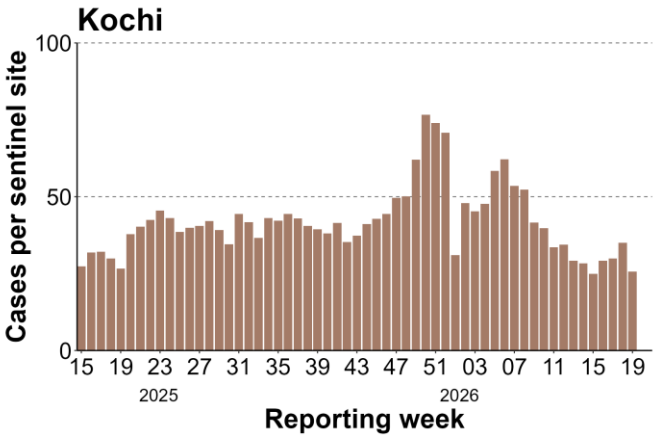
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

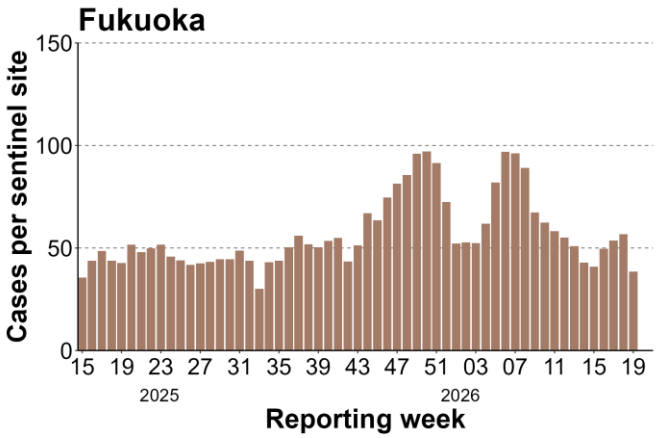

Yamaguchi
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


Tokushima
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


Kagawa
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


Ehime
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


Kochi
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


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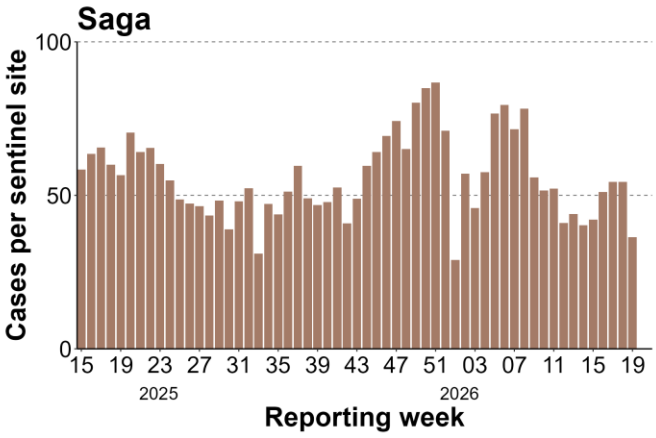
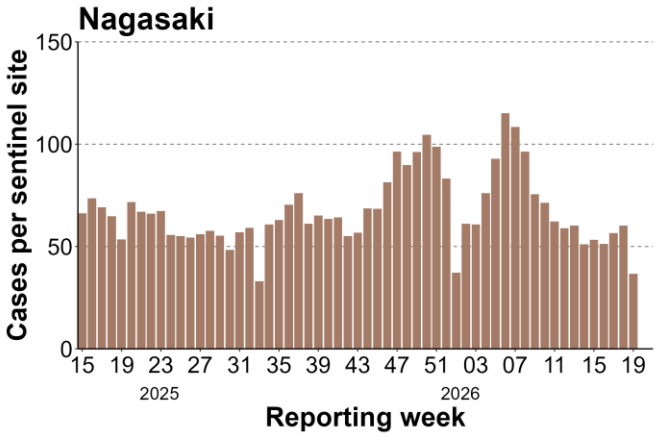
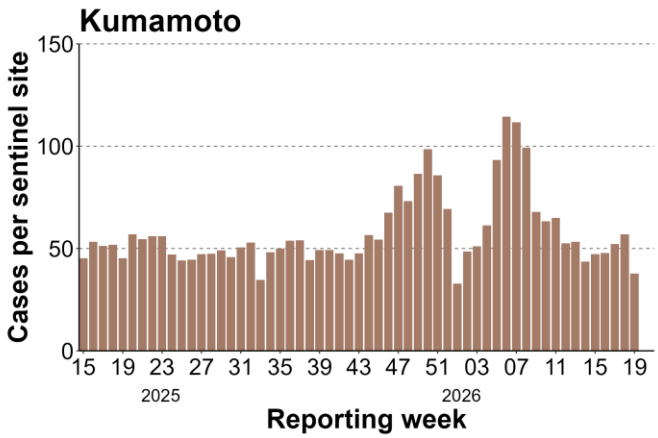
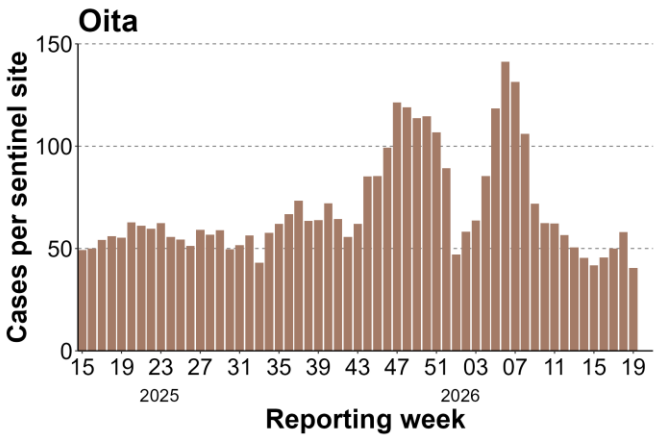
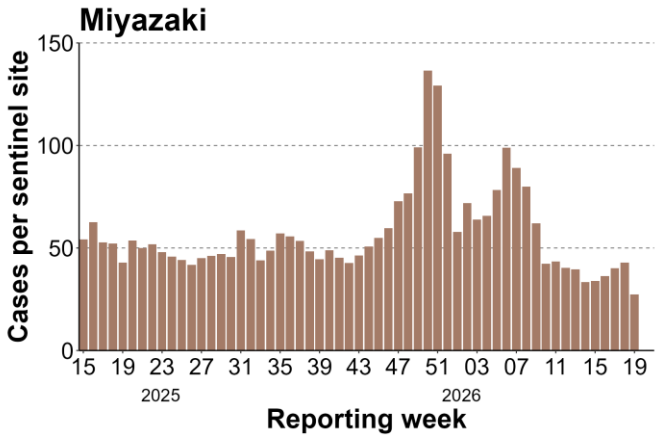
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

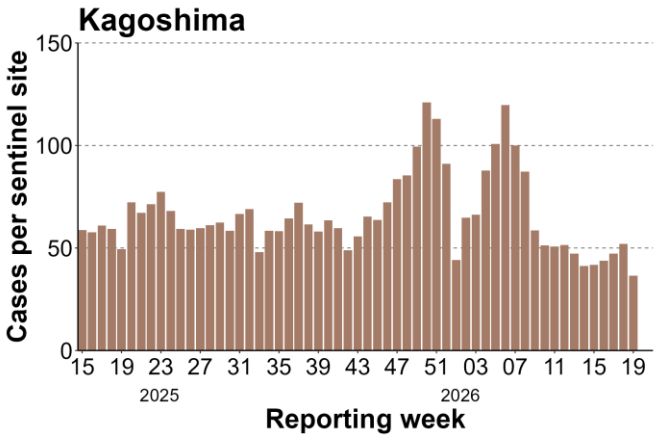

Saga
Cases per sentinel site
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week

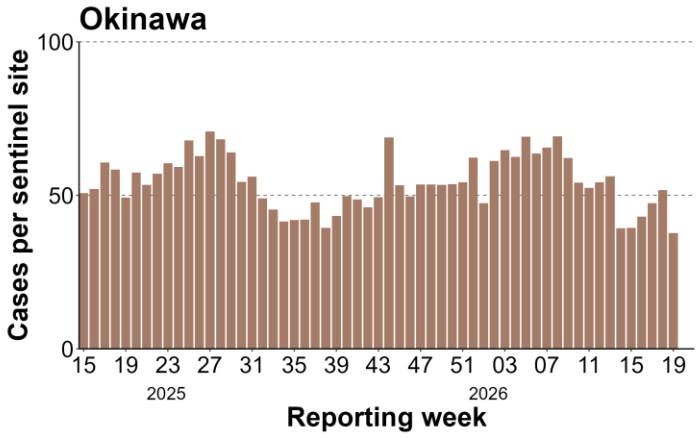

Nagasaki
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week











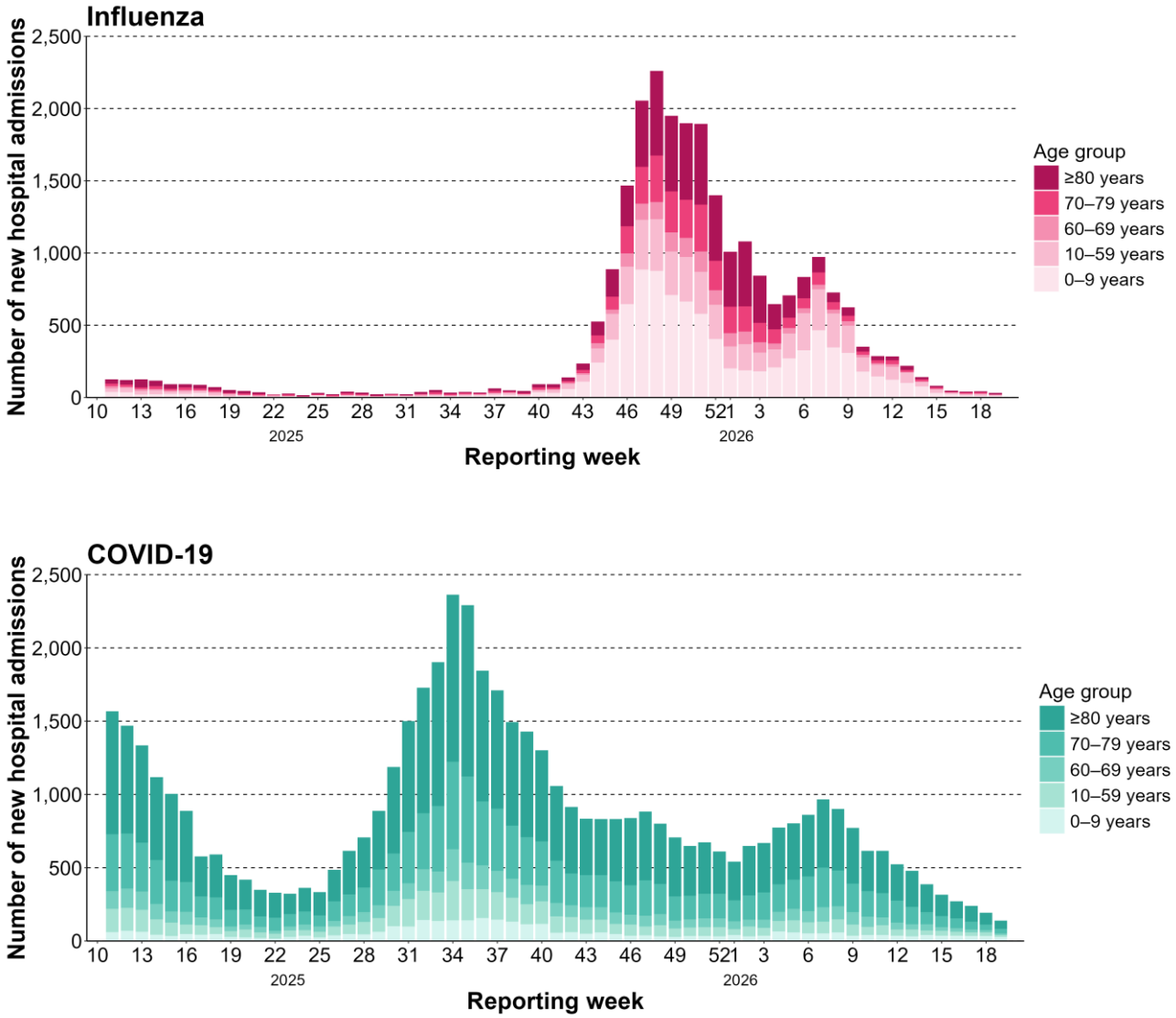
Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 19 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 33 new hospital admissions due to influenza were reported, representing a decrease of 10 cases compared with the previous week. 139 new hospital admissions due to COVID-19 were reported, representing a decrease of 53 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 13, 2026 (data range: April 7, 2025 – May 10, 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 19

Age group	Influenza	COVID-19
0–9 years	13	27
	(1.00)	(0.77)
10–59 years	3	13
	(0.30)	(0.54)
60–69 years	4	12
	(0.80)	(0.75)
70–79 years	1	32
	(0.12)	(0.86)
≥80 years	12	55
	(1.71)	(0.69)
Total	33	139
	(0.77)	(0.72)

Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 2026)

2. Laboratory Surveillance

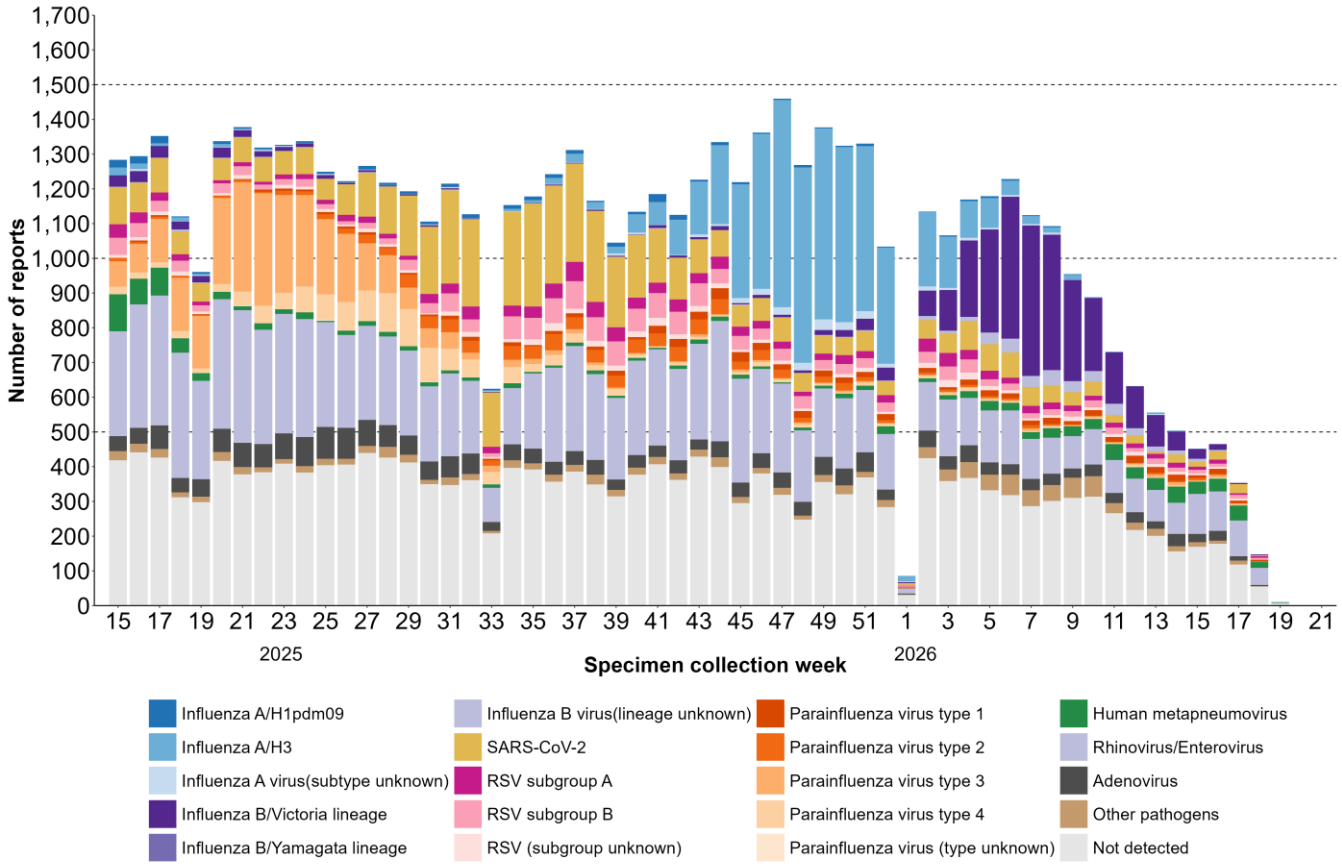
2.1. Nationwide Reported Cases by Pathogen

Among specimens collected at ARI pathogen sentinel sites in week 19 of 2026 and reported by the time of analysis, a total of 10 specimens were reported. Of these, no specimens were positive for influenza A virus, influenza B virus, SARS-CoV-2, or RSV (Figure 6, Figure 7).

