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 20, 2026 (May 11, 2026 – May 17, 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 patient 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 20 of 2026 (May 11, 2026–May 17, 2026), the number of ARI cases per sentinel site was 47.59 (177,315 cases), representing an increase compared with the previous week. Increases from the previous week were observed in all prefectures; however, it should be noted that the previous week coincided with the Golden Week holidays. The number of cases reported per sentinel site for each disease was 0.37 for COVID-19, 0.14 for influenza, 3.02 for group A streptococcal pharyngitis, 0.43 for pharyngoconjunctival fever, 0.28 for RSV infection, and 0.15 for herpangina. A total of 23 new hospital admissions due to influenza were reported, representing a decrease of 10 cases compared with the previous week. 136 new hospital admissions due to COVID-19 were reported, representing a decrease of 3 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 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.

Among specimens collected in week 20 of 2026 and reported by the time of analysis, 0 specimens tested positive for influenza A virus, 1 for influenza B virus, 0 for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and 1 for RSV.

Contents

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

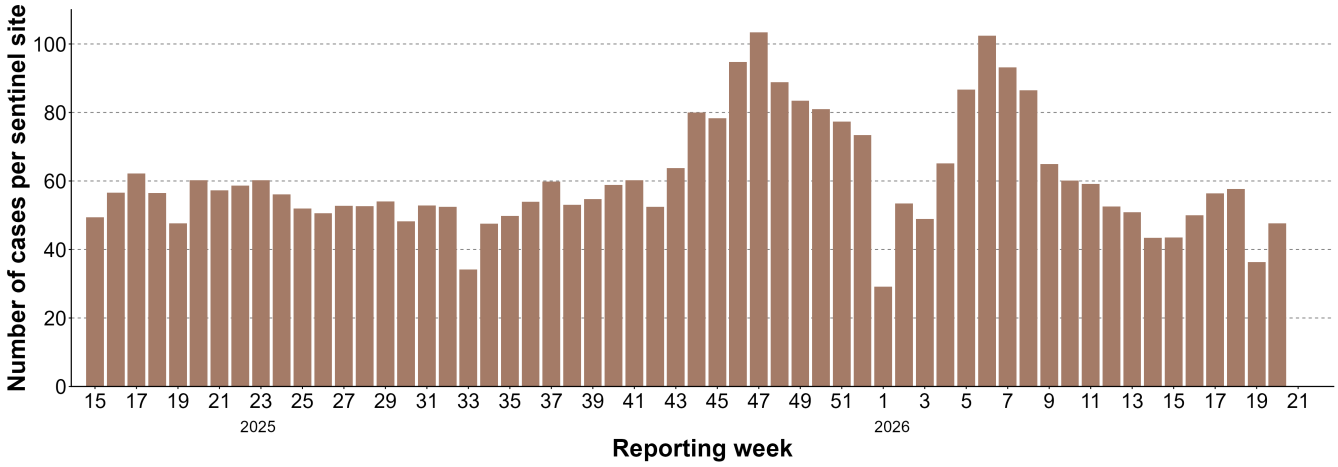
In week 20 of 2026, a total of 3,726 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 47.59 (177,315 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.31 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.14 for influenza (527 cases) and 0.37 for COVID-19 (1,395 cases) (Figure 1A). The number of reporting sentinel sites was 3,738.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.28 for RSV infection (633 cases), 0.43 for pharyngoconjunctival fever (974 cases), 0.15 for herpangina (331 cases), and 3.02 for group A streptococcal pharyngitis (6,828 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,259.

Regarding recent trends, influenza decreased for 14 consecutive weeks, COVID-19, RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis increased compared with the previous week. However, it should be noted that the previous week coincided with the Golden Week holidays.

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



Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 2026).

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

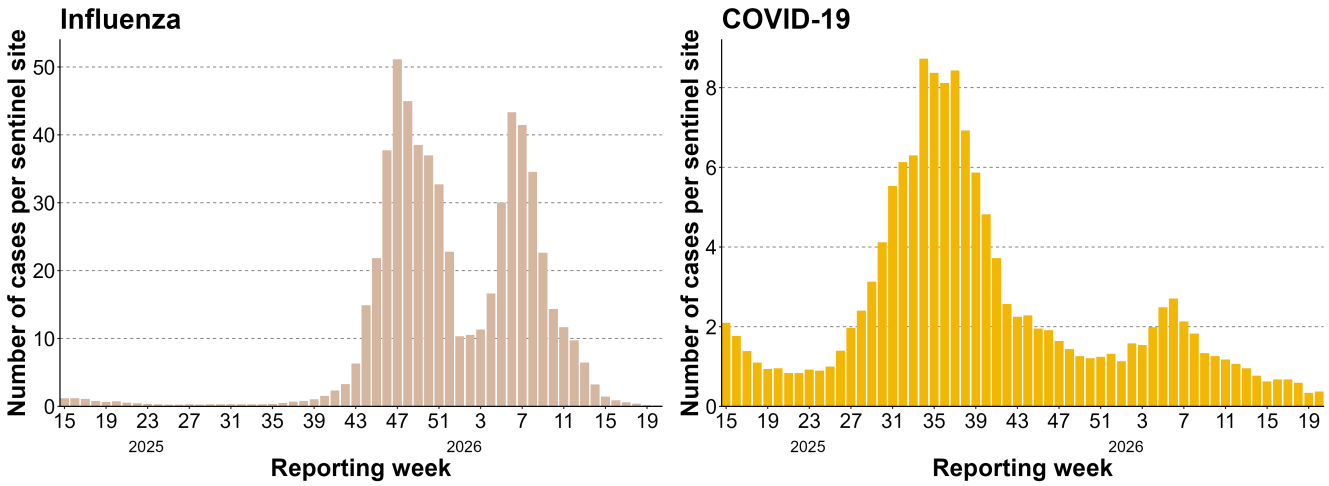
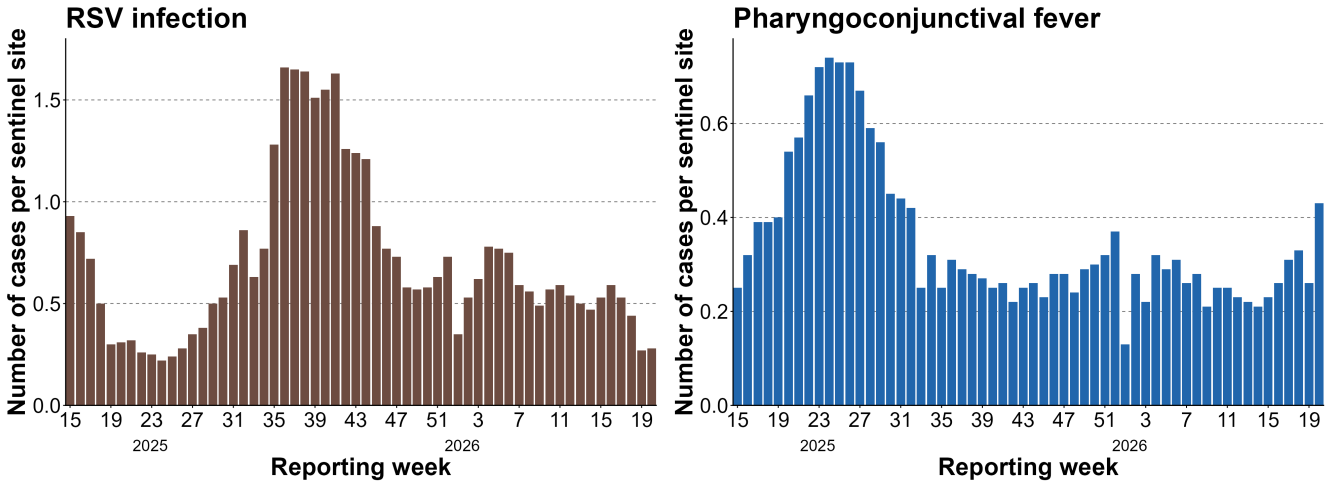
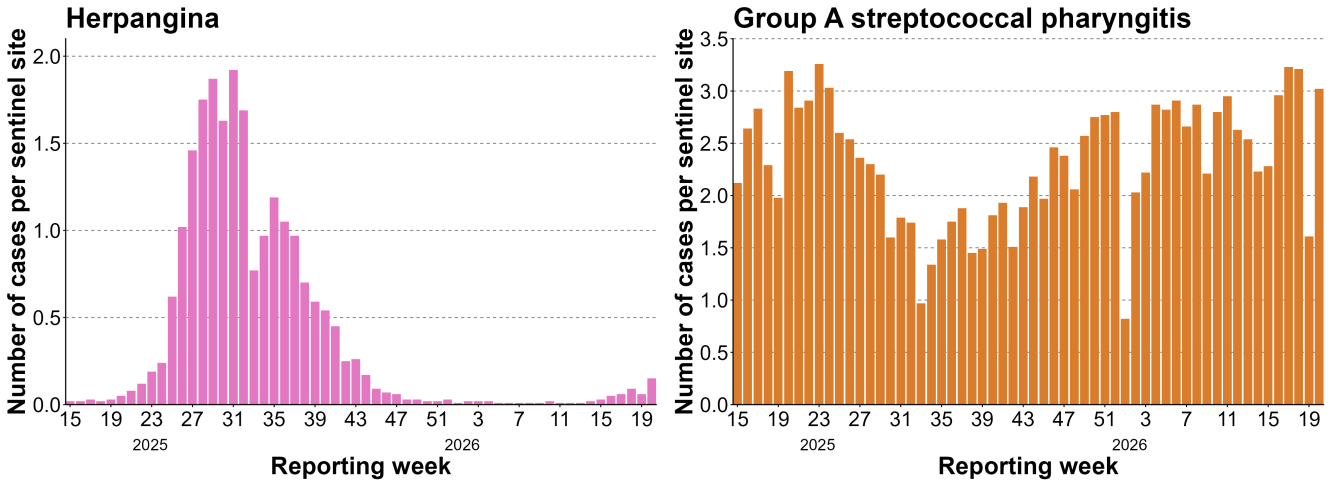


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

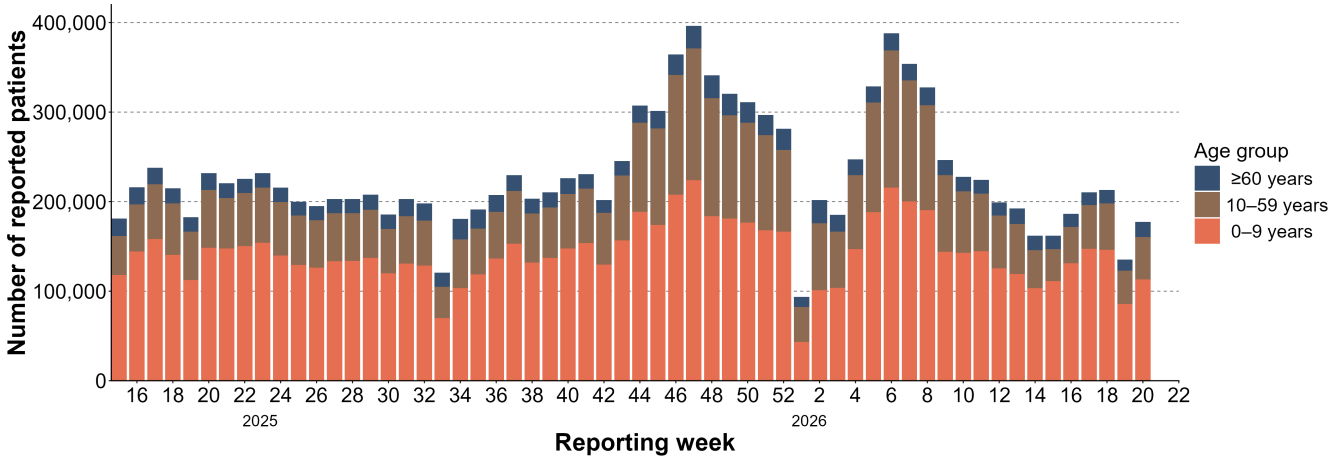
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 20 of 2026, the number of reported cases by age group was 112,974 cases among individuals aged 0–9 years (week-on-week ratio: 1.32), 47,652 cases among individuals aged 10–59 years (week-on-week ratio: 1.28), and 16,689 cases among individuals aged 60 years and older (week-on-week ratio: 1.36) (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, 48 influenza cases and 301 COVID-19 cases were reported among individuals aged 60 years and older; of these, 13 influenza cases and 98 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 20, 2026 (data range: April 7, 2025 – May 17, 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