Specimens collected in week 14 (March 30–April 5) 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.

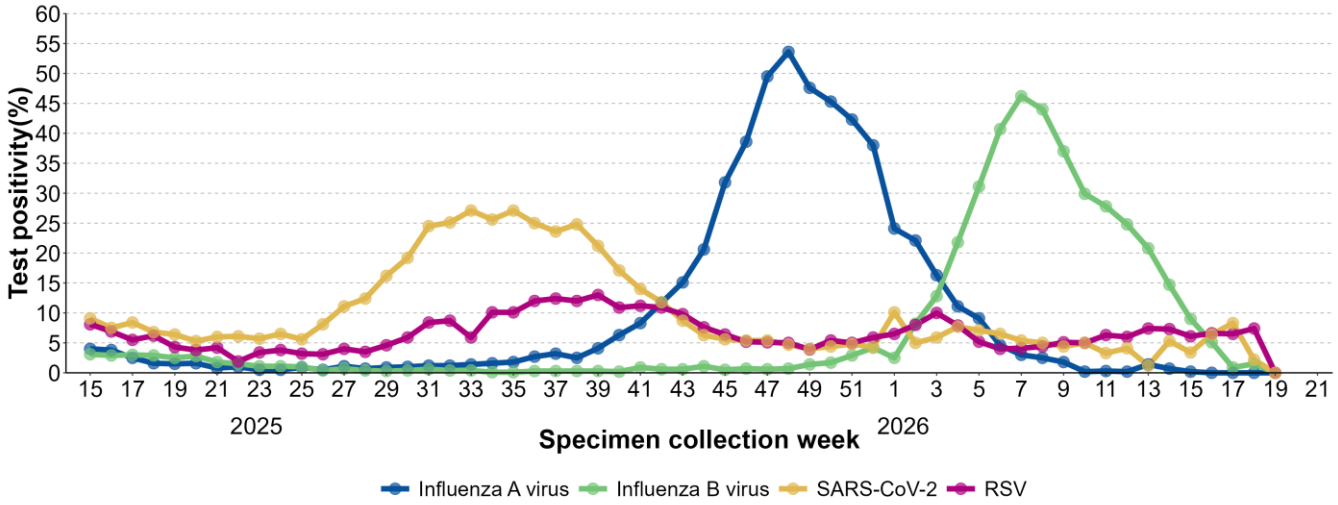
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 19, No detections were reported.

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



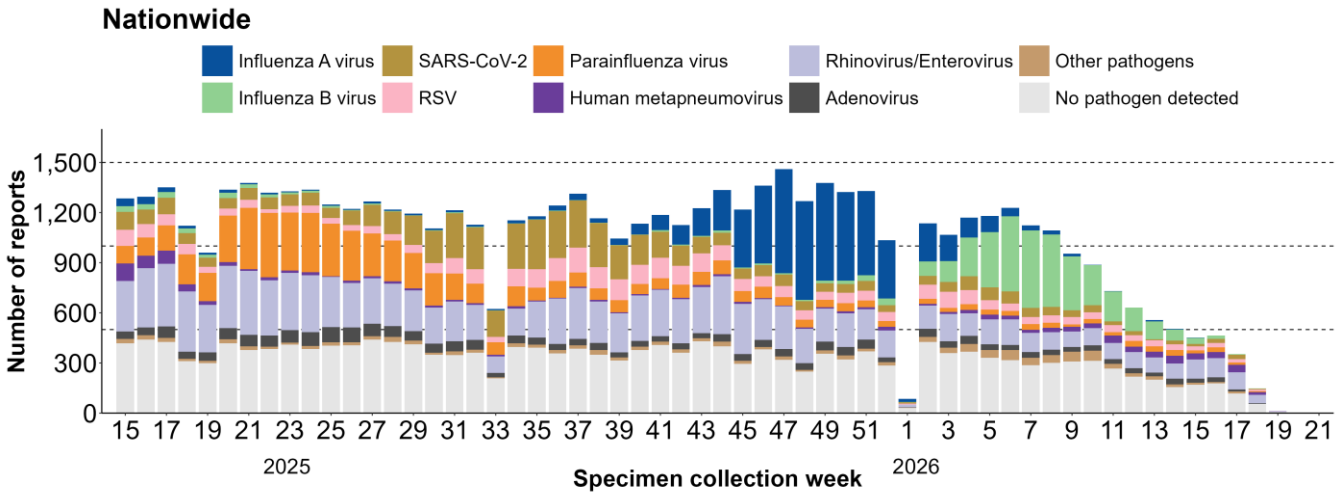
Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily 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.

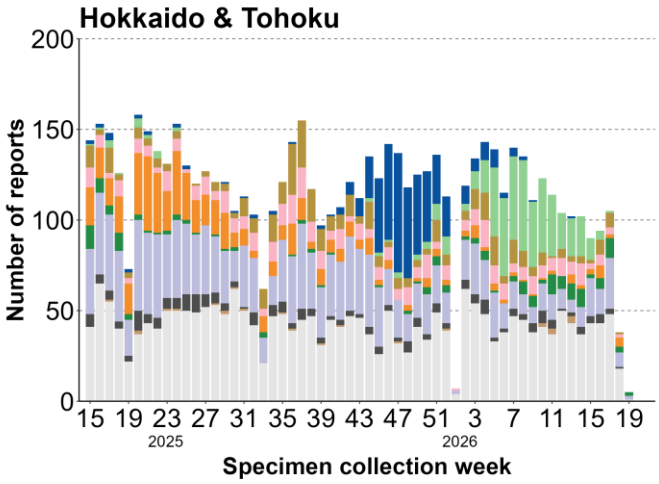
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week

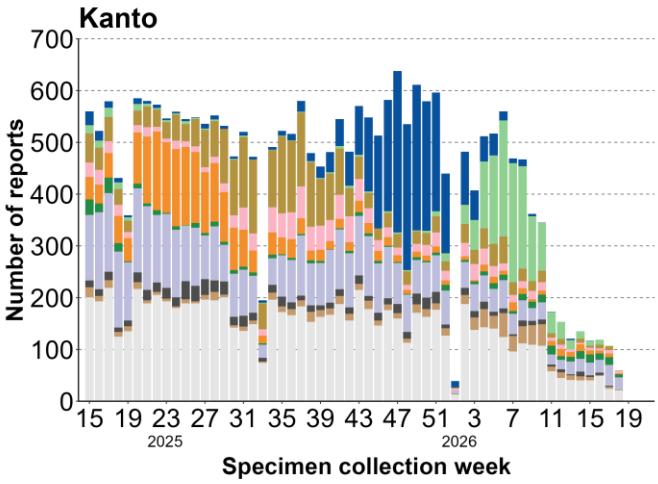


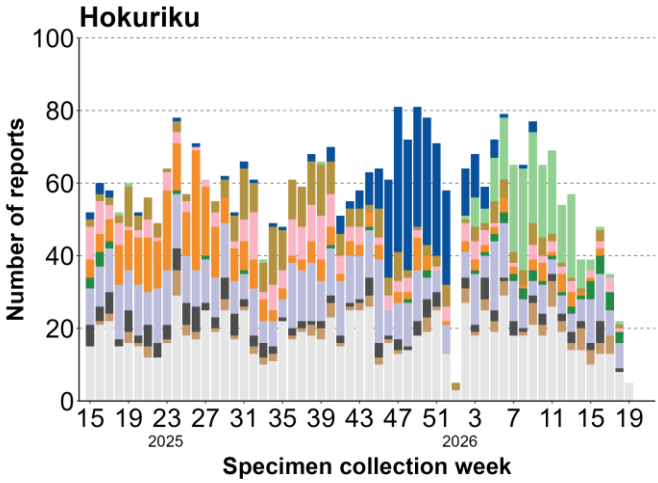
Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026).
Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: (number positive / number tested) × 100.
Data are aggregated 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.

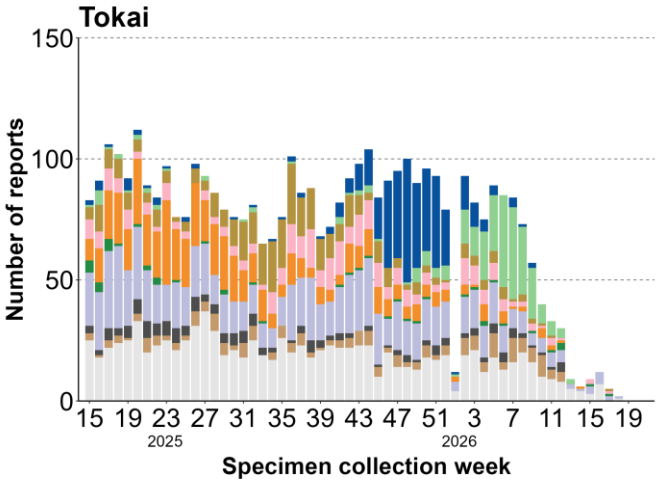
Figure 8. Weekly reported cases by pathogen at the national and regional levels by specimen collection week

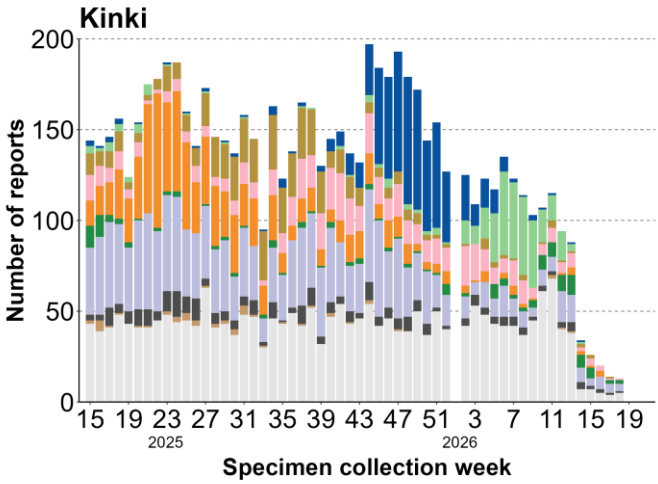


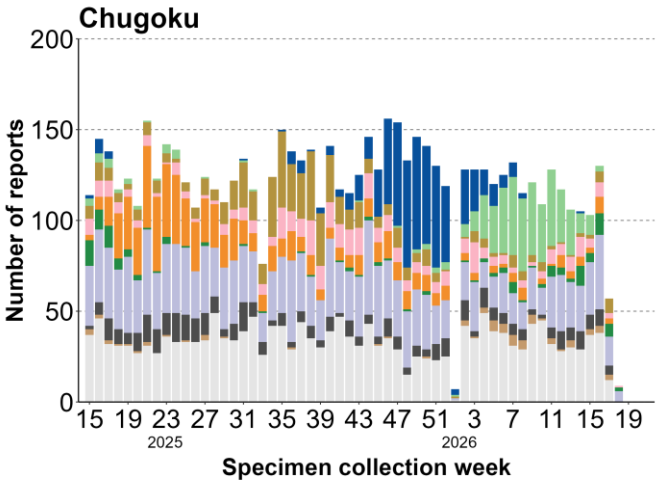

Hokkaido & Tohoku
Number of reports
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week

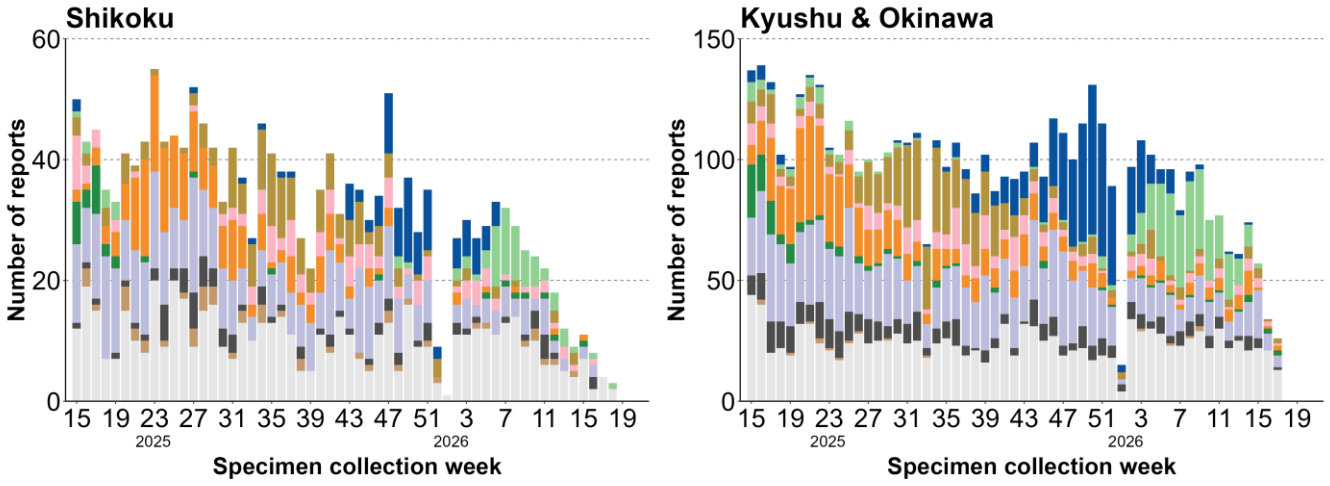

Kanto
Number of reports
0
100
200
300
400
500
600
700
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week


Hokuriku
Number of reports
0
20
40
60
80
100
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week


Tokai
Number of reports
0
50
100
150
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week


Kinki
Number of reports
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week


Chugoku
Number of reports
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 3 7 11 15 19
2025
2026
Specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 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 14 (March 30–April 5)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	98	Influenza B virus
Kanto	119	Rhinovirus/Enterovirus
Hokuriku	39	Influenza B virus
Tokai	6	Parainfluenza virus and Rhinovirus/Enterovirus
Kinki	30	Rhinovirus/Enterovirus
Chugoku	85	Rhinovirus/Enterovirus
Shikoku	9	SARS-CoV-2
Kyushu & Okinawa	64	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: May 4, 2026 – May 10, 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
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html
・RSV infection
https://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou19/rs_qa.html
・Pharyngoconjunctival fever
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/pcf.html
・Herpangina
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/herpangina.html
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● 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

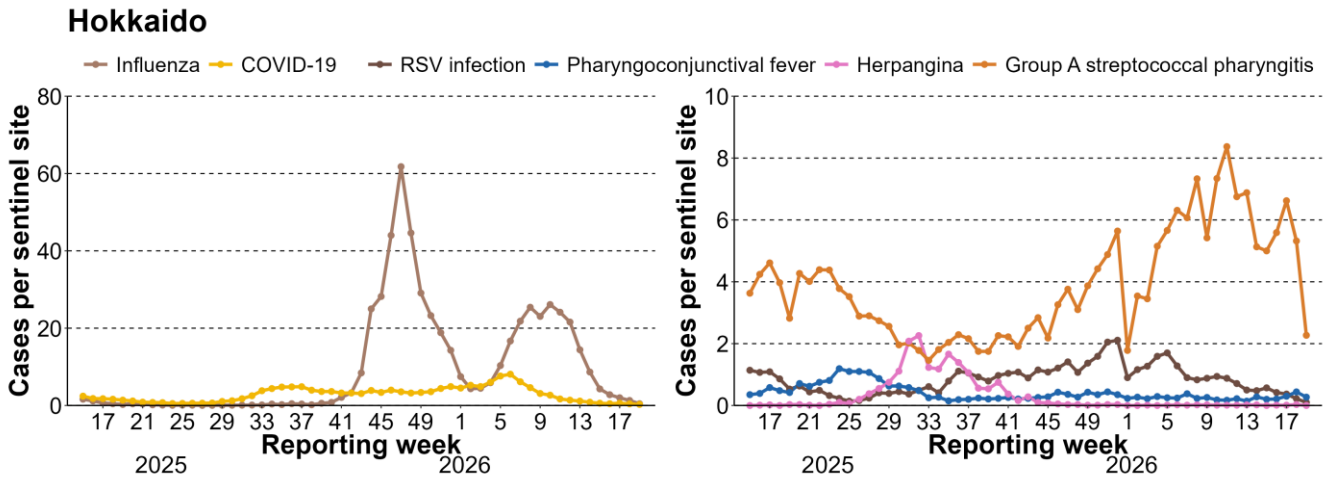
Supplementary information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

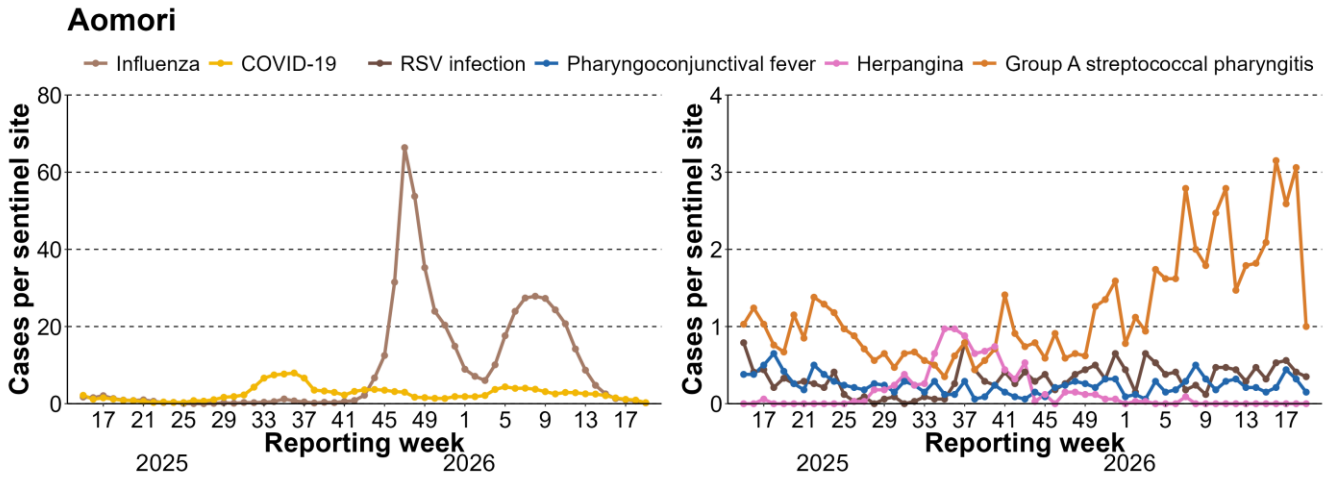
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19
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	1	4	0	0	0	0
SARS-CoV-2	2	0	0	3	1	0
RSV	2	1	0	1	0	0
Parainfluenza virus 1	1	0	0	0	0	0
Parainfluenza virus 2	0	0	0	0	0	0
Parainfluenza virus 3	0	0	0	0	0	0
Parainfluenza virus 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	0	0	0	1	0	0
Rhinovirus/Enterovirus	5	4	8	1	0	0
Human metapneumovirus	2	3	2	1	1	0
Adenovirus	0	0	1	0	0	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	1	0	0	0
Coronavirus OC43	0	1	1	0	0	0
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 13, 2026 (data range: March 30, 2026 to May 10, 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 14–19.
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





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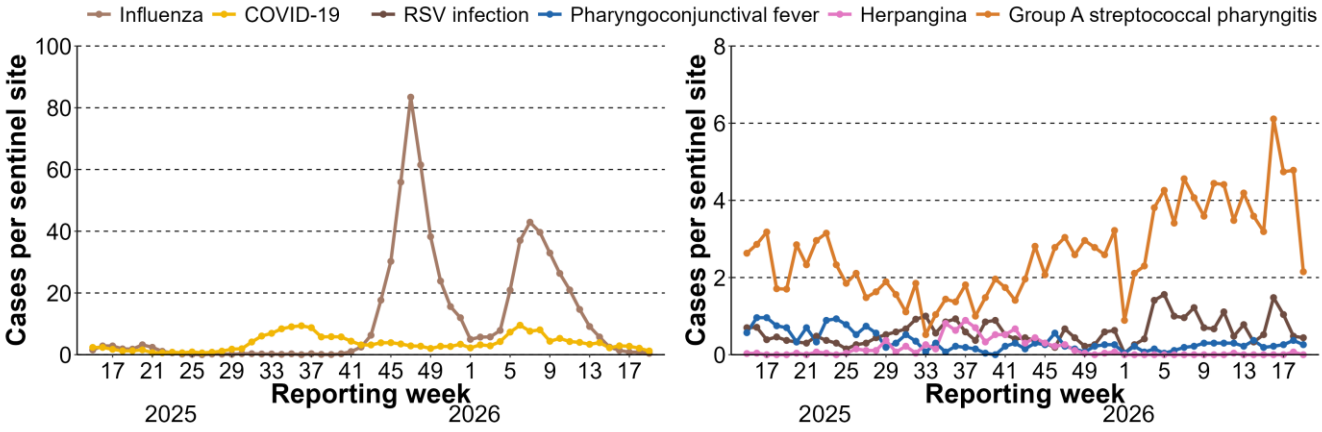

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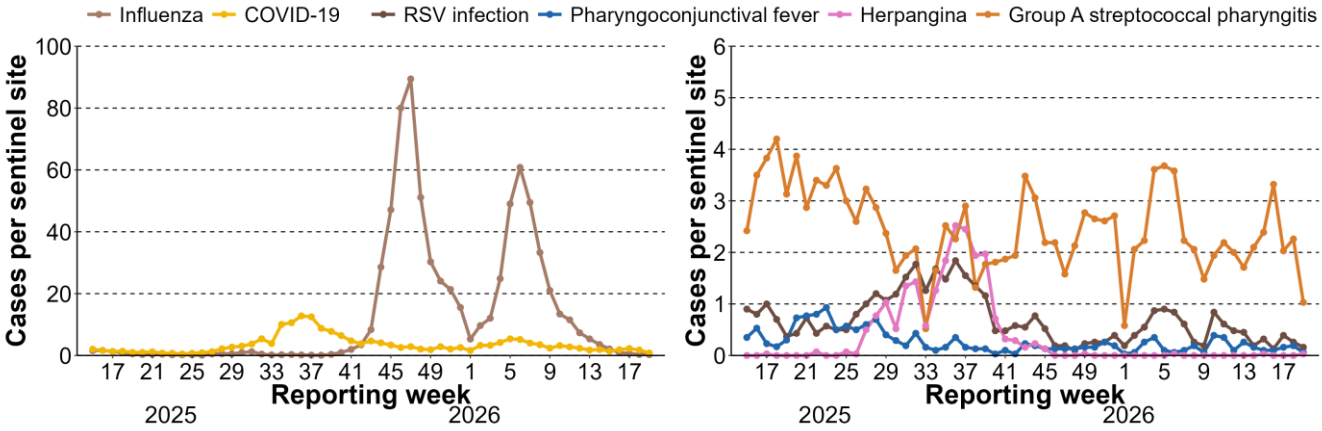

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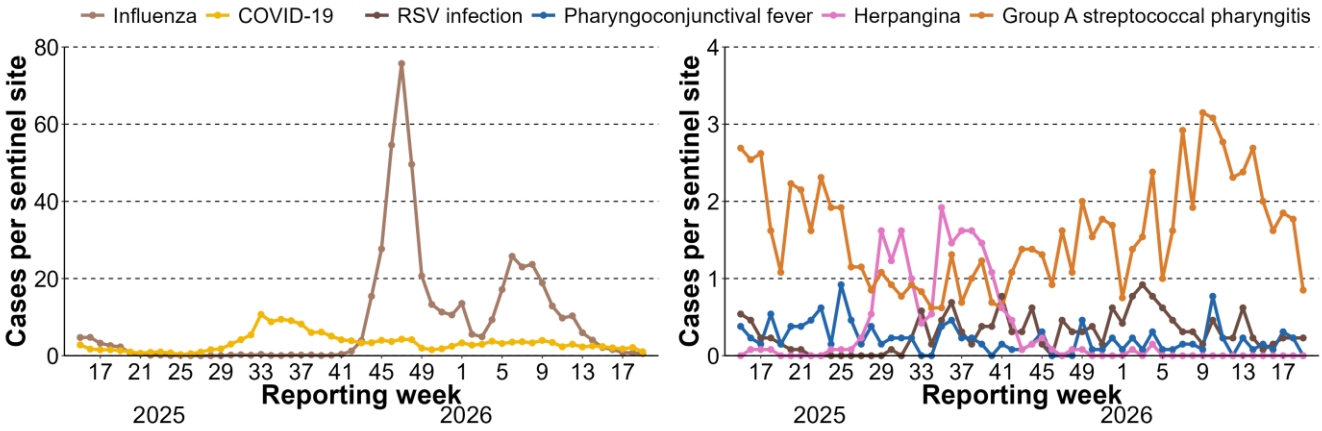

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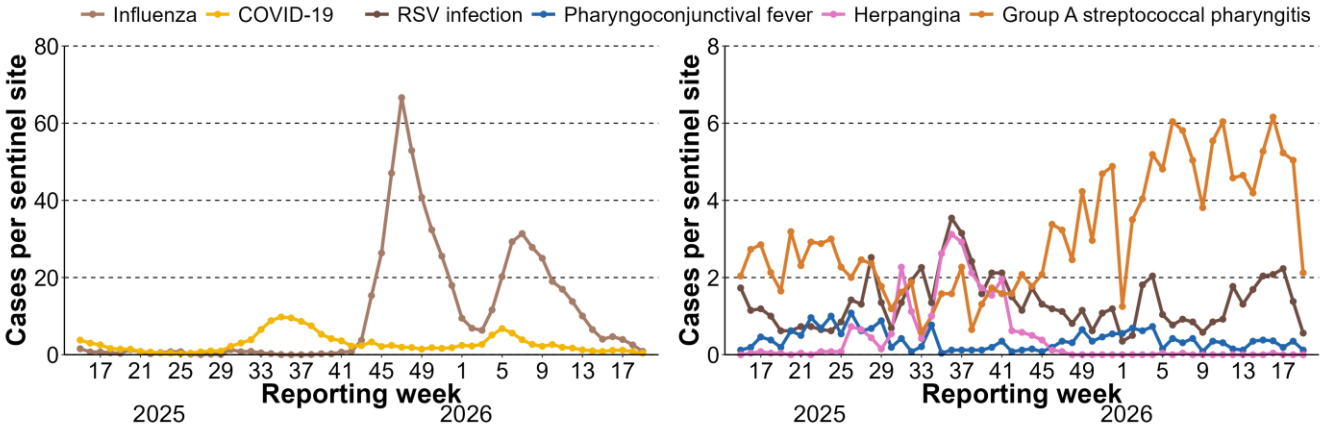

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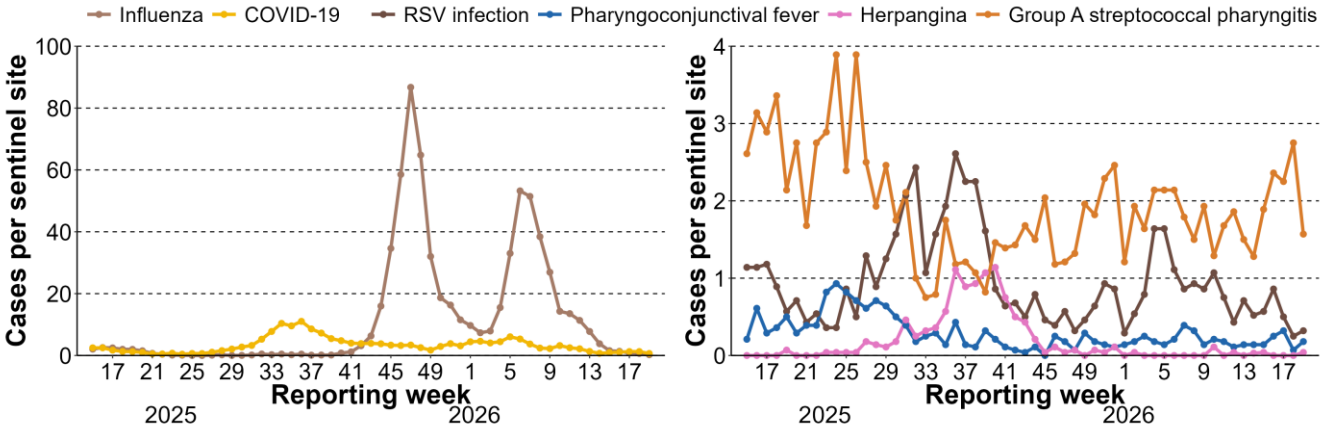