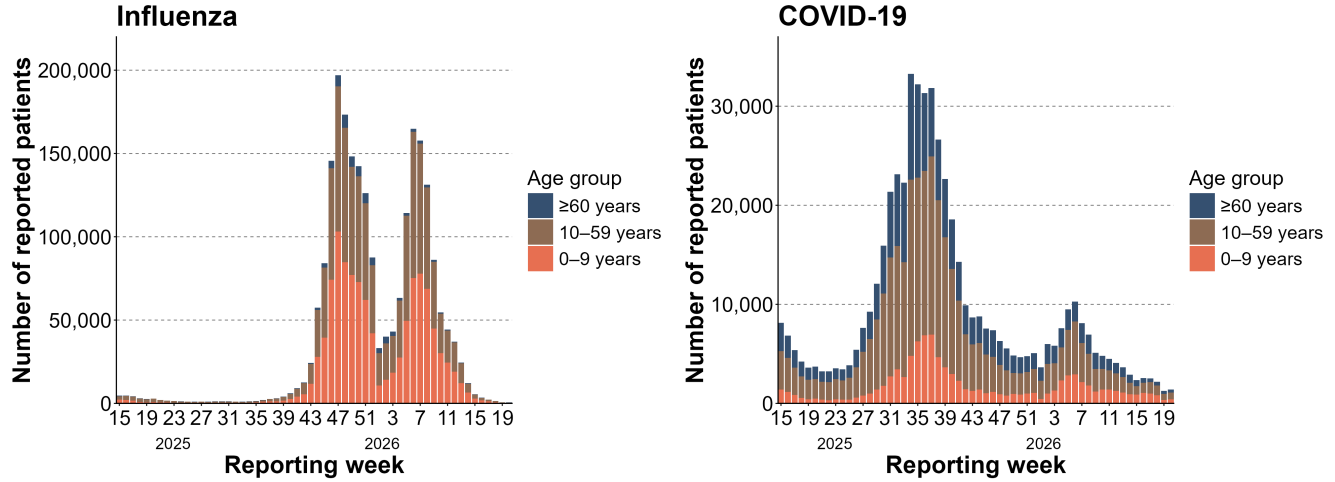
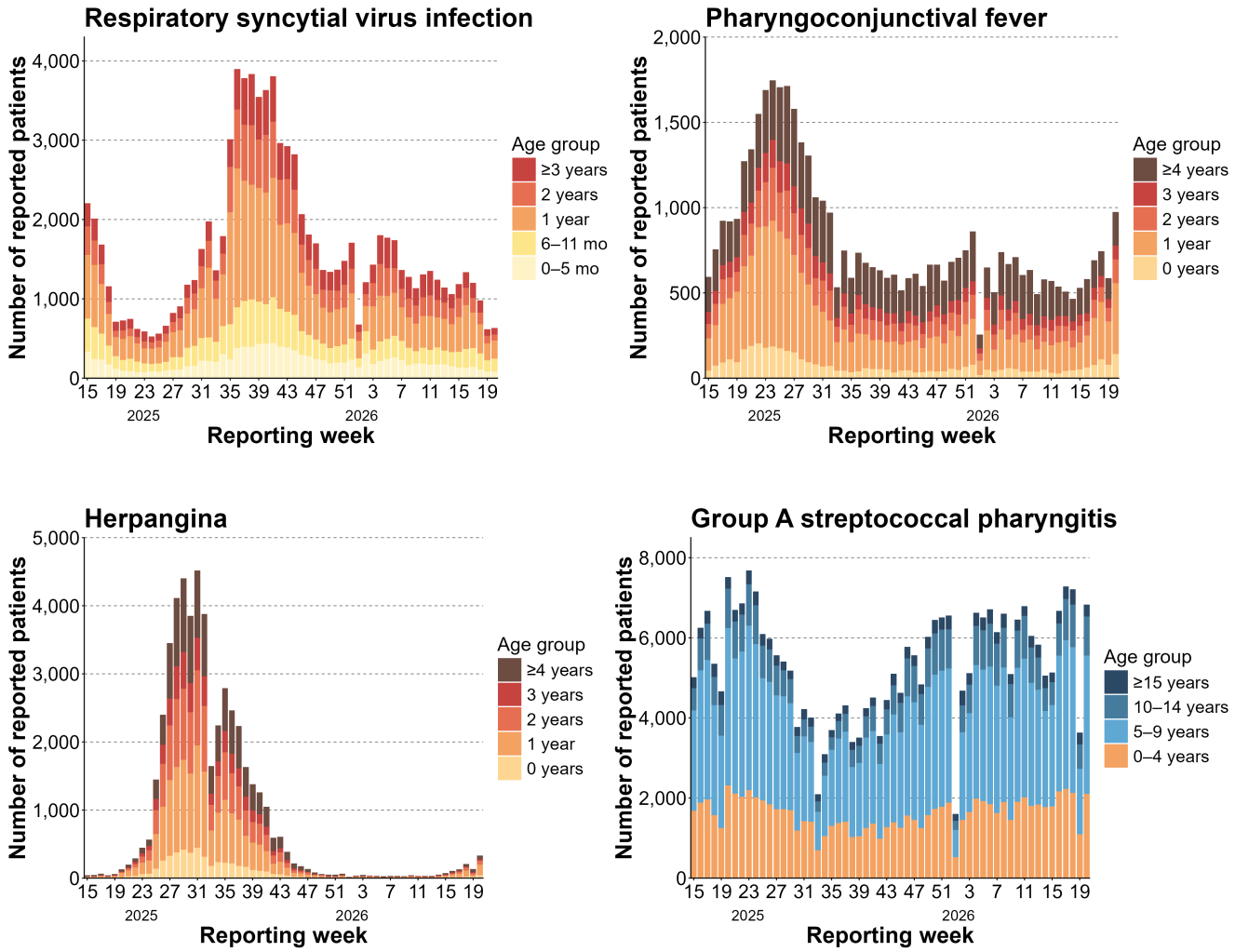


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 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 20

Age group	Influenza	COVID-19
0–9 years	187	409
	(0.86)	(1.25)

Age group	Influenza	COVID-19
10–59 years	292	685
	(0.75)	(1.08)
≥60 years	48	301
	(0.87)	(0.99)
Total	527	1,395
	(0.80)	(1.10)

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 20

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	245	141	44	56
	(1.08)	(1.78)	(2.44)	(2.00)
1–4 years	362	703	242	2,043
	(0.98)	(1.72)	(3.14)	(1.92)
5–14 years	21	113	38	4,432
	(1.11)	(1.31)	(1.19)	(1.97)
≥15 years	5	17	7	297
	(2.50)	(1.31)	(1.17)	(0.99)
Total	633	974	331	6,828
	(1.03)	(1.66)	(2.49)	(1.88)

Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 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 20 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Iwate, which recorded the highest value at 75.05, followed by Saitama at 64.65, and Tochigi at 63.13 (Figure 3A). Increases from the previous week were observed in all prefectures; however, it should be noted that the previous week coincided with the Golden Week holidays (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 28.69 to 75.05 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 20

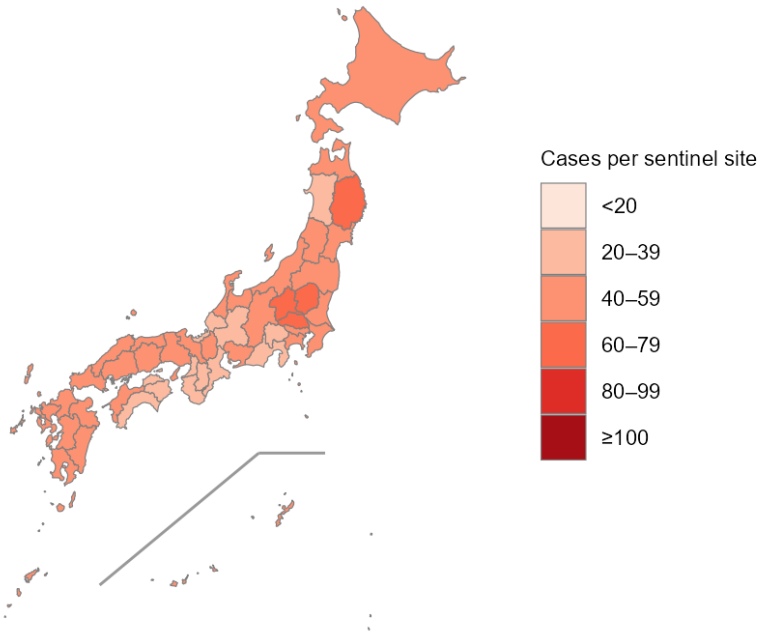
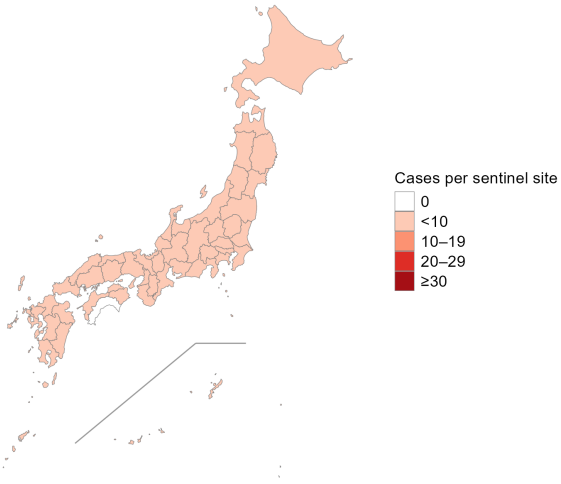
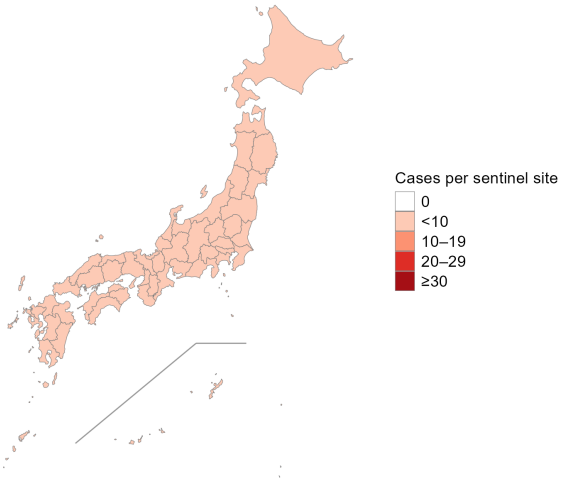


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 20

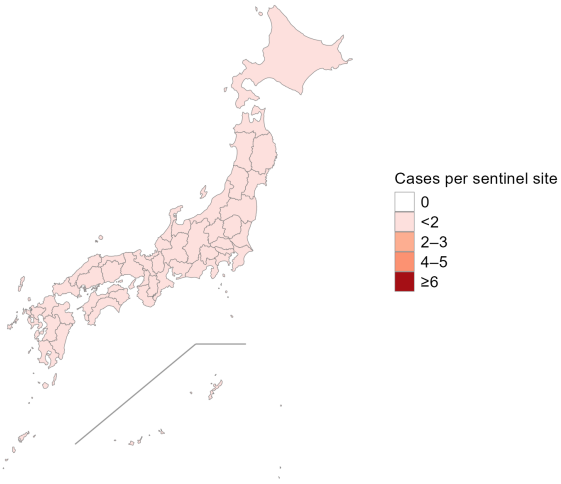
Influenza



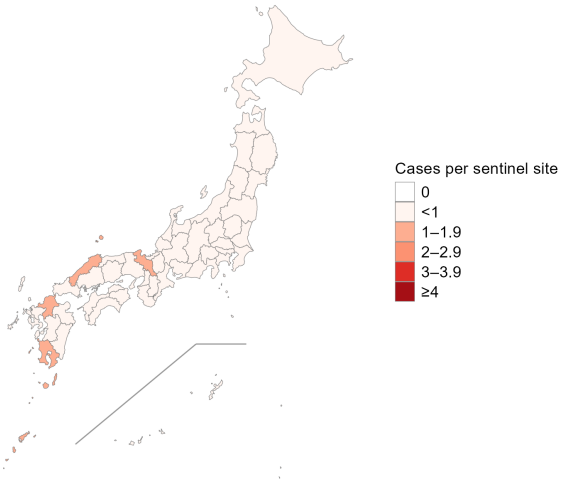
COVID-19



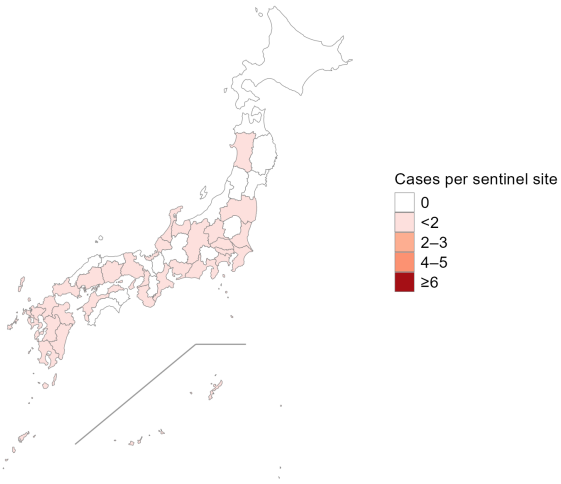
RSV infection



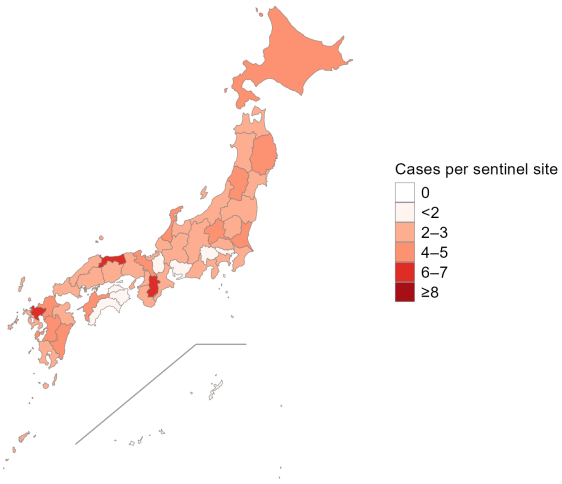
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 20