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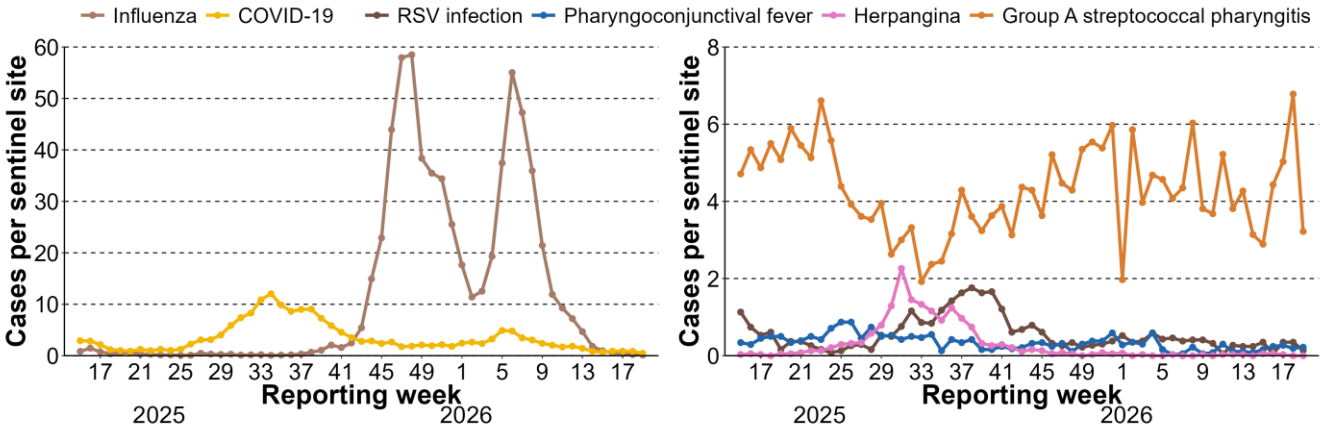

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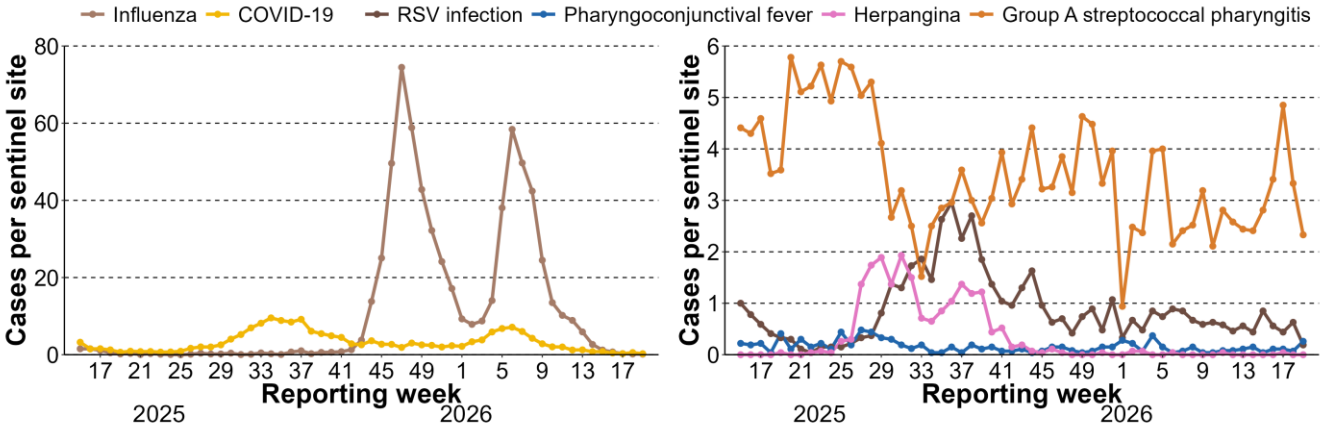

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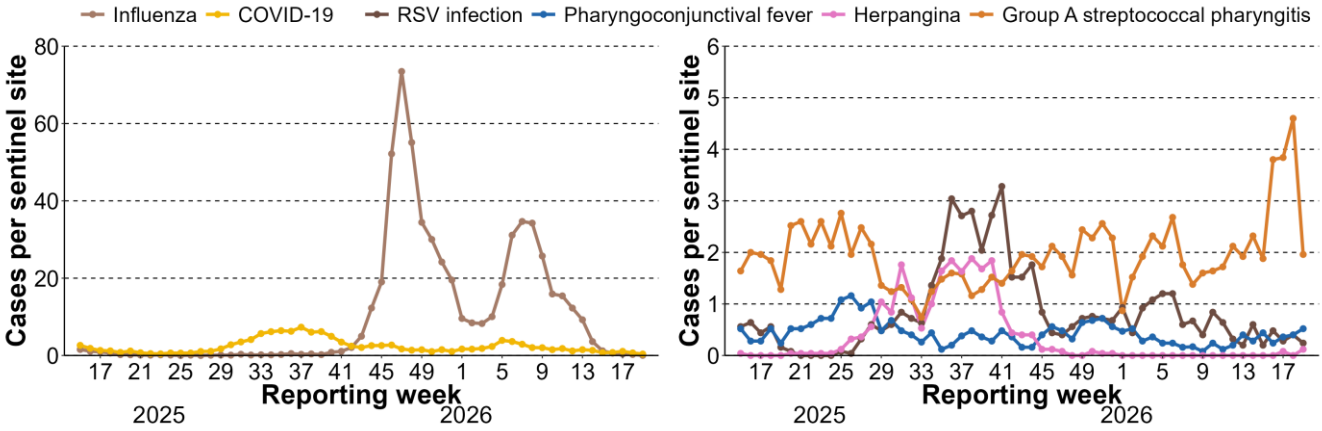

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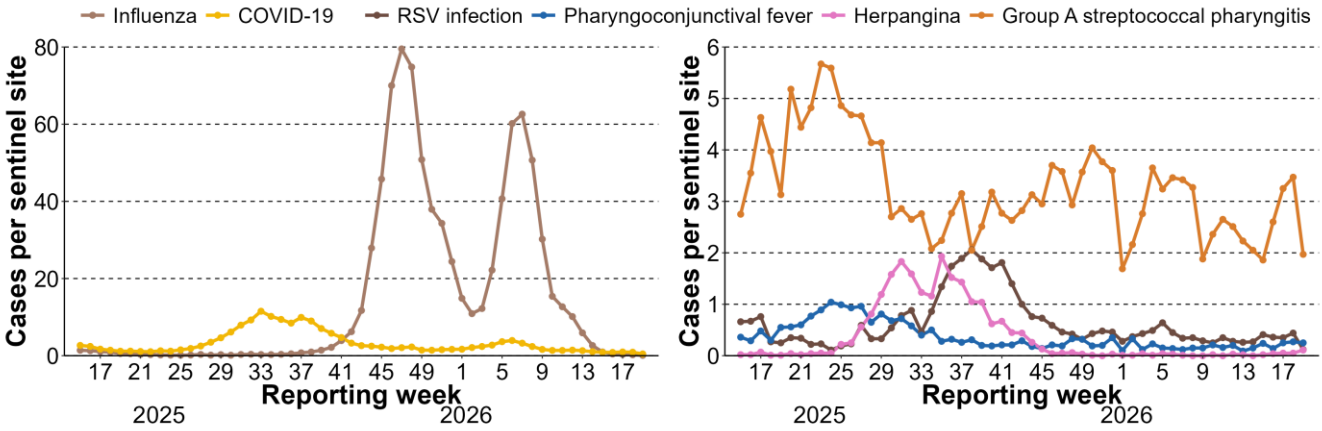

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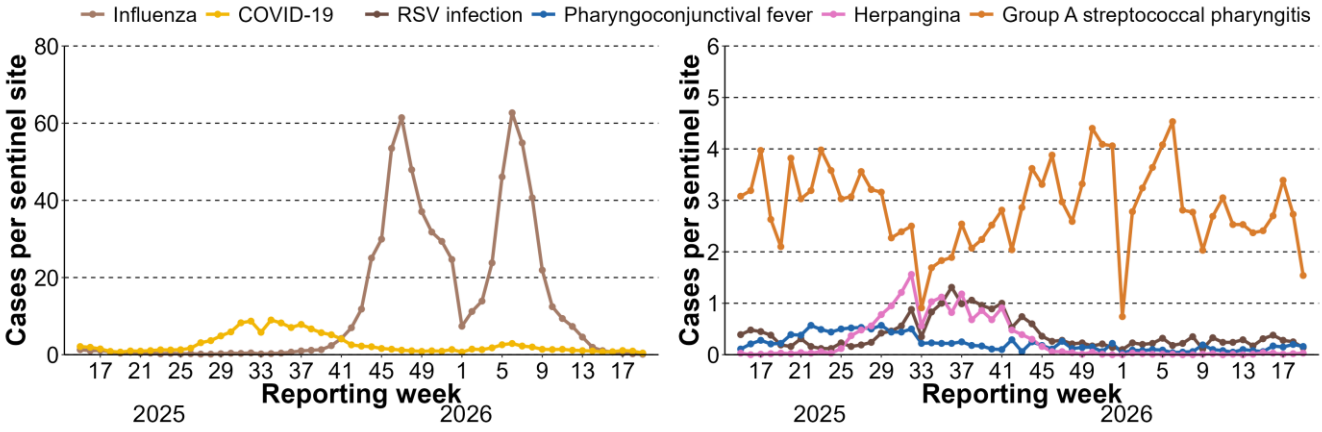

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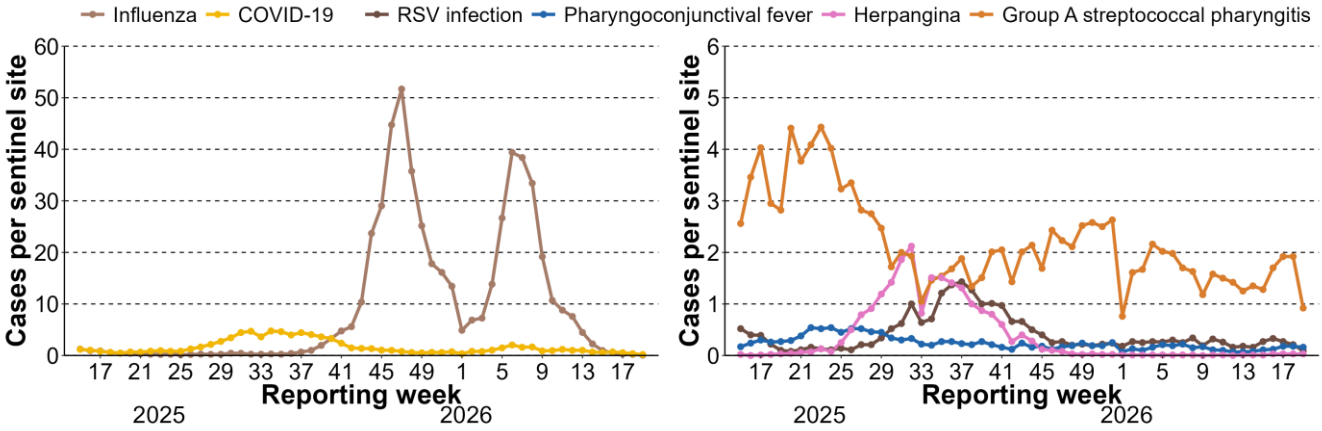

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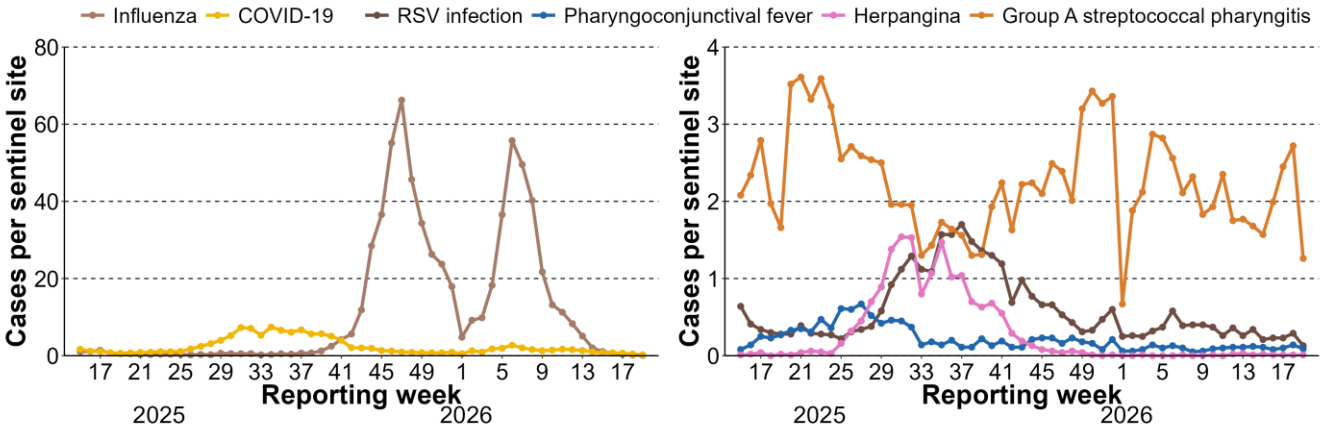

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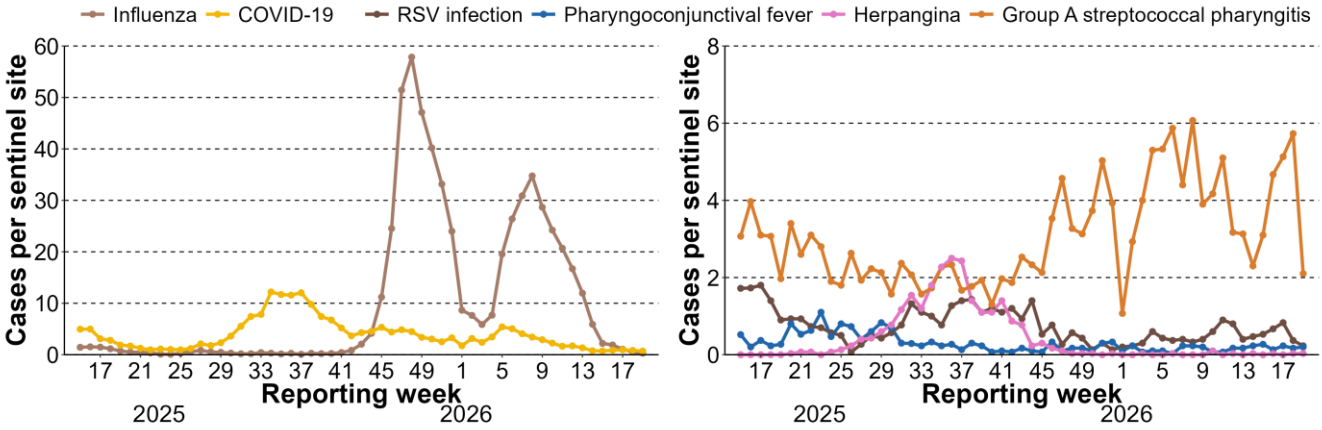

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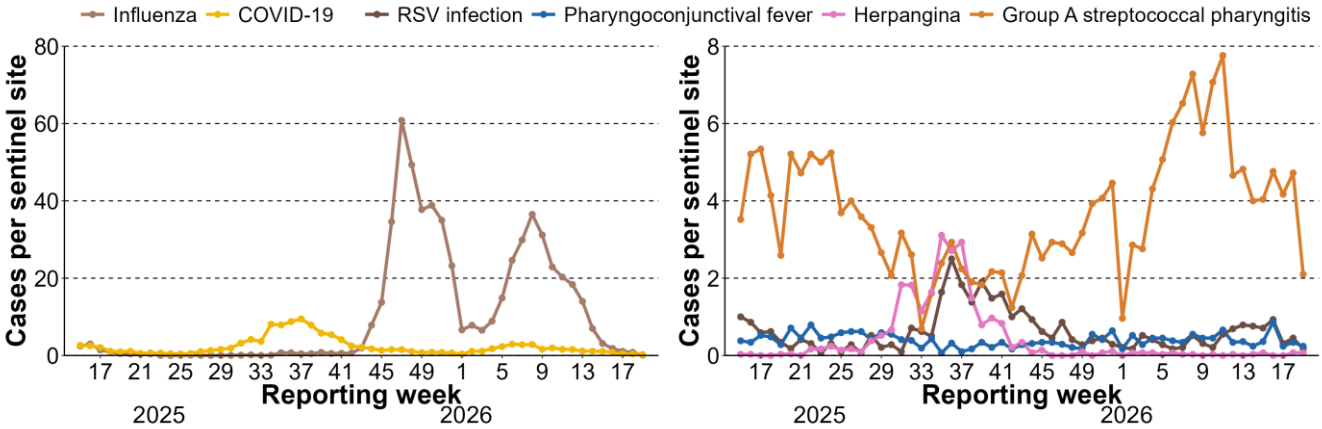

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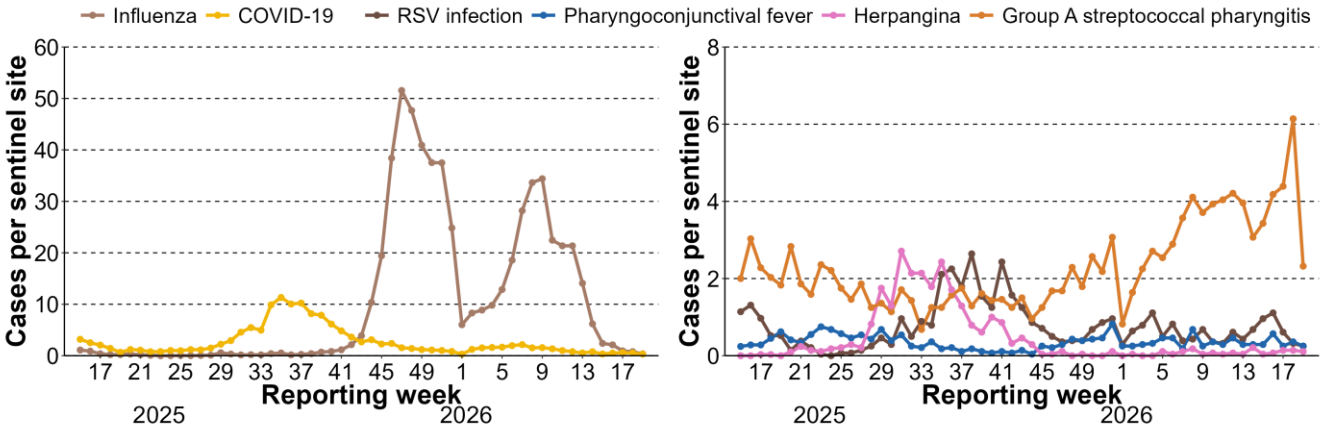

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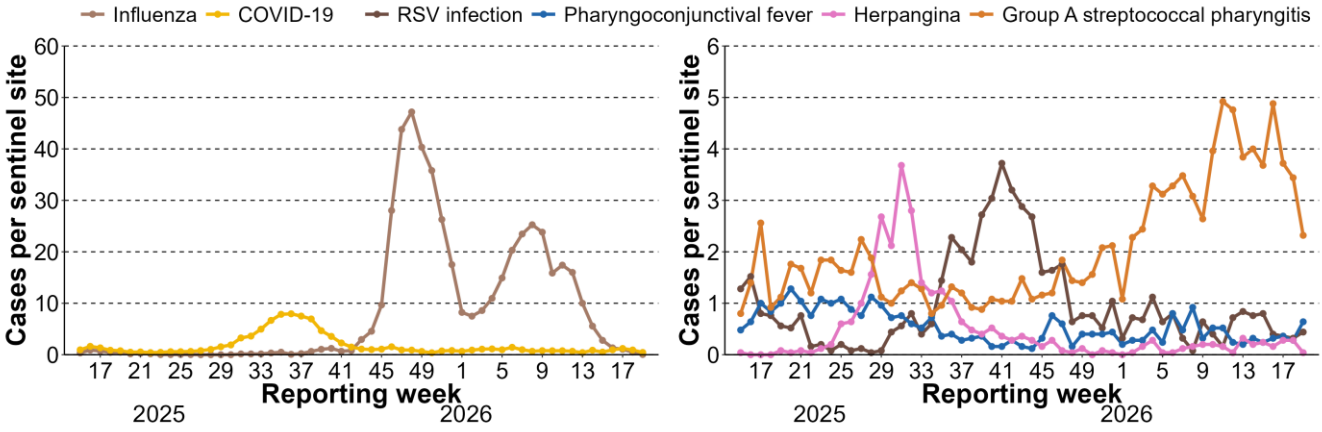

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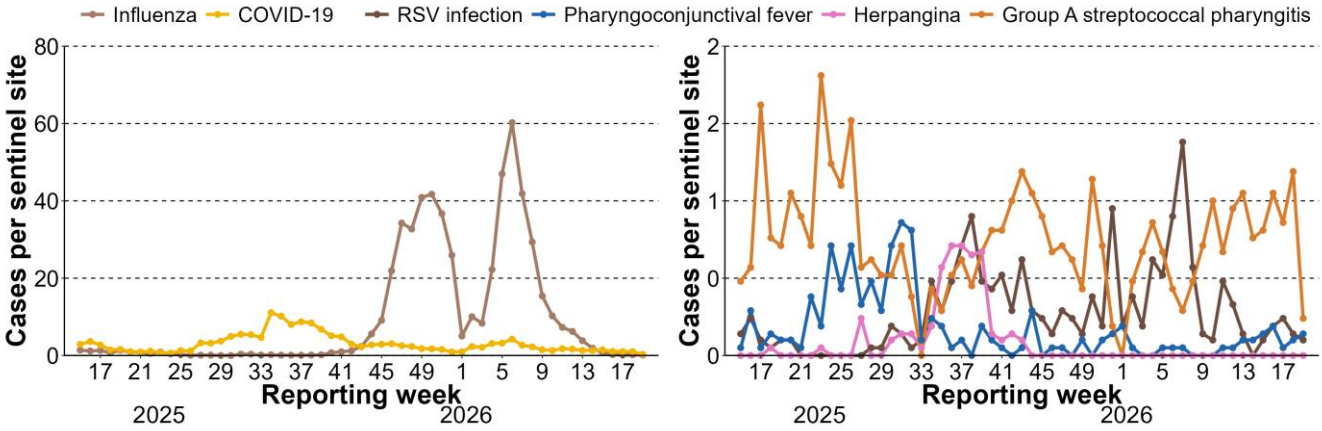

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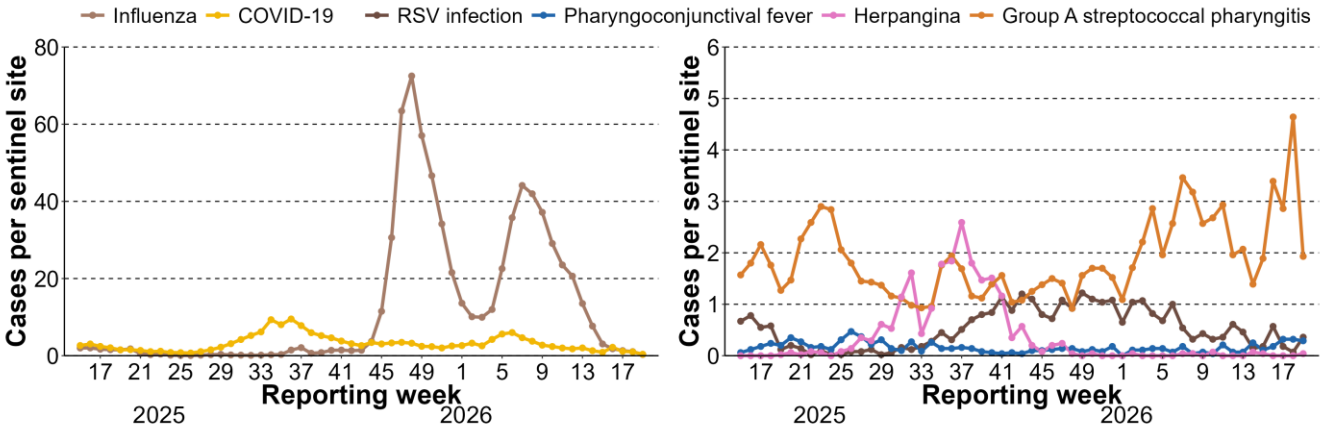

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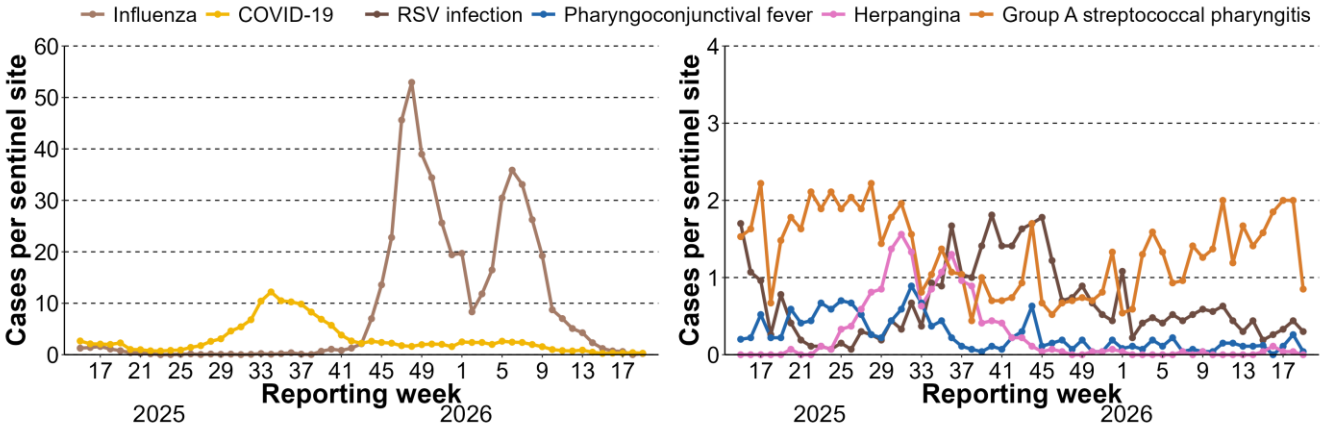

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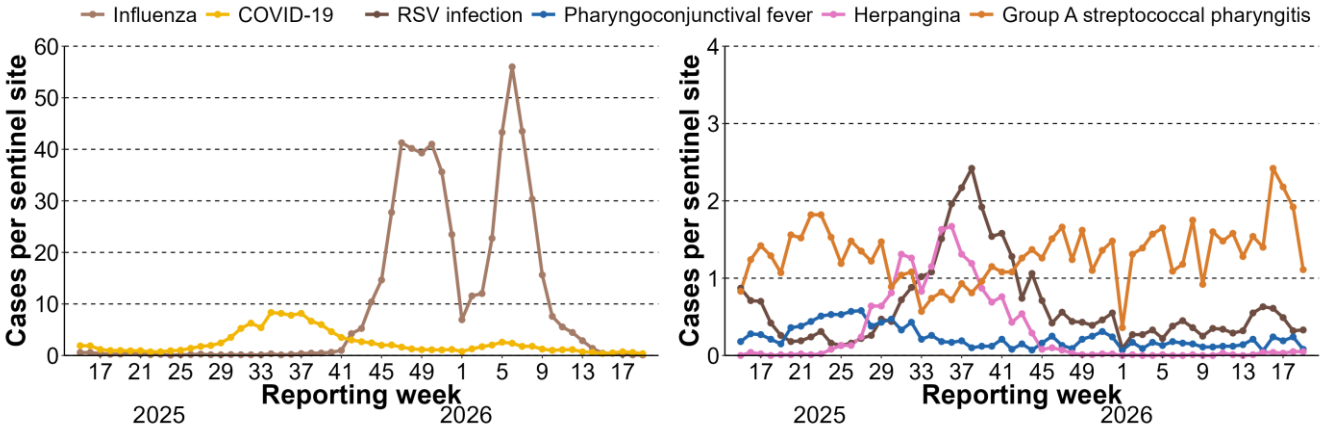