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	7,416	44.67	1.52
Aomori	2,445	47.02	1.60
Iwate	3,152	75.05	1.36
Miyagi	3,186	57.93	1.21
Akita	993	39.72	1.24
Yamagata	1,965	51.71	1.47
Fukushima	2,557	53.27	1.26
Ibaraki	3,573	53.33	1.27
Tochigi	2,967	63.13	1.27
Gunma	2,829	62.87	1.17
Saitama	11,249	64.65	1.12
Chiba	9,657	53.35	1.37
Tokyo	19,000	45.45	1.32
Kanagawa	13,493	56.69	1.31
Niigata	2,506	48.19	1.31
Toyama	2,867	59.73	1.47
Ishikawa	2,164	47.04	1.22
Fukui	1,119	28.69	1.23
Yamanashi	1,117	31.91	1.38
Nagano	2,794	55.88	1.22
Gifu	1,643	36.51	1.25
Shizuoka	4,143	38.36	1.32
Aichi	9,673	59.34	1.27

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,311	33.49	1.48
Shiga	1,708	43.79	1.19
Kyoto	2,806	46.00	1.40
Osaka	9,394	32.85	1.42
Hyogo	6,956	42.94	1.43
Nara	1,575	37.50	1.47
Wakayama	1,615	35.89	1.25
Tottori	1,342	46.28	1.28
Shimane	921	46.05	1.20
Okayama	2,409	48.18	1.32
Hiroshima	3,799	40.85	1.30
Yamaguchi	2,989	49.00	1.37
Tokushima	1,021	30.94	1.14
Kagawa	829	36.04	1.42
Ehime	2,029	53.39	1.24
Kochi	1,247	32.82	1.28
Fukuoka	5,836	47.84	1.24
Saga	1,131	47.13	1.30
Nagasaki	2,408	47.22	1.29
Kumamoto	3,496	49.24	1.30
Oita	2,669	46.02	1.14
Miyazaki	1,202	42.93	1.57
Kagoshima	2,929	51.39	1.41
Okinawa	2,185	49.66	1.32

Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 2026)

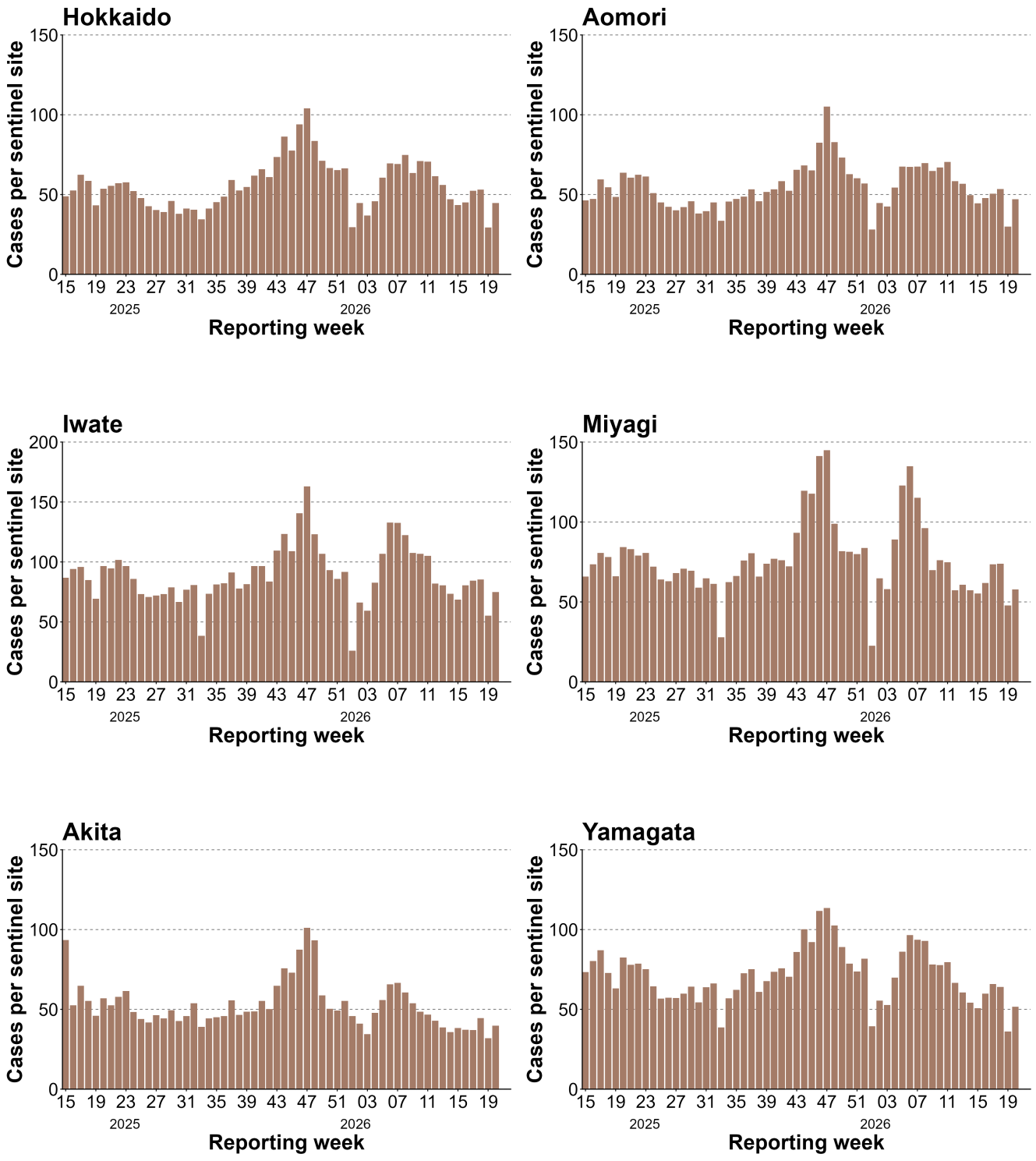
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

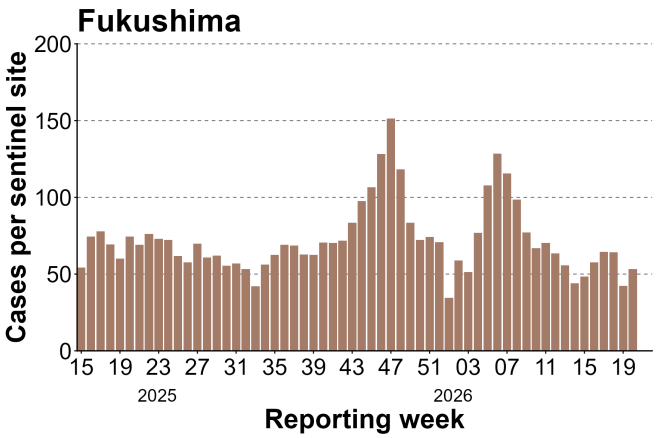
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 20

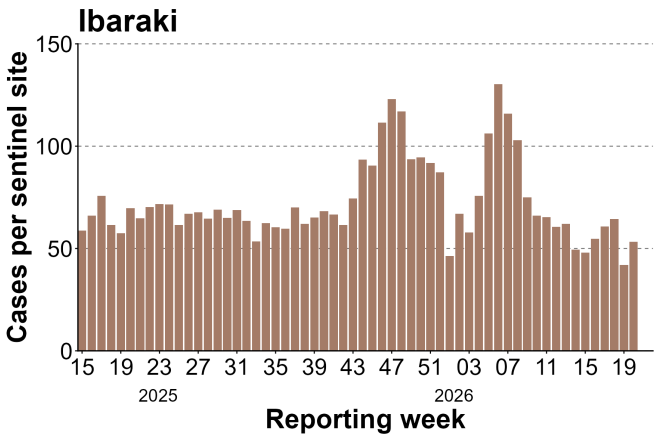
Infectious diseases	Prefectures		
Influenza	Okinawa (2.52)	Yamagata (0.54)	Saga (0.42)
COVID-19	Iwate (1.43)	Miyazaki (1.18)	Tokushima (1.00)
RSV infection	Okinawa (1.08)	Kagoshima (0.71)	Iwate (0.70)
Pharyngoconjunctival fever	Kagoshima (1.42)	Fukuoka (1.07)	Kyoto (1.00)
Herpangina	Miyazaki (1.93)	Kagoshima (1.23)	Fukuoka (0.61)
Group A streptococcal pharyngitis	Saga (7.58)	Tottori (7.11)	Nara (6.46)

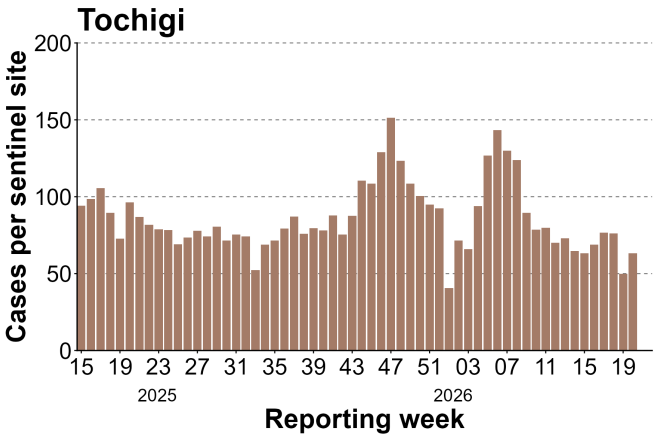
Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

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
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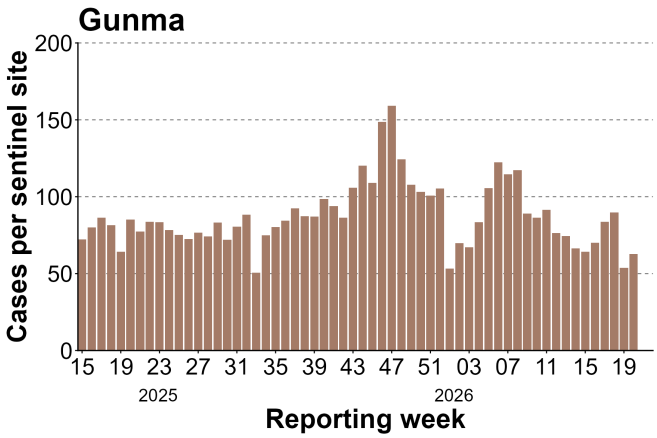
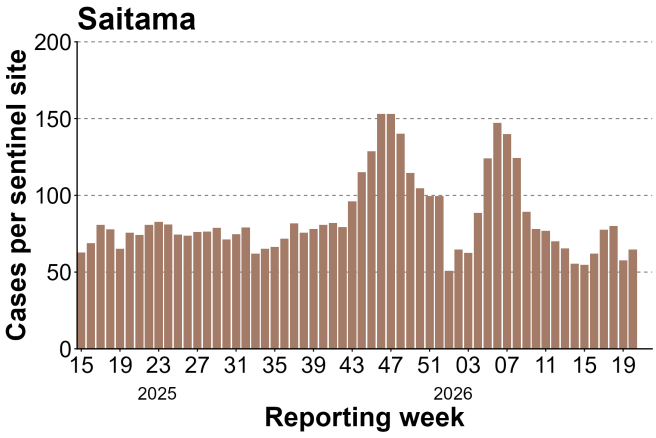
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


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
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15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
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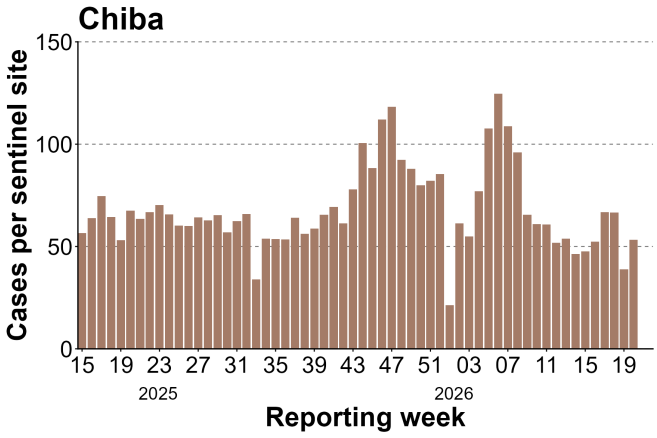
Reporting week