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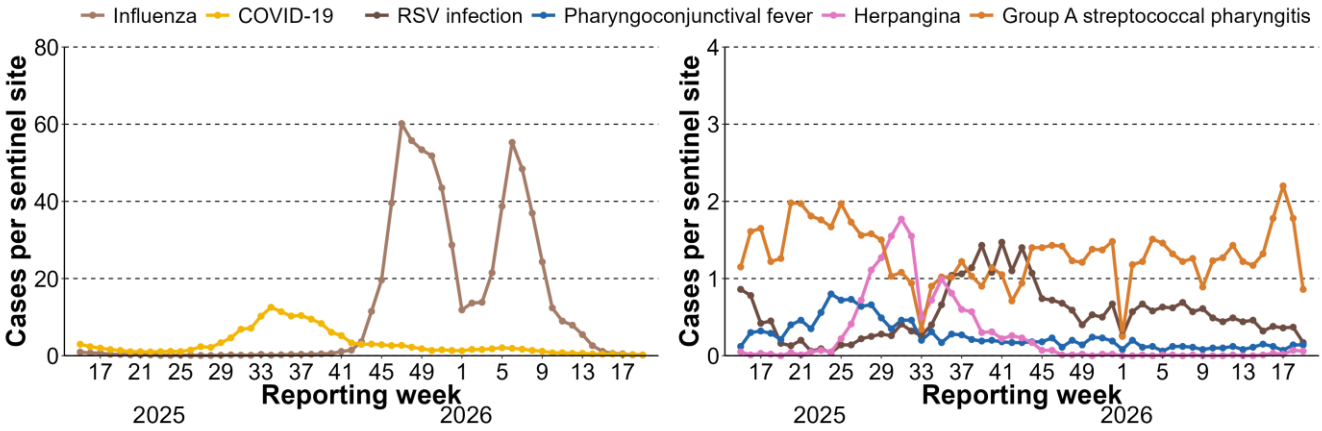

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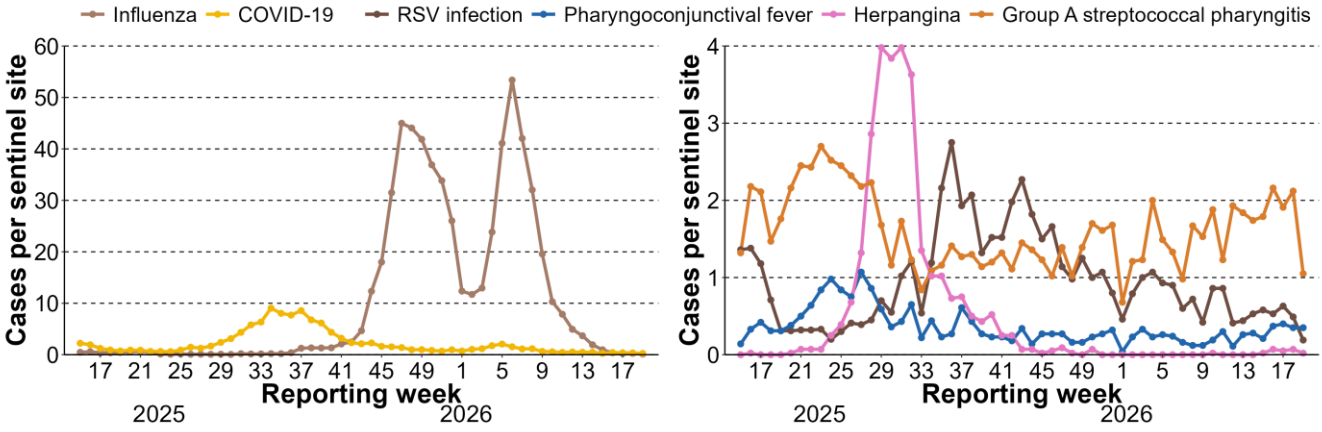

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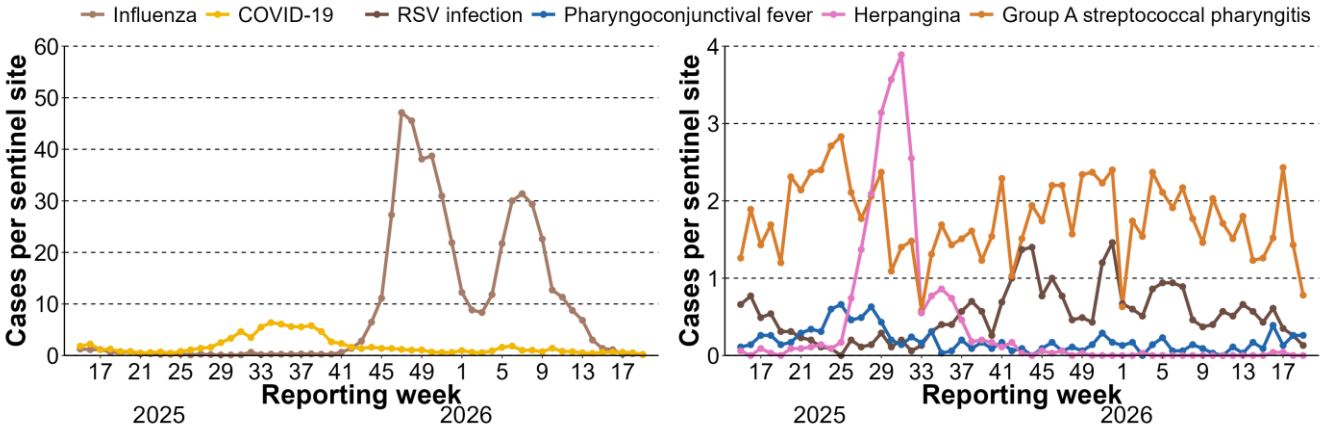

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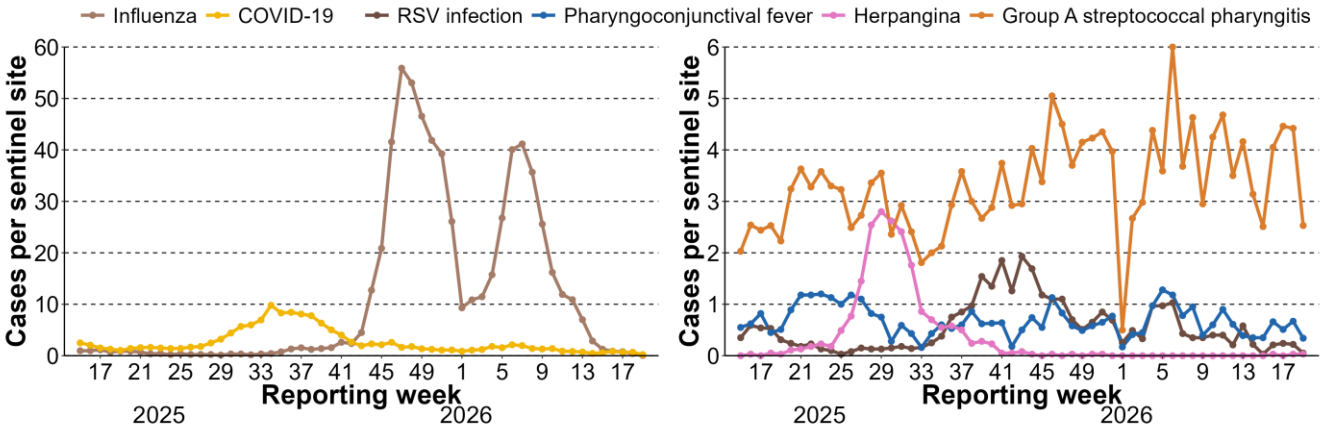

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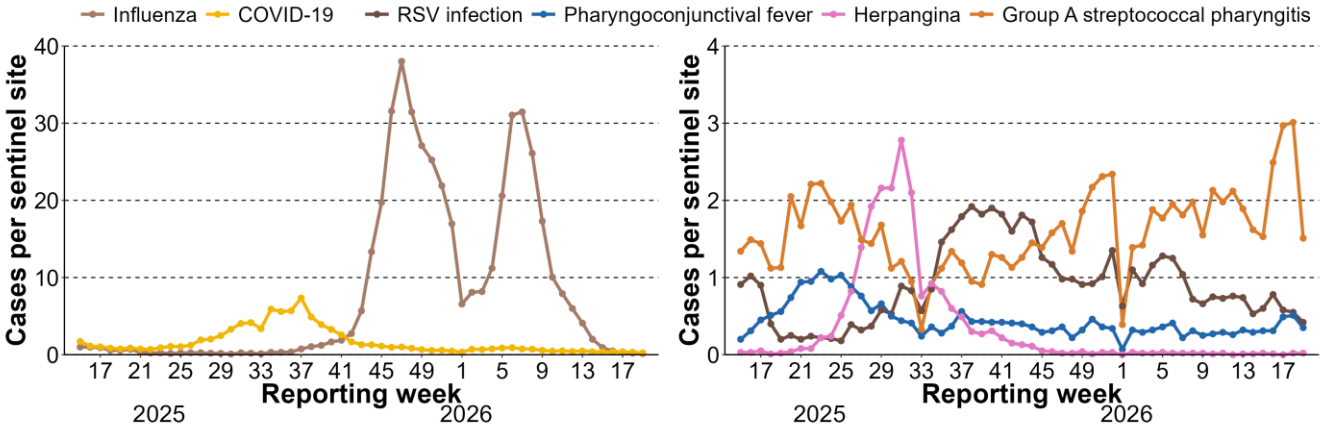

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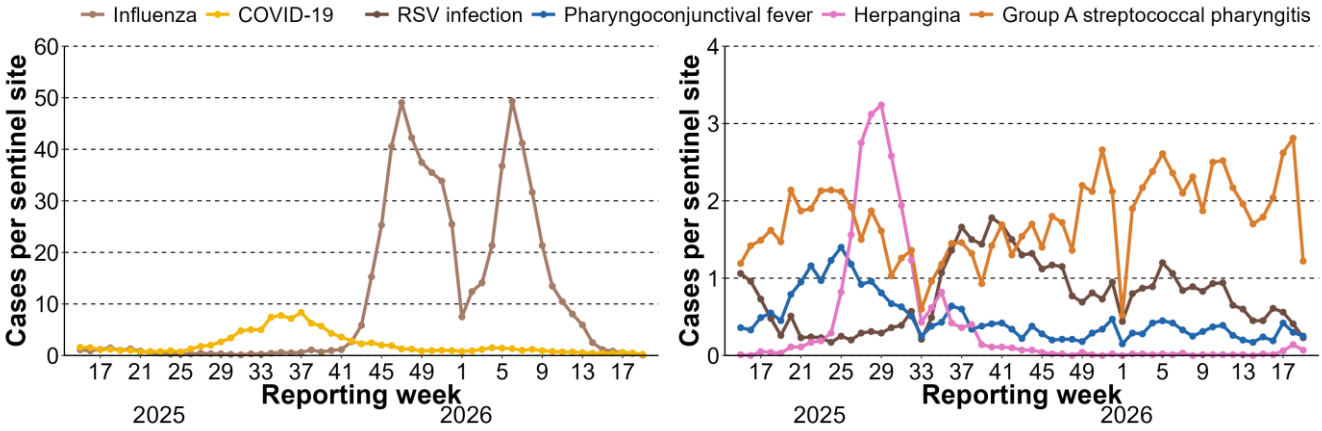

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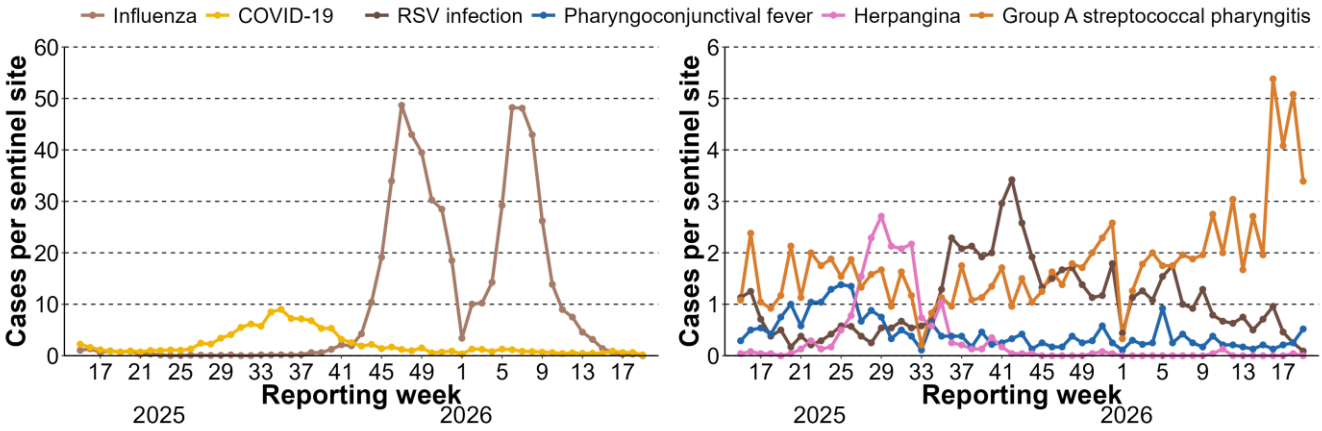

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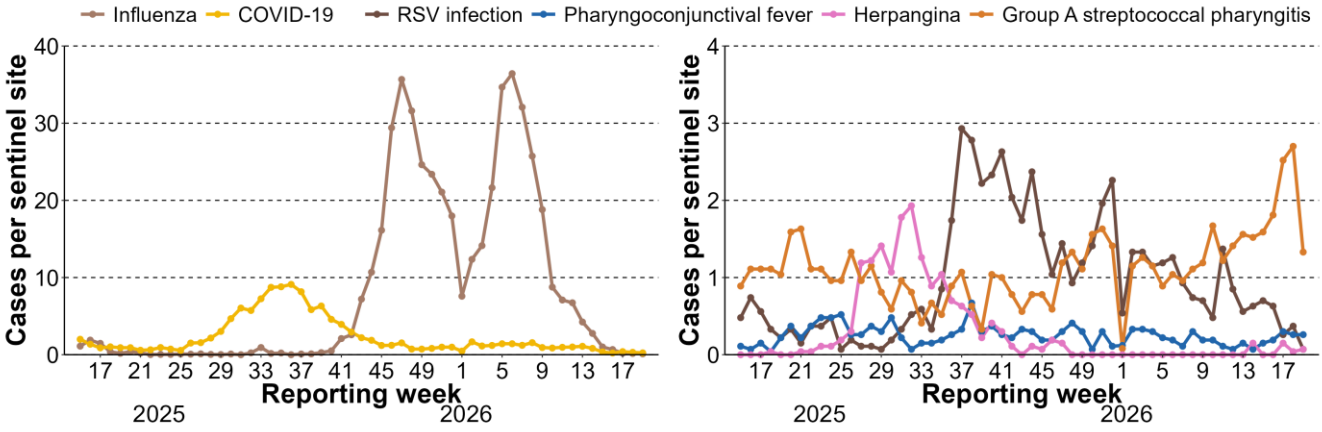

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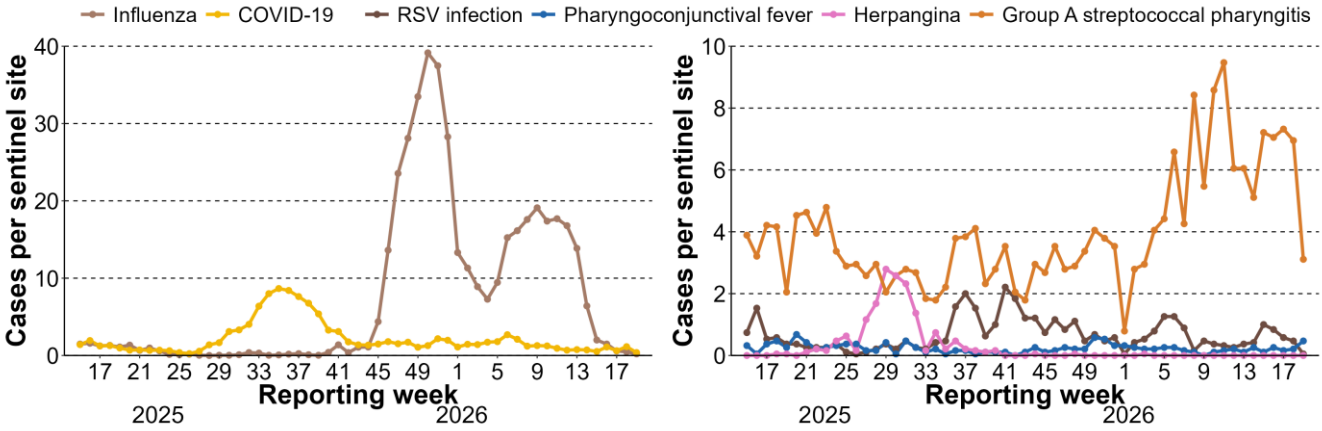

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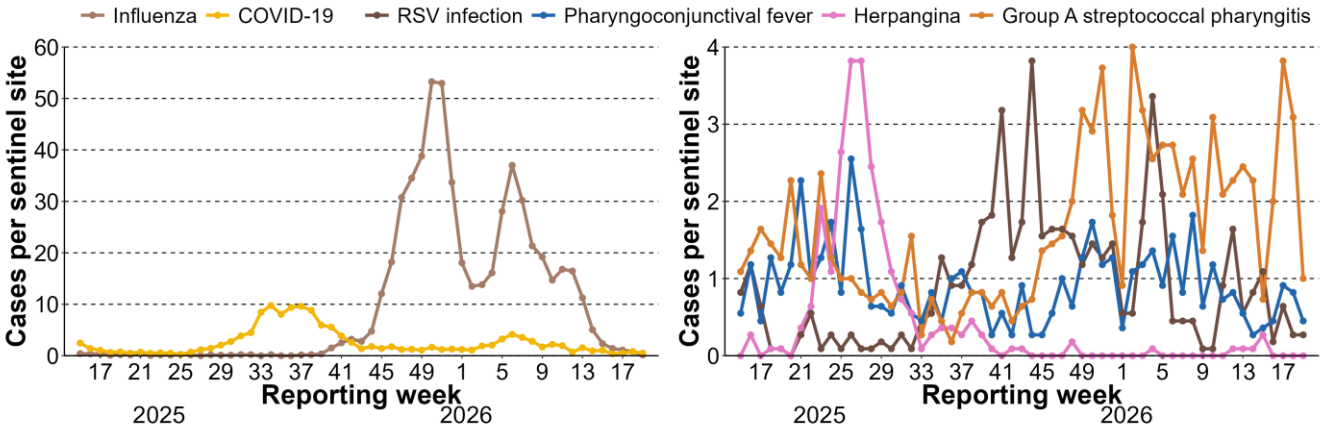

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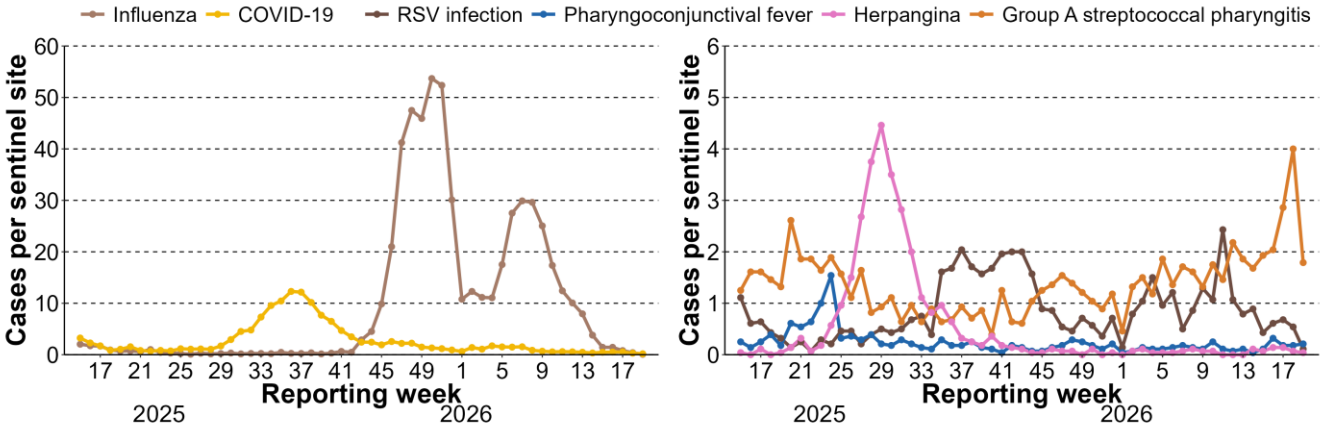

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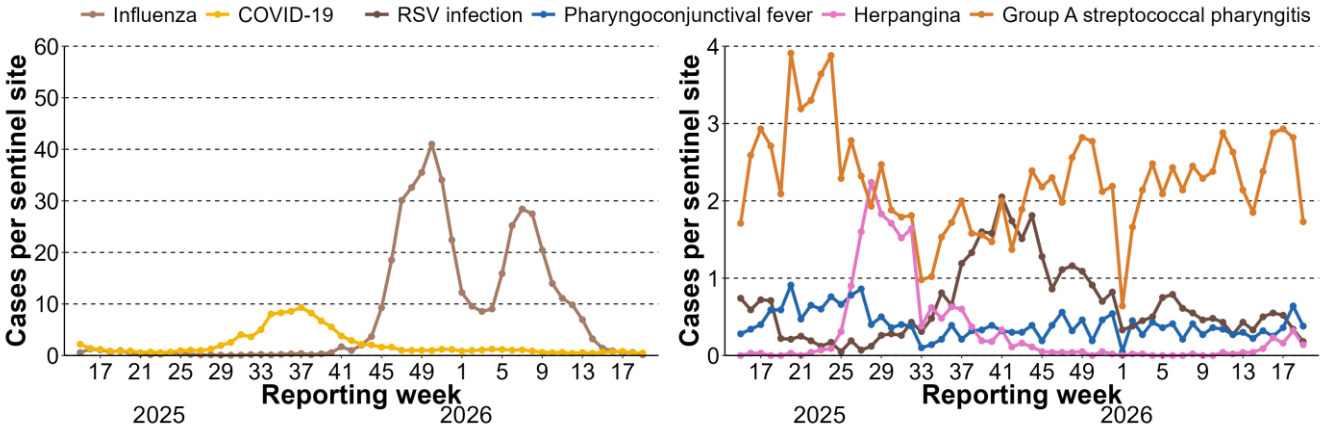

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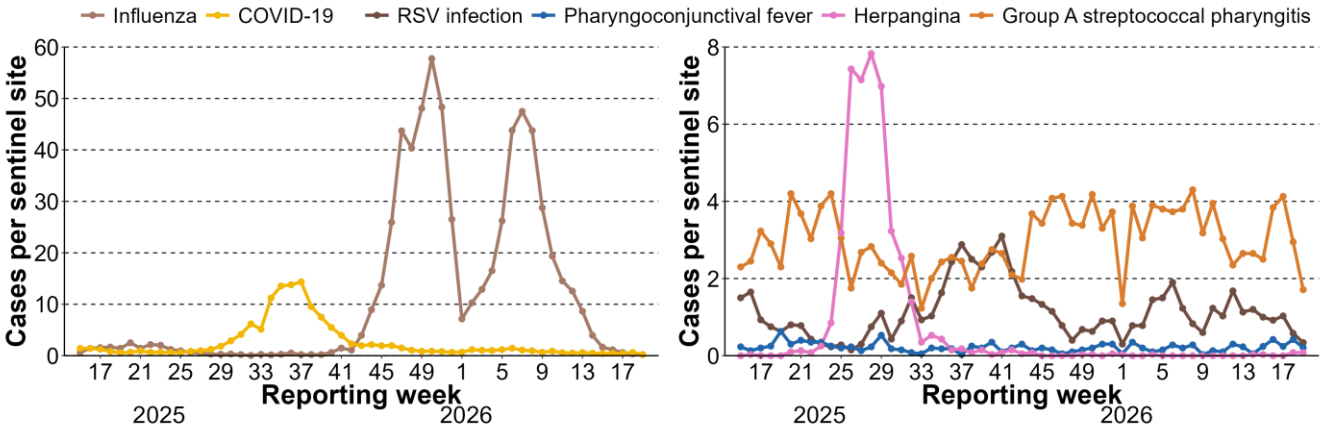

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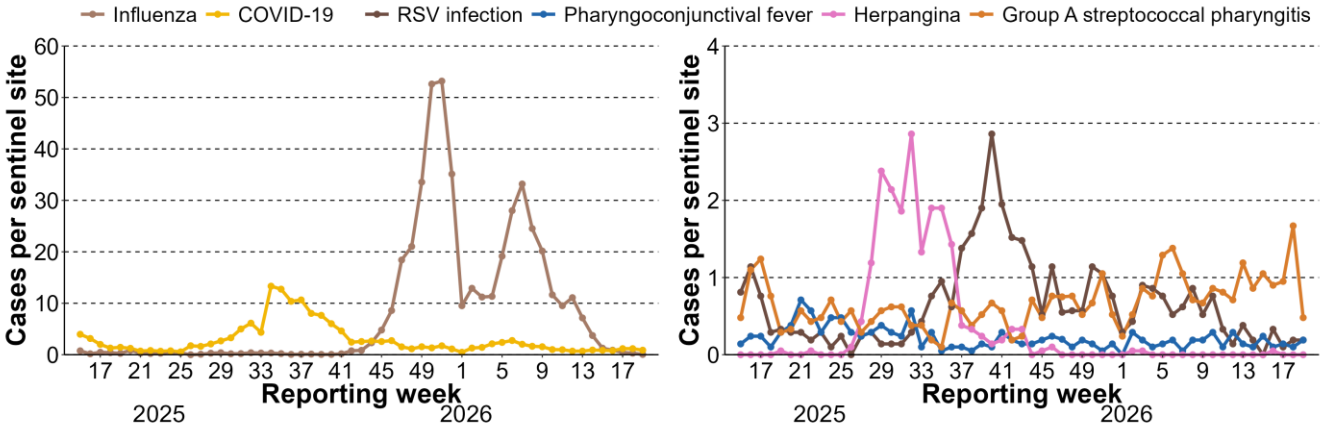

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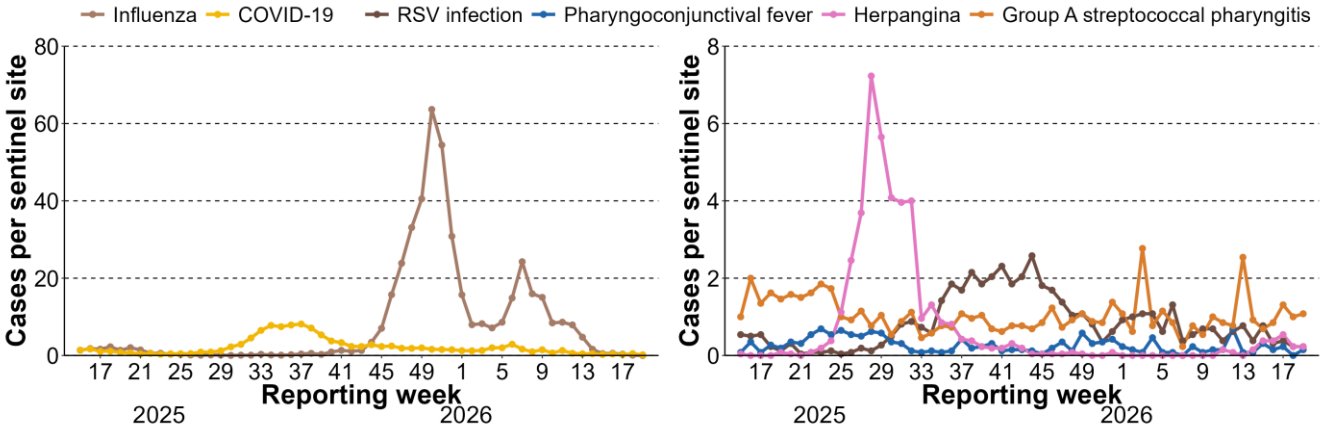

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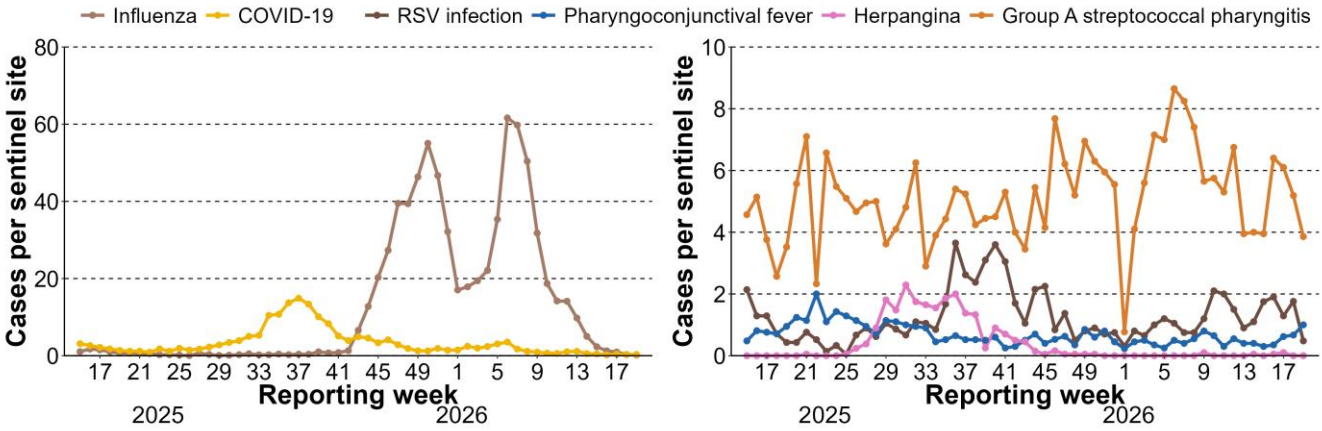