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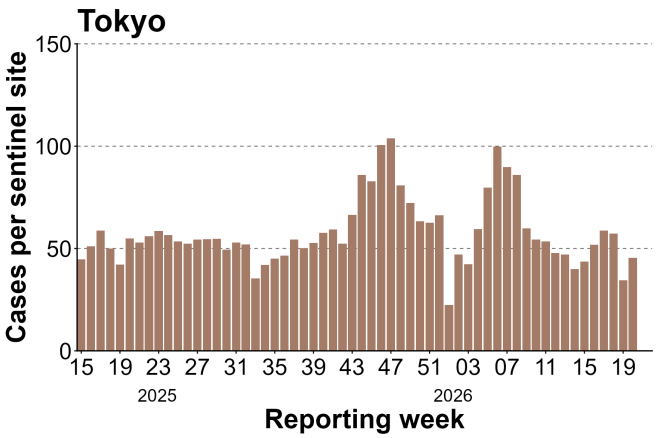
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


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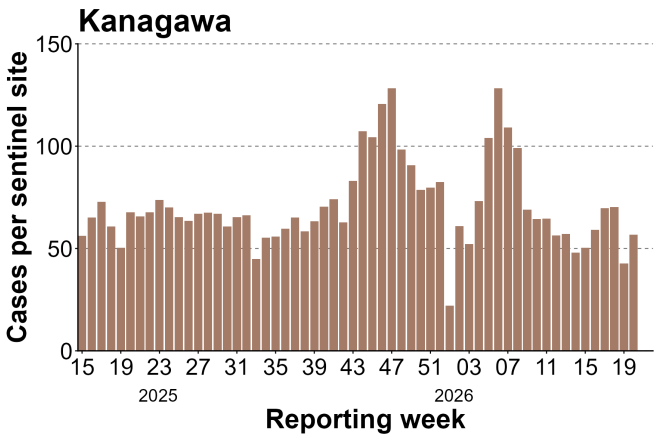
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


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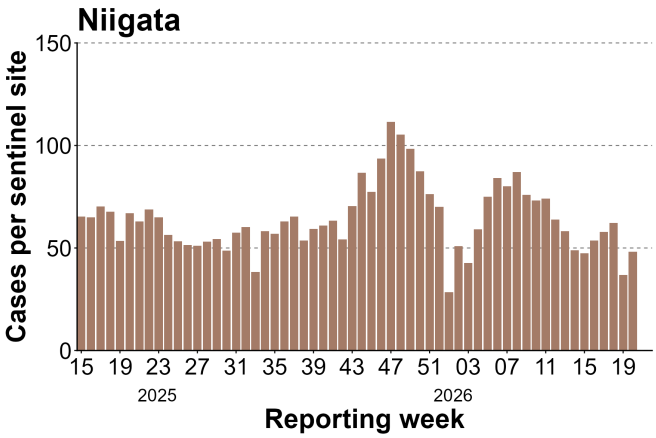
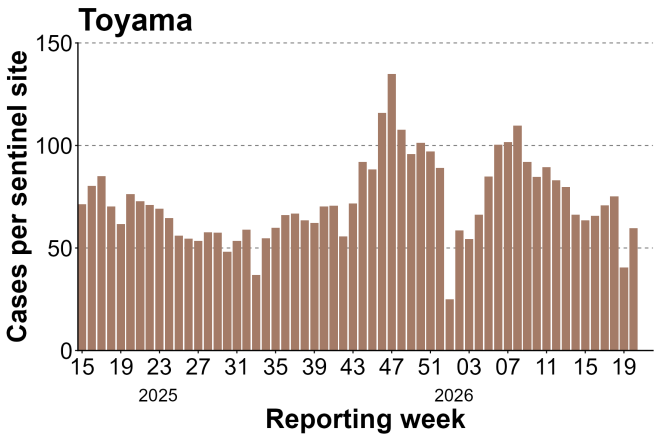
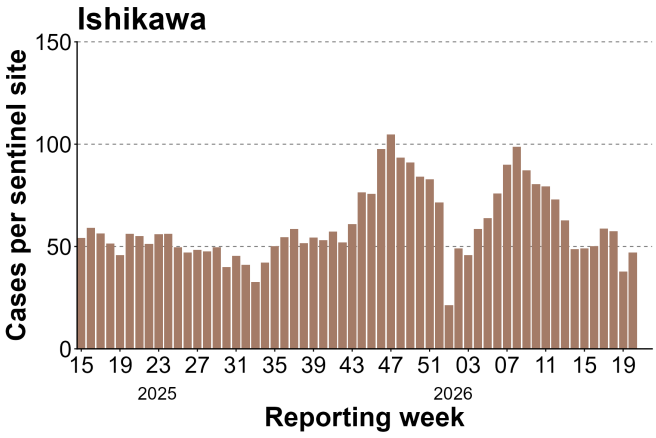
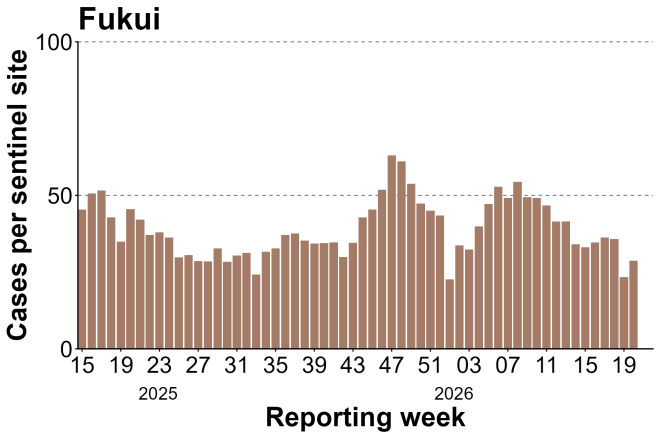
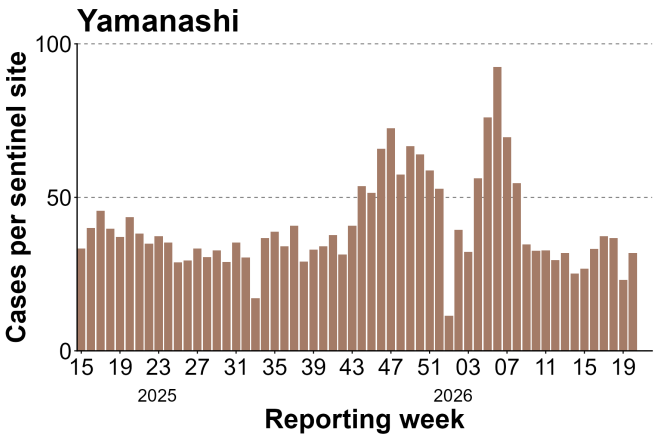
2025
2026
Reporting week

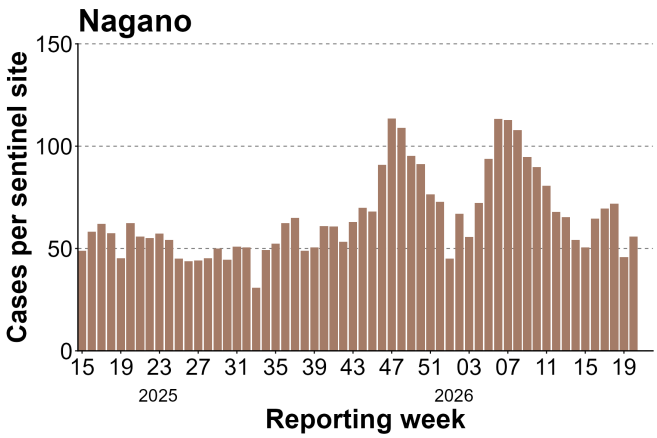

Niigata
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19
2025
2026
Reporting week


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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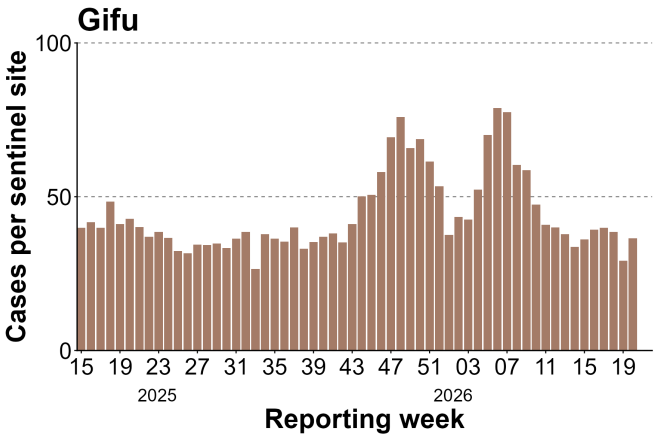
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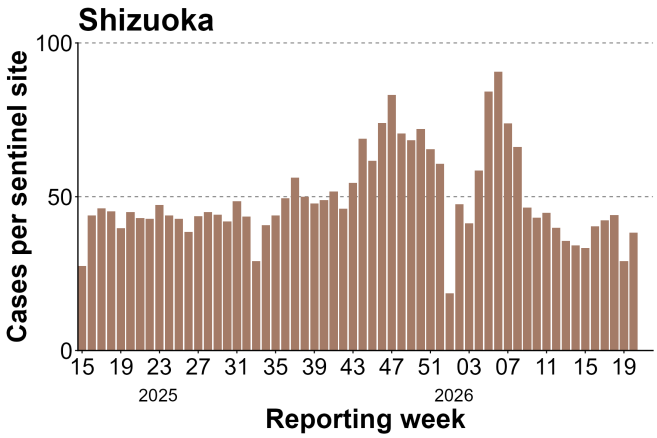
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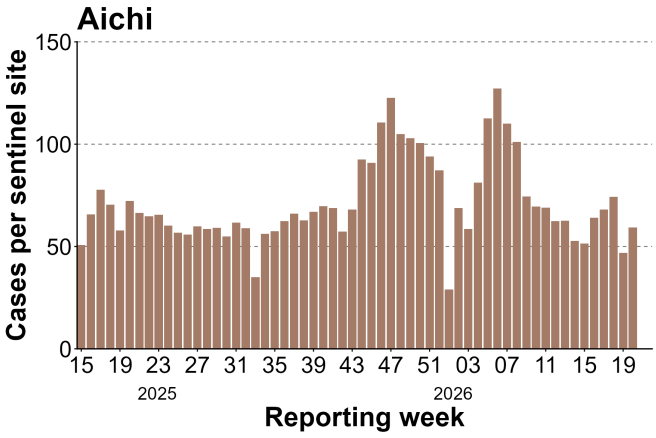
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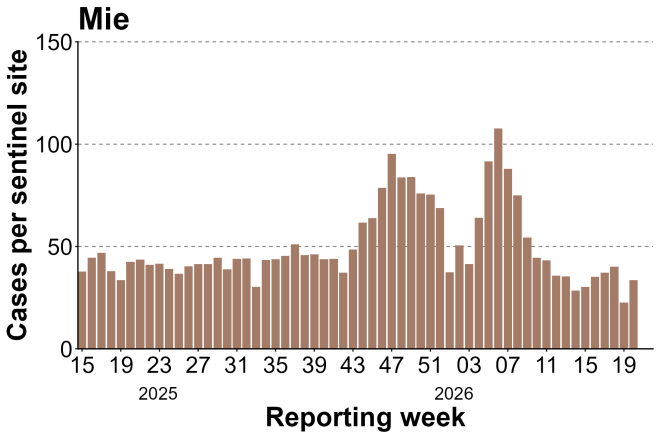
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Cases per sentinel site
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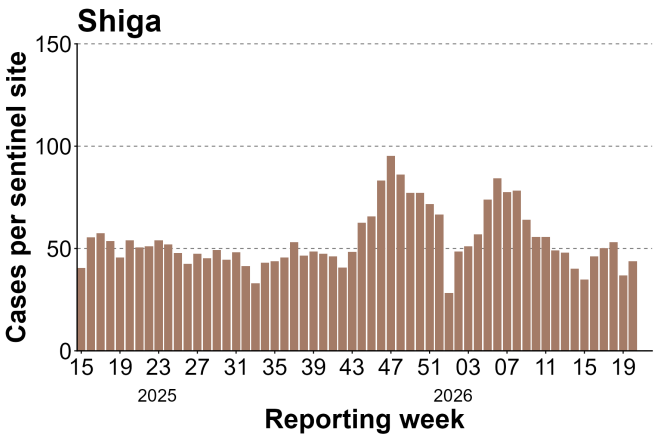
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Cases per sentinel site
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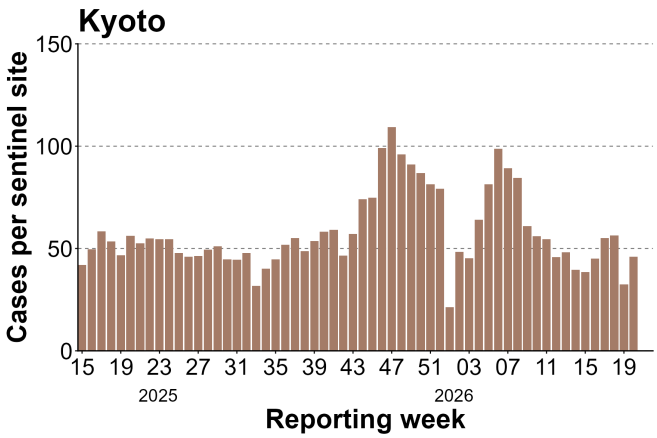
Kyoto
Cases per sentinel site
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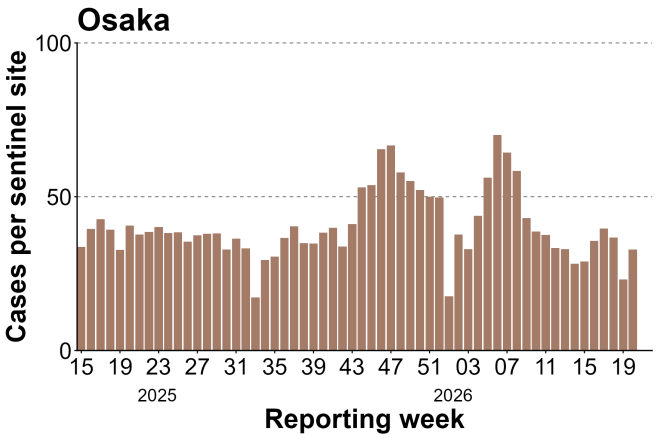
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Cases per sentinel site
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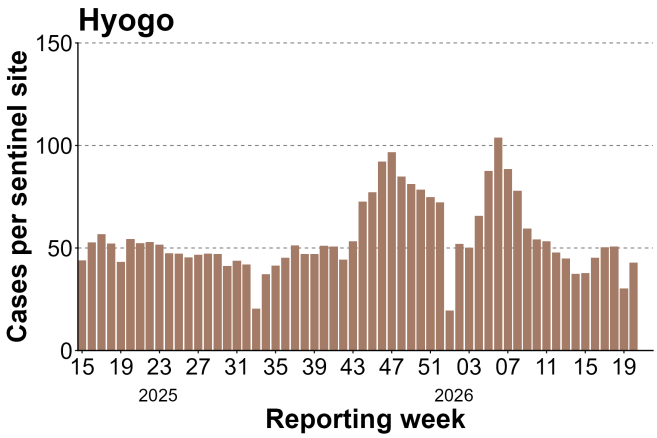
Reporting week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Cases per sentinel site
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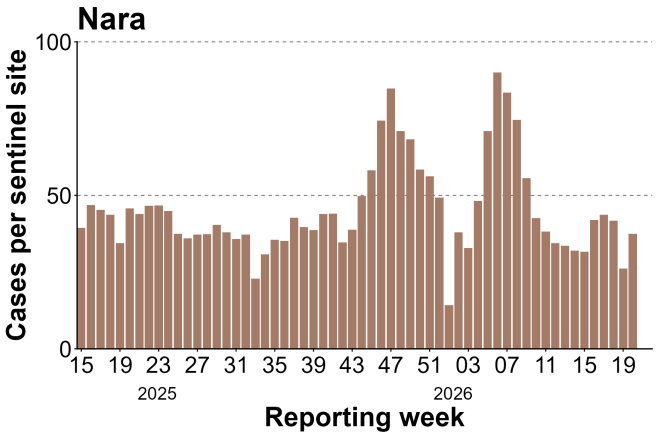
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Cases per sentinel site
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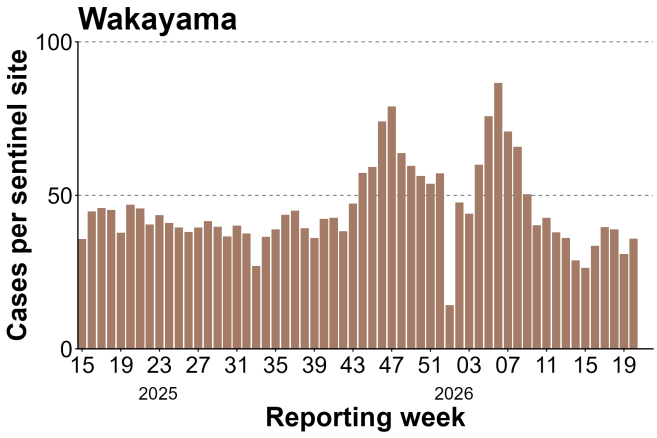
Reporting week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Cases per sentinel site
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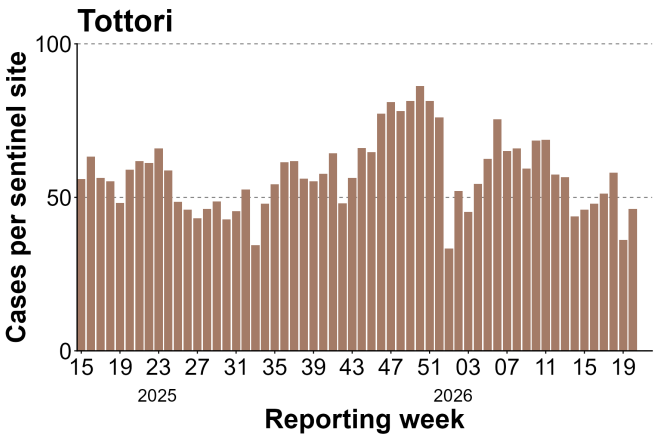
Reporting week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Cases per sentinel site
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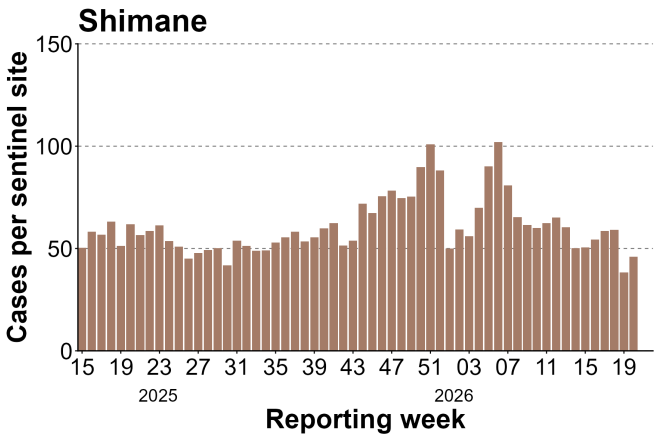
Reporting week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Cases per sentinel site
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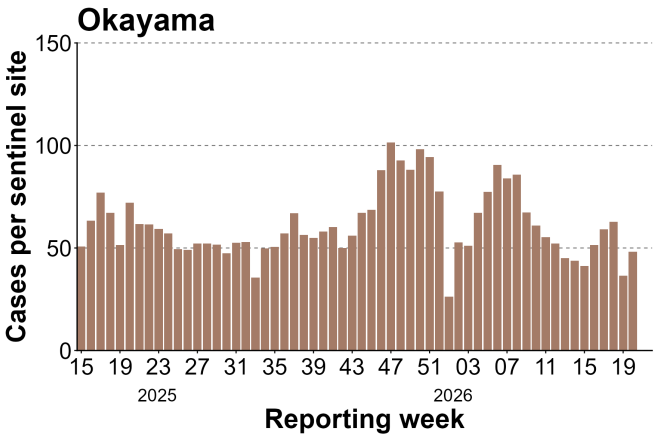
Reporting week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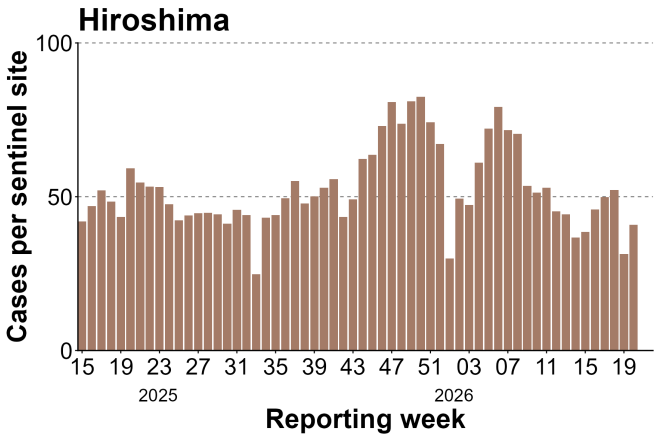
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Cases per sentinel site
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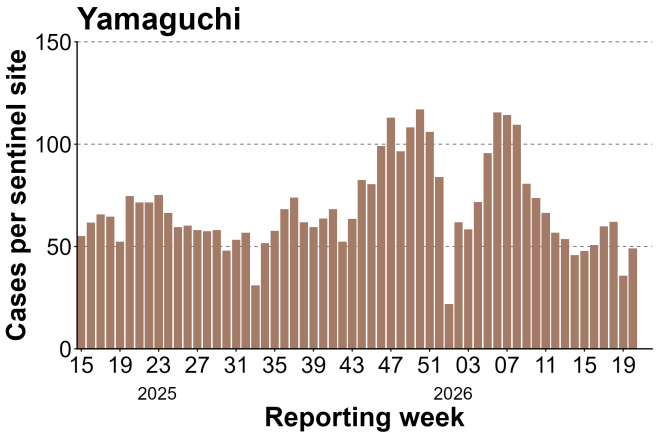
Yamaguchi
Cases per sentinel site
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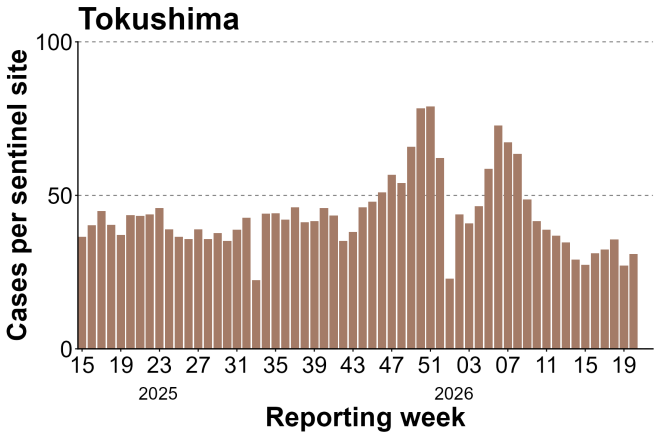
Tokushima
Cases per sentinel site
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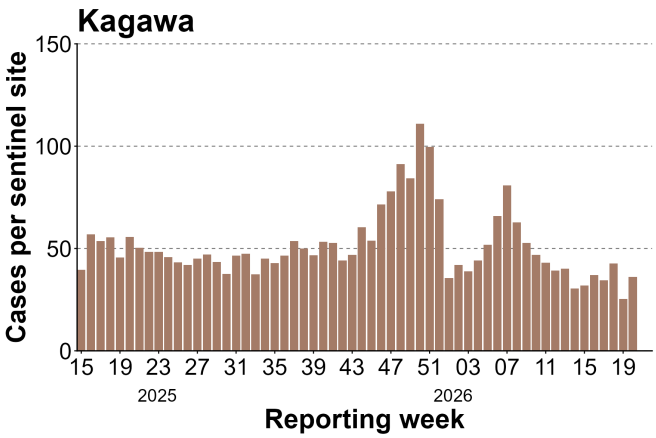
Reporting week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Cases per sentinel site
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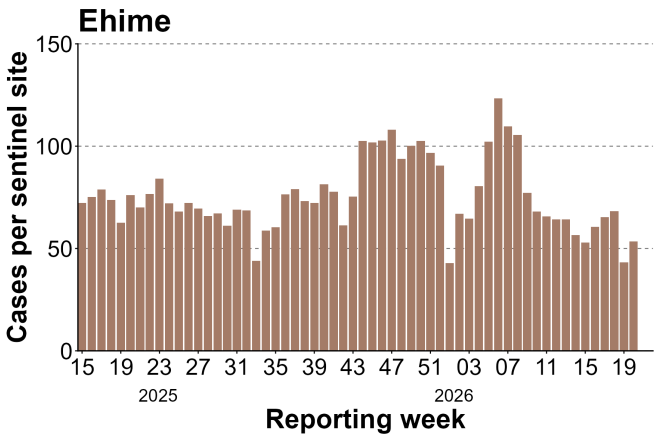
2026
Reporting week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Cases per sentinel site
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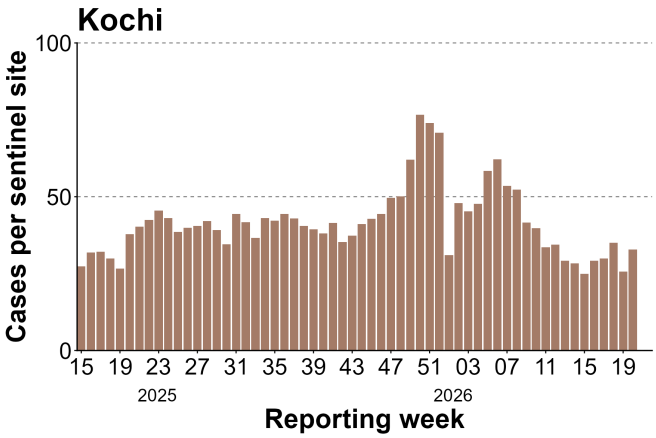
2026
Reporting week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Cases per sentinel site
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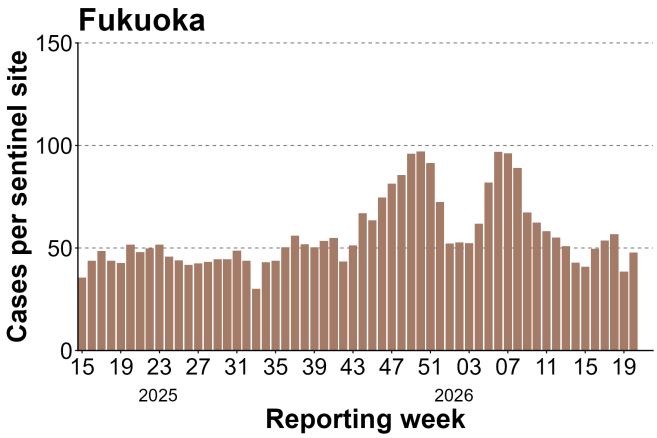
Reporting week