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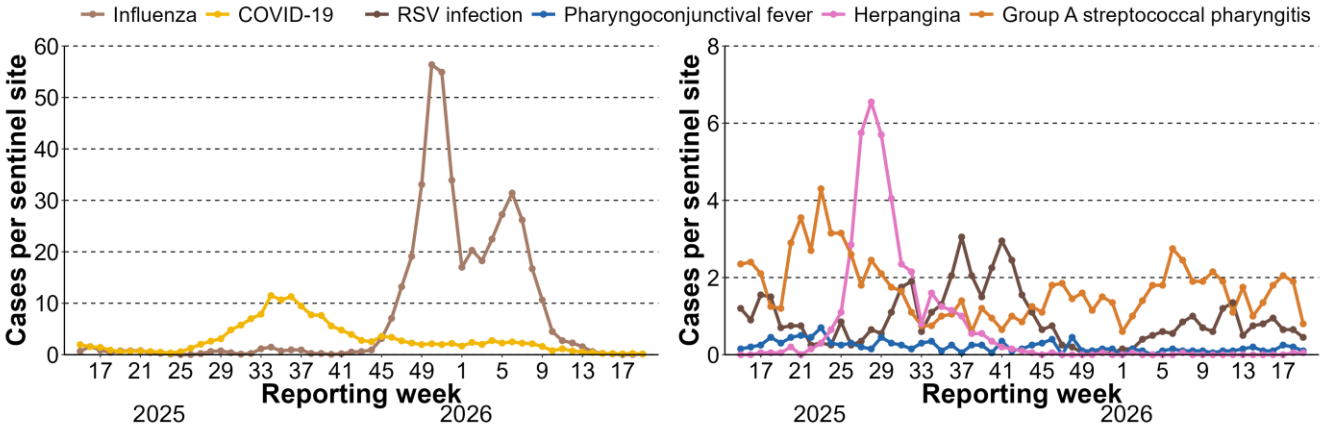

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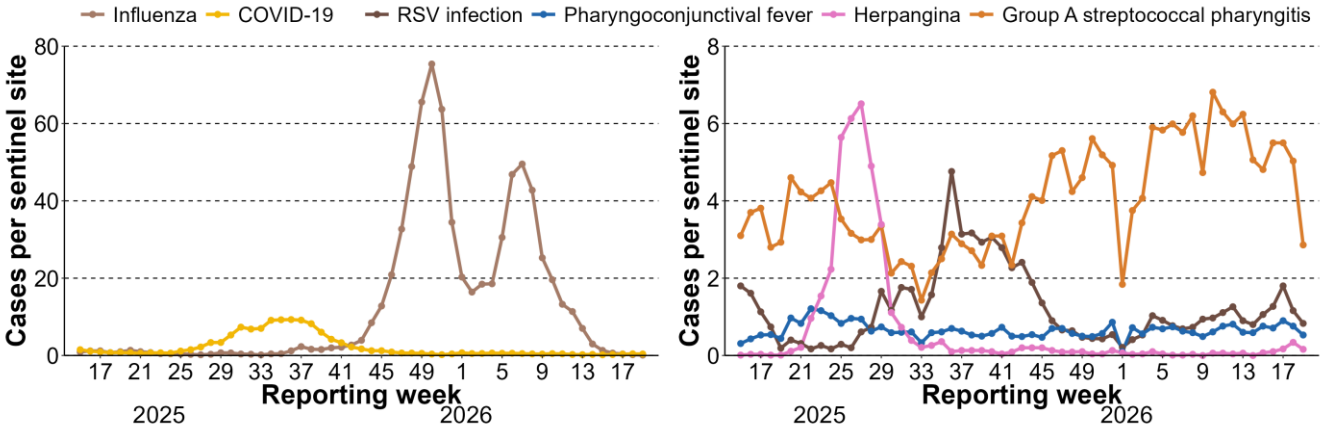

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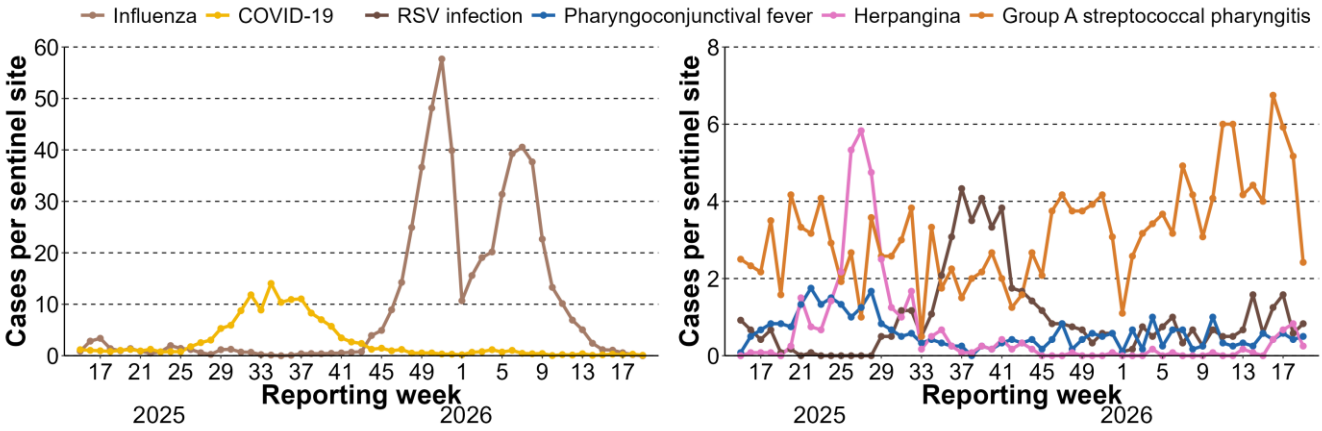

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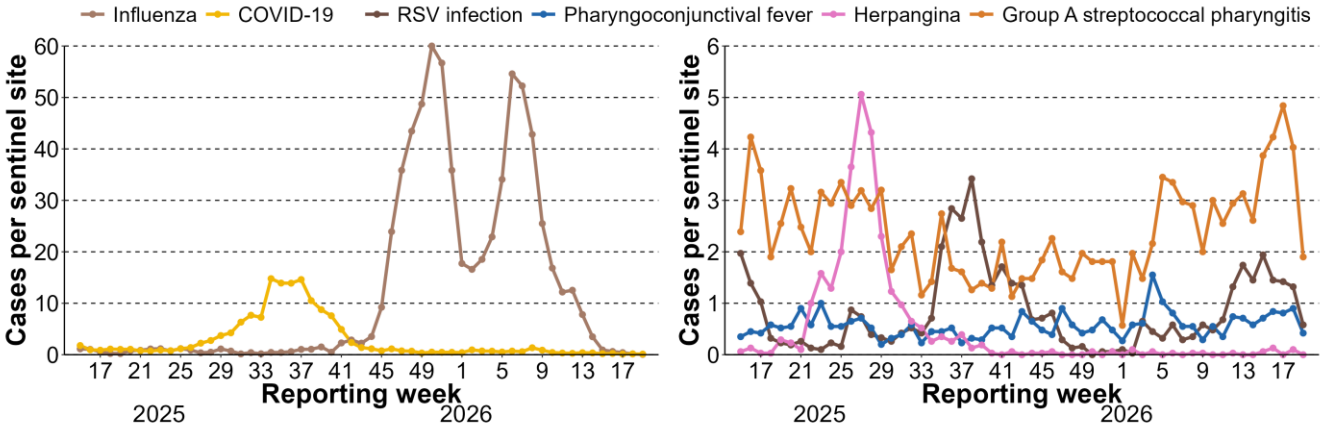

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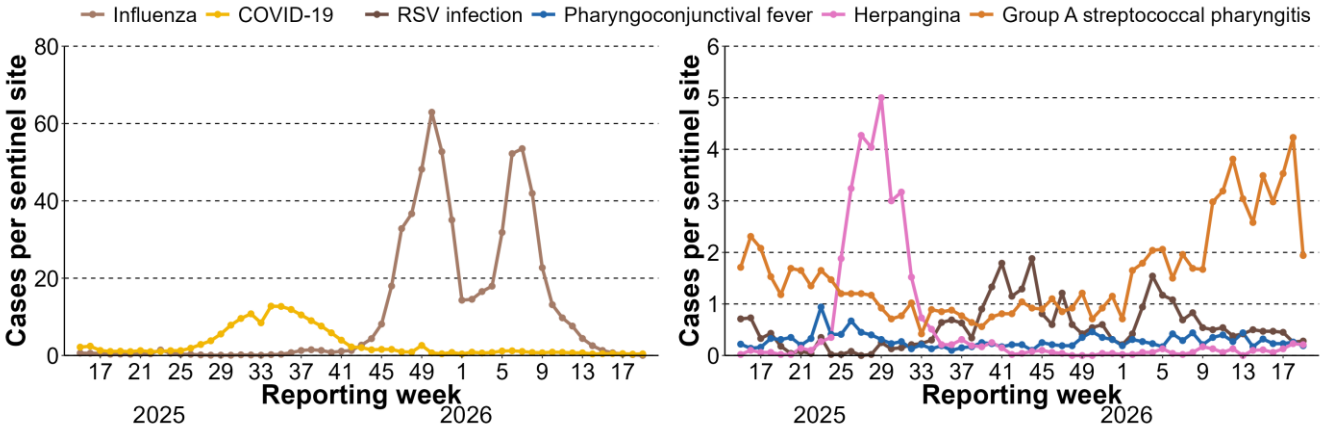

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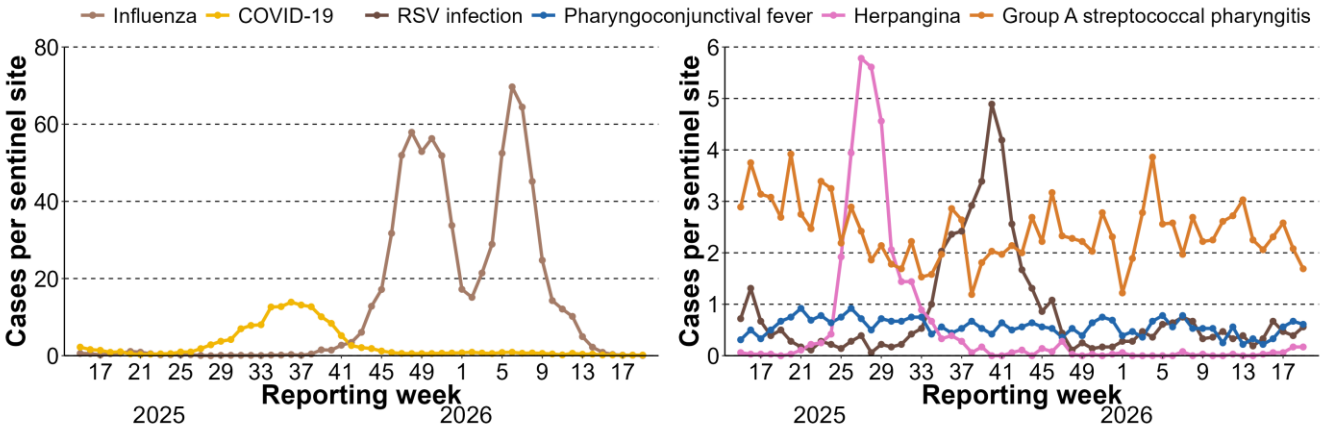

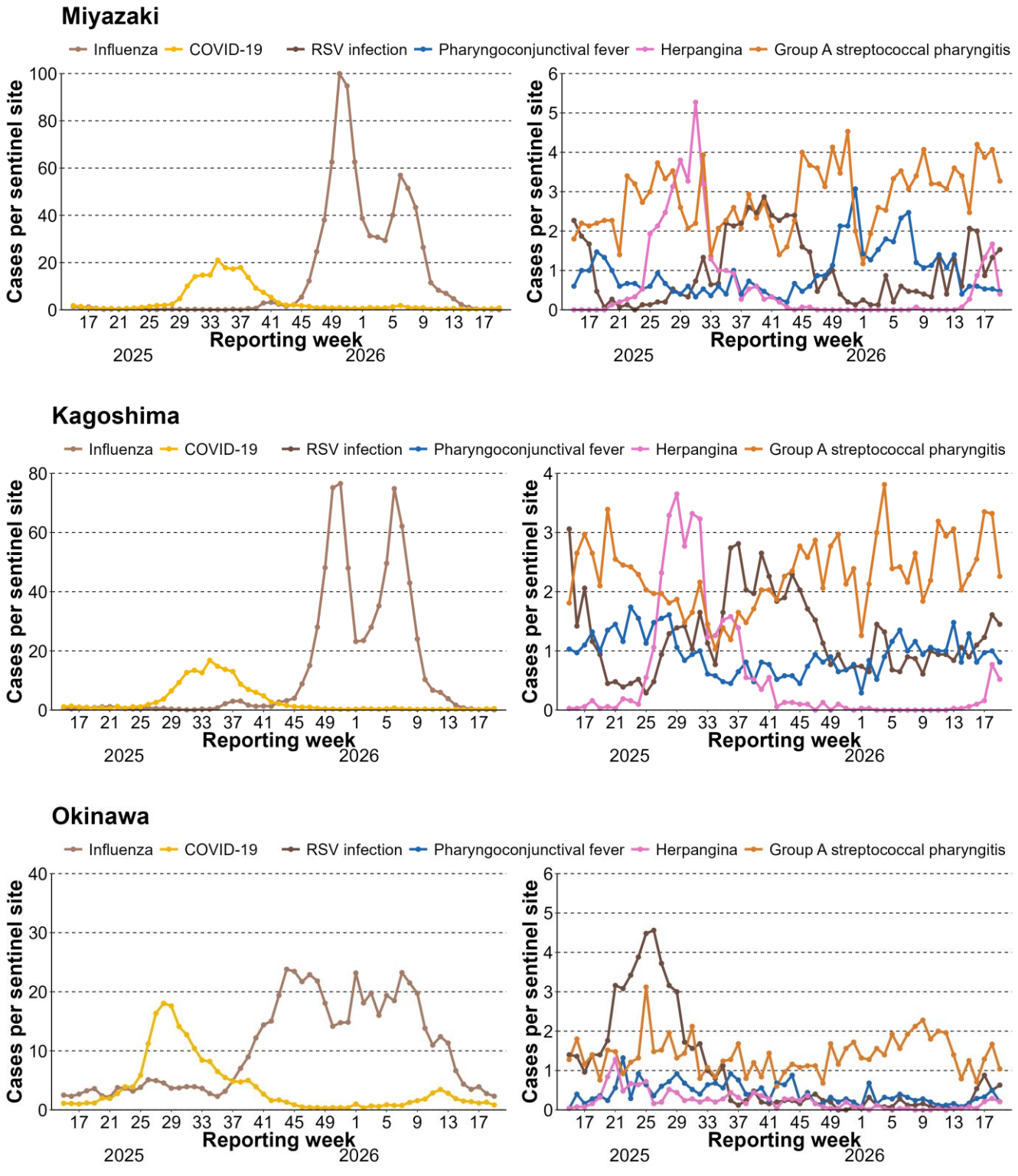

Data source: Infectious Disease Surveillance in Japan; data as of May 13, 2026 (data range: April 7, 2025 – May 10, 2026)