Fukuoka
Cases per sentinel site
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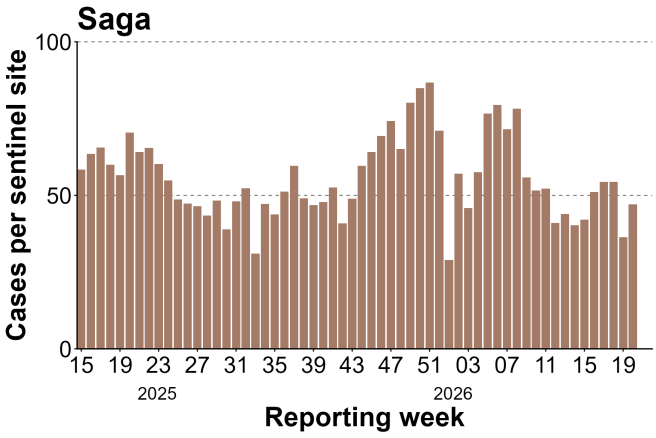
Reporting week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Cases per sentinel site
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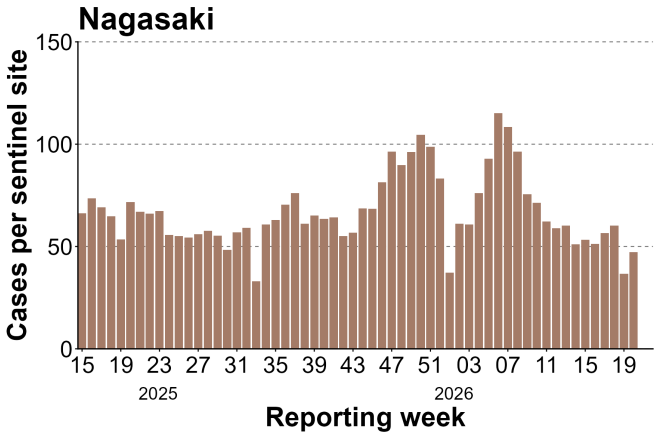
Reporting week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Cases per sentinel site
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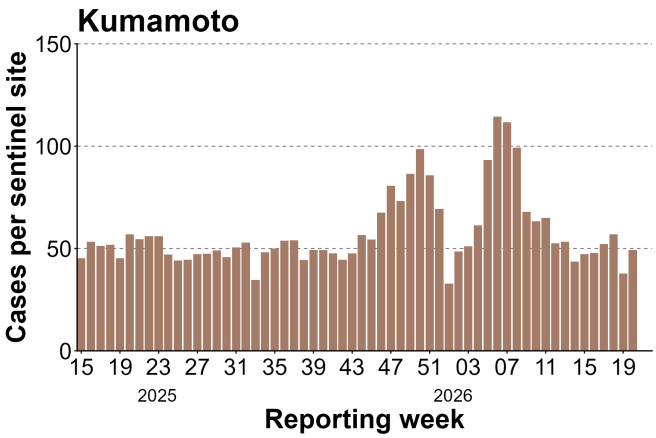
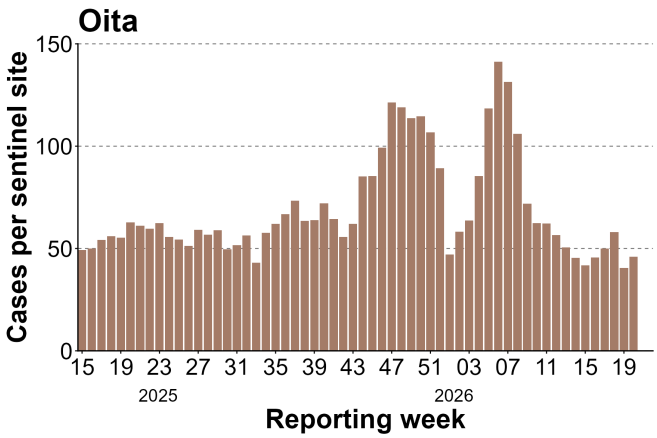
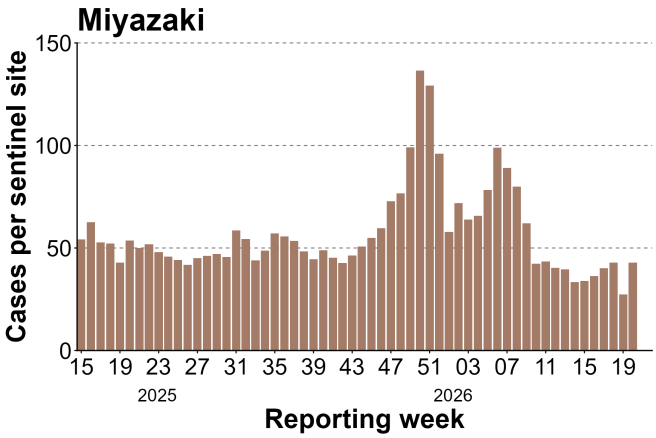
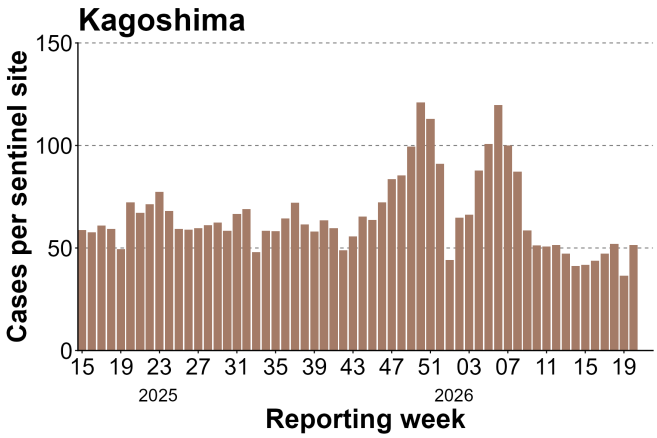
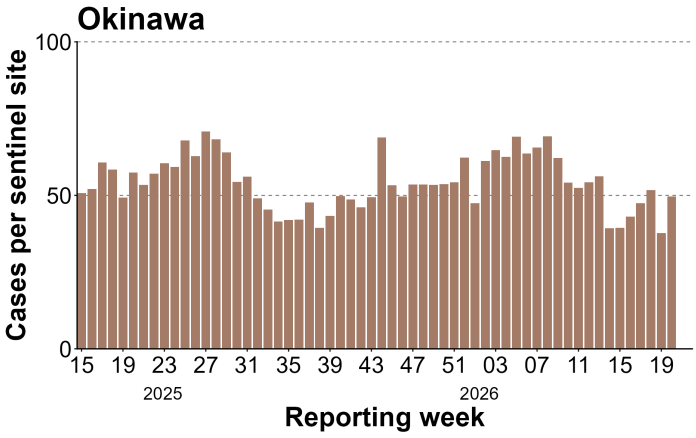
Reporting week











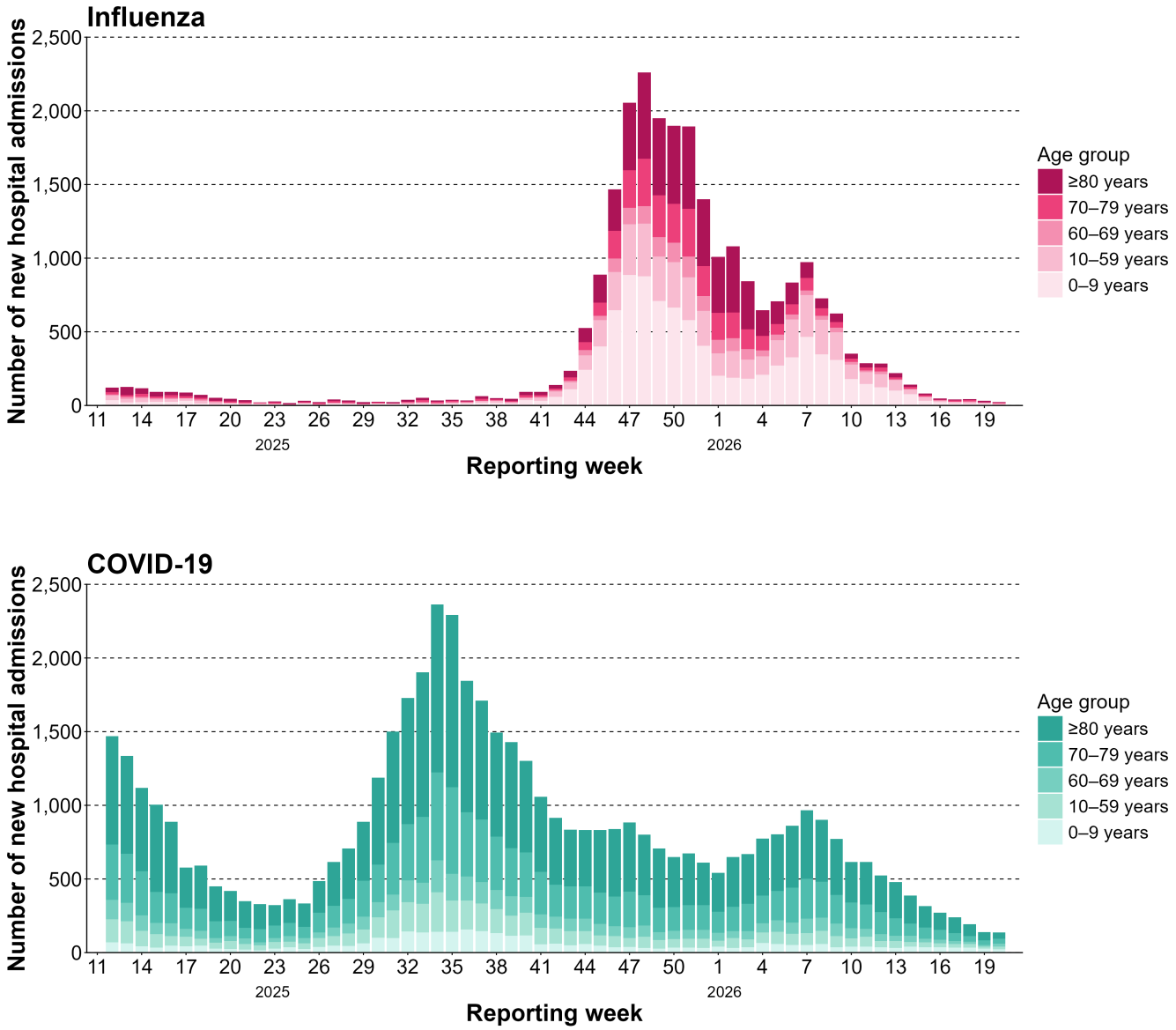
Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 20 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 23 new hospital admissions due to influenza were reported, representing a decrease of 10 cases compared with the previous week. 136 new hospital admissions due to COVID-19 were reported, representing a decrease of 3 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 20, 2026 (data range: April 7, 2025 – May 17, 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 20

Age group	Influenza	COVID-19
0–9 years	2	22
	(0.15)	(0.81)
10–59 years	10	18
	(3.33)	(1.38)
60–69 years	2	20
	(0.50)	(1.67)
70–79 years	5	35
	(5.00)	(1.09)
≥80 years	4	41
	(0.33)	(0.75)
Total	23	136
	(0.70)	(0.98)

Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

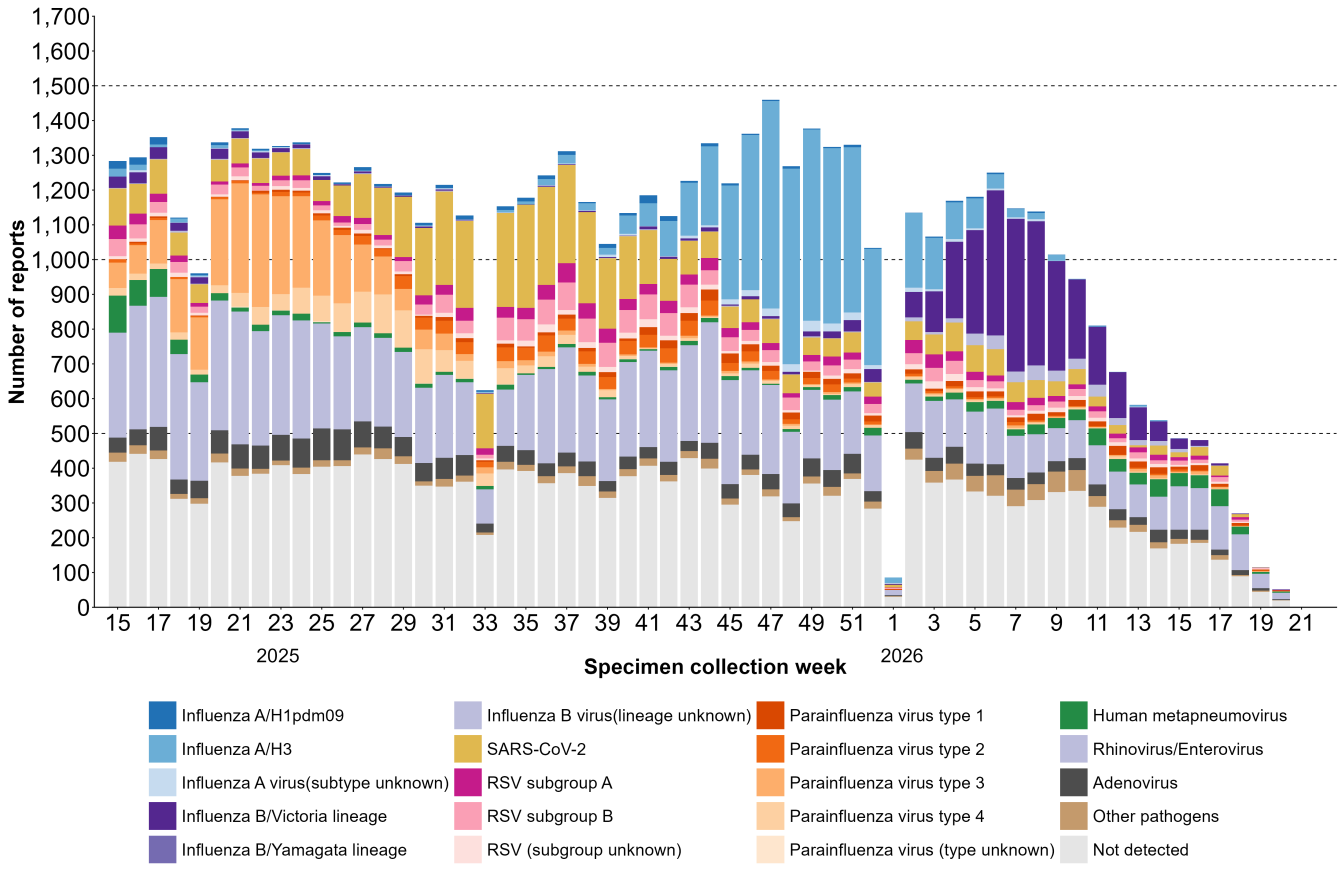
Among specimens collected at ARI pathogen sentinel sites in week 20 of 2026 and reported by the time of analysis, a total of 49 specimens were reported. Of these, 0 specimens were positive for influenza A virus, 1 was positive for influenza B virus, 0 were positive for SARS-CoV-2, and 1 was positive for RSV (Figure 6).

The pathogen-specific test positivity was 2.1% for RSV, 2.0% for influenza B virus, 0% for influenza A virus, and 0% for SARS-CoV-2 (Figure 7).

Specimens collected in week 15 (April 6–12) 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.

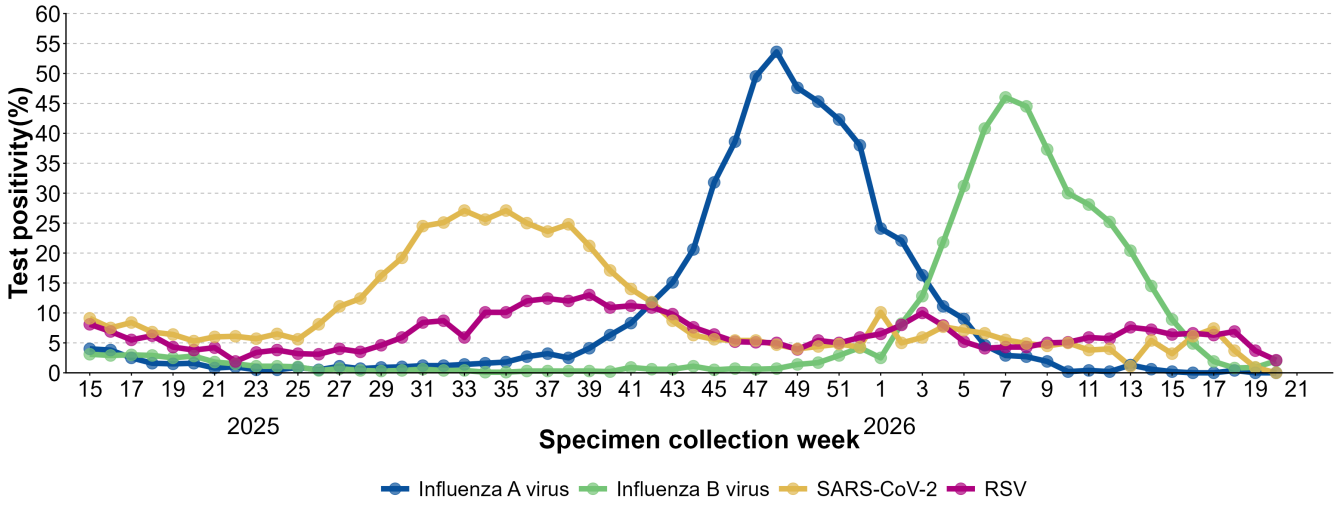
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 20, 2 specimens of rhinovirus/enterovirus were reported.

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



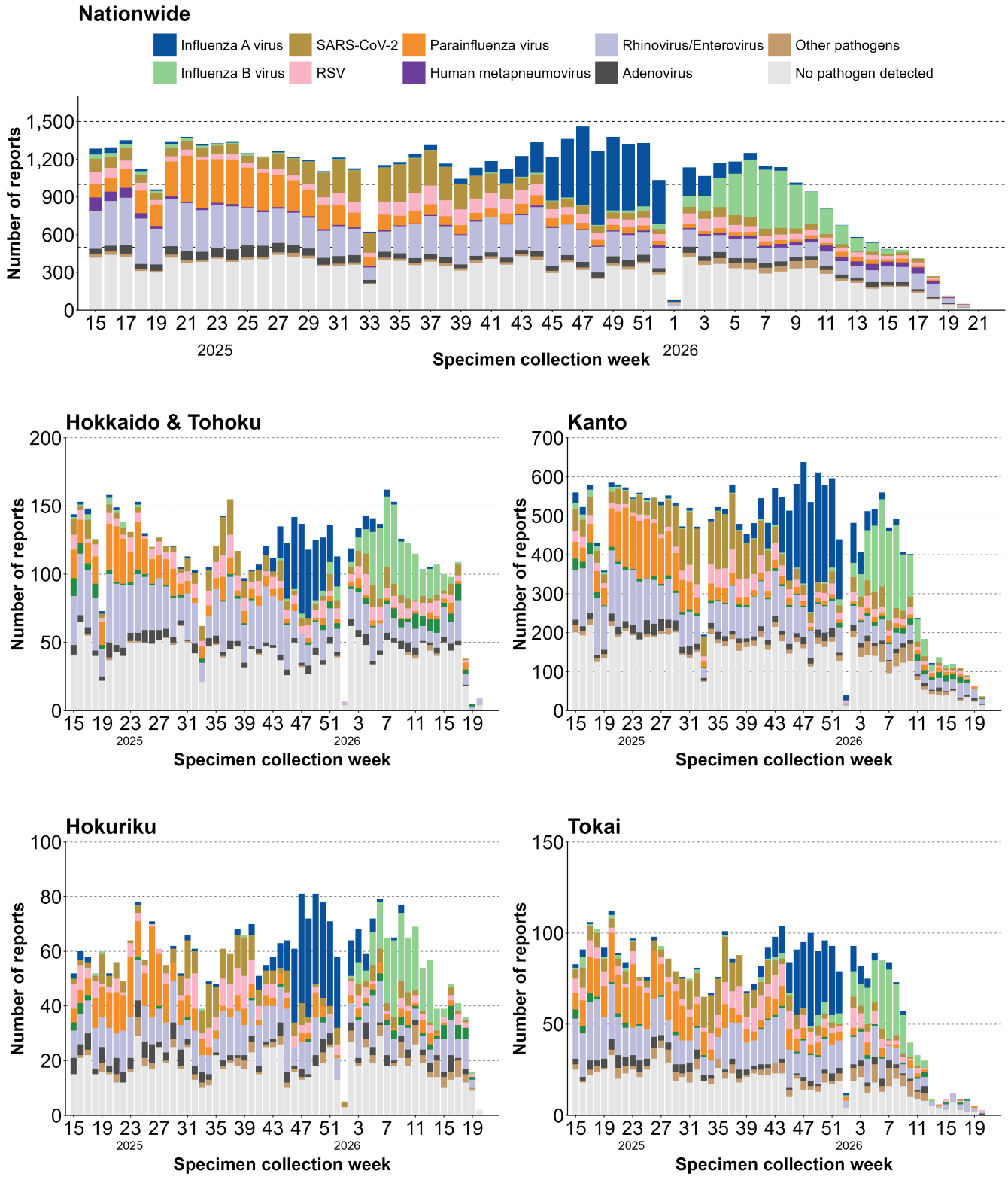
Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily 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.

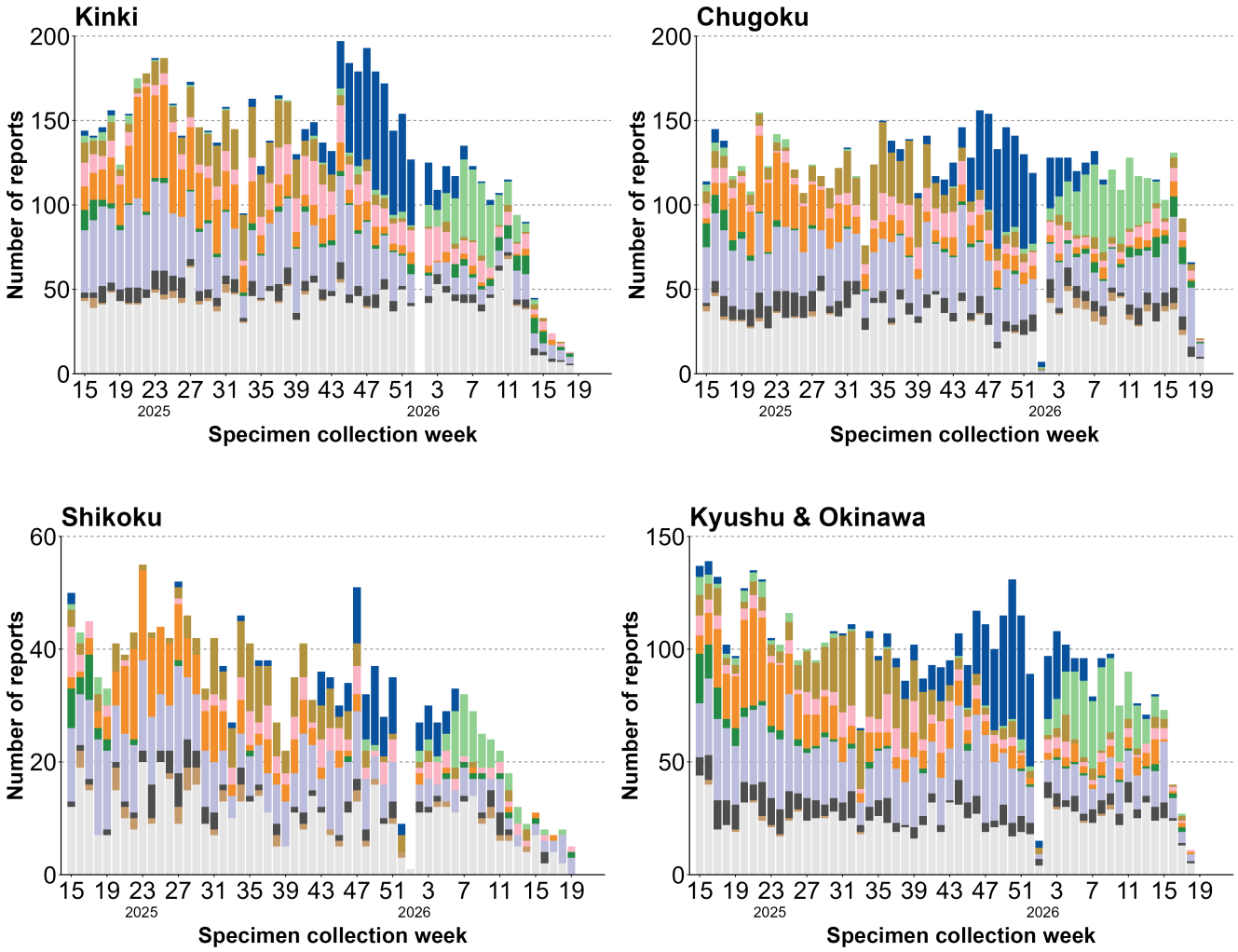
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 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 20, 2026 (data range: April 7, 2025 – May 17, 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 15 (April 6–12)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	94	Rhinovirus/Enterovirus
Kanto	106	Rhinovirus/Enterovirus
Hokuriku	36	Rhinovirus/Enterovirus
Tokai	9	Rhinovirus/Enterovirus
Kinki	30	Human metapneumovirus
Chugoku	89	Rhinovirus/Enterovirus
Shikoku	11	Rhinovirus/Enterovirus
Kyushu & Okinawa	65	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: May 11, 2026 – May 17, 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
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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

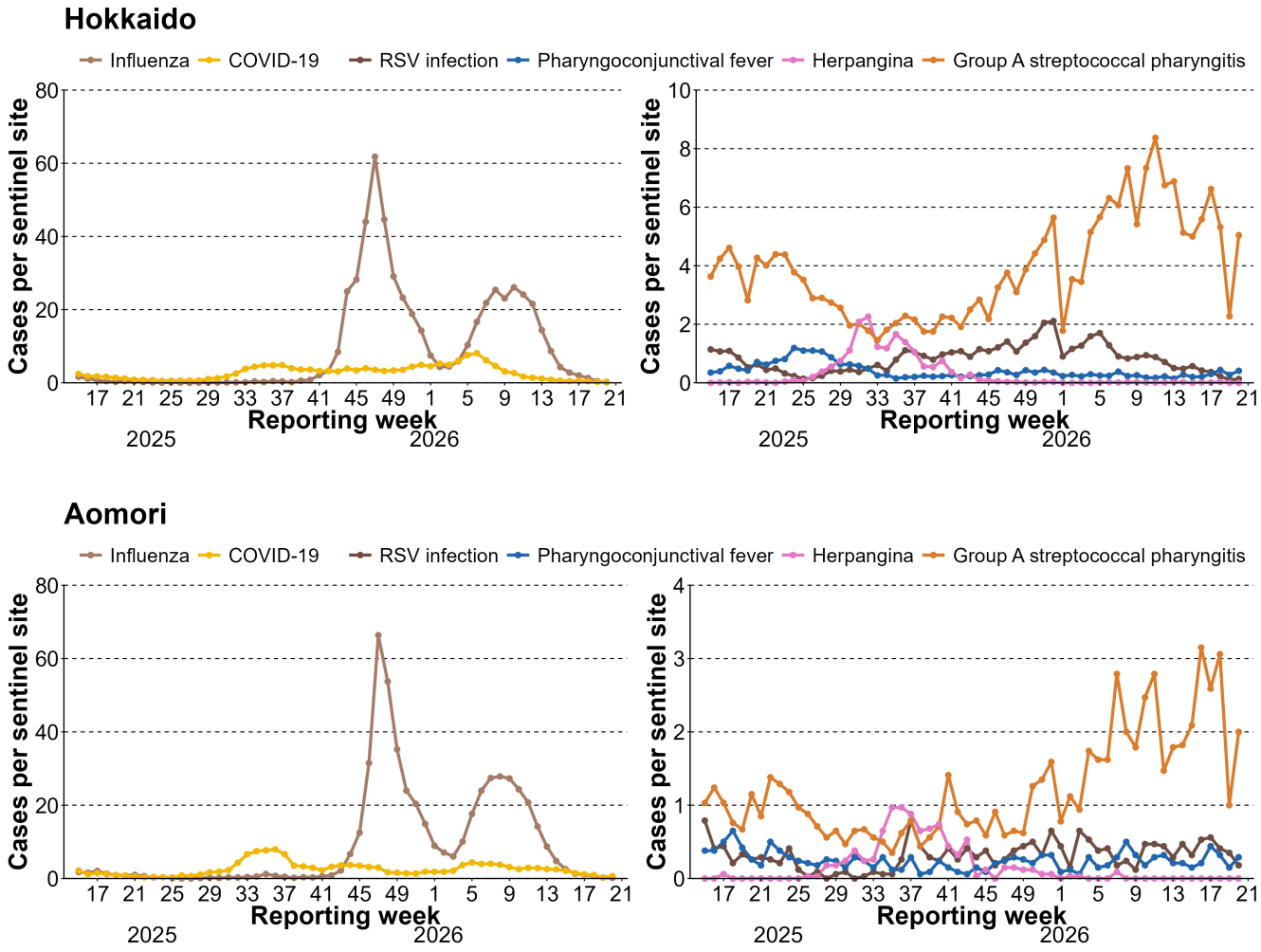
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20
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	4	0	0	0	0	0
SARS-CoV-2	0	0	3	1	0	0
RSV	1	0	1	0	0	0
Parainfluenza virus 1	0	0	0	0	1	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	2	0	0	0
Rhinovirus/Enterovirus	4	8	5	7	3	2
Human metapneumovirus	3	2	1	2	0	0
Adenovirus	0	1	1	0	0	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	1	1	0	1	0
Coronavirus OC43	1	1	0	0	0	0
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0

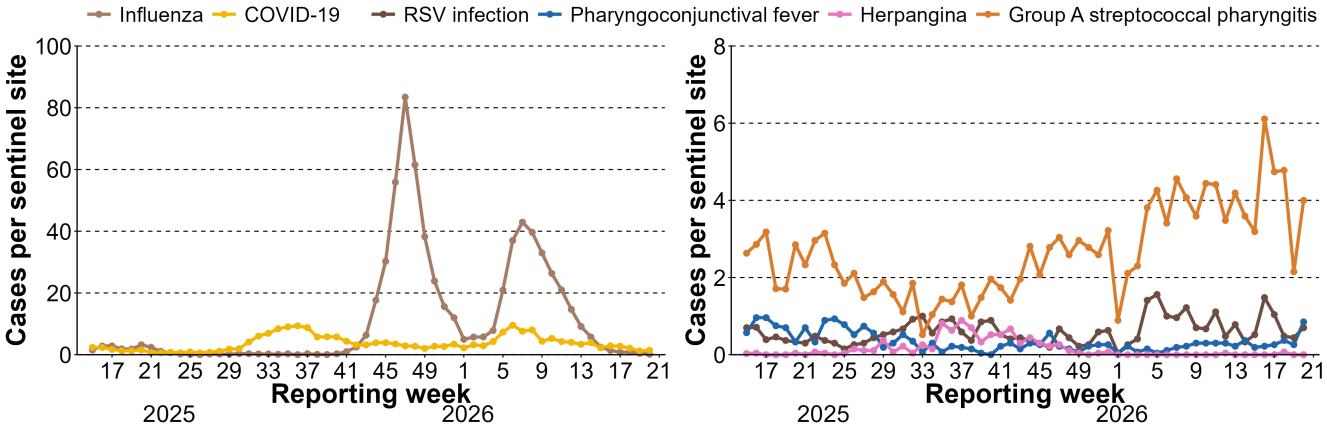
Pathogen	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20
Chlamydia pneumoniae	0	0	0	0	0	0
Mycoplasma pneumoniae	0	0	0	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 6, 2026 to May 17, 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 10 medical institutions participated between weeks 15–20.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

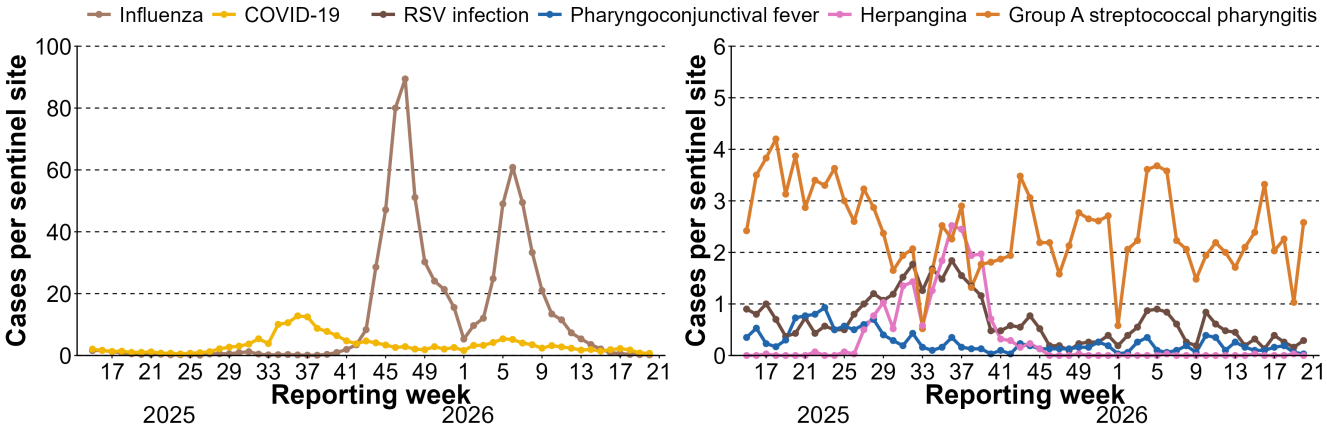
Supplementary information 2. Weekly cases per sentinel site by prefecture for each disease



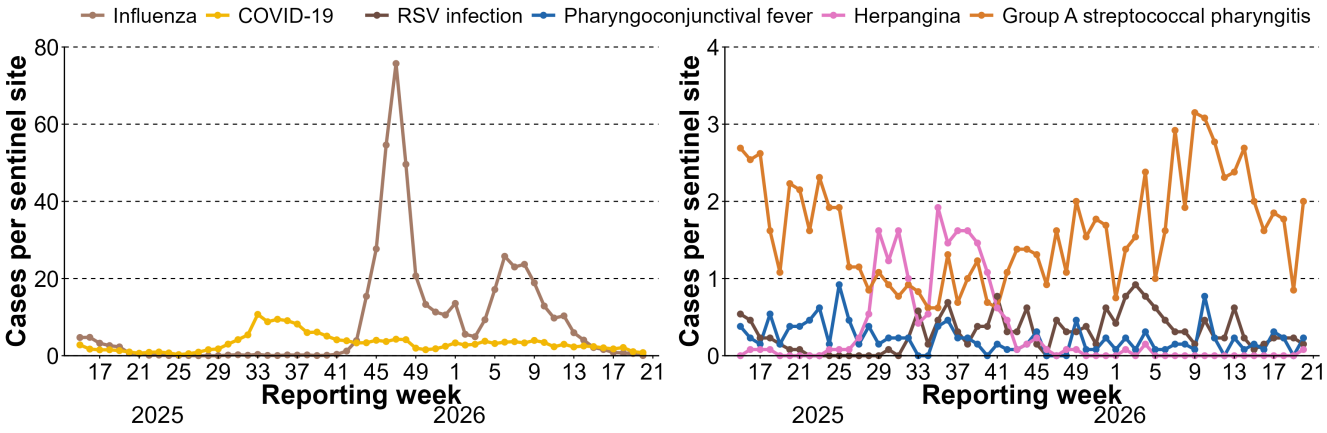
Iwate



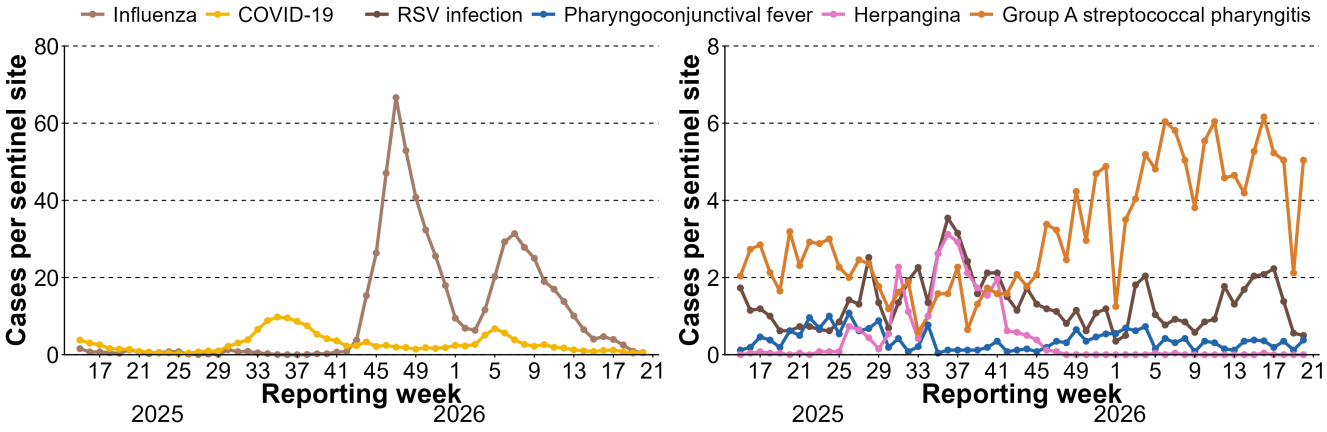
Miyagi



Akita



Yamagata



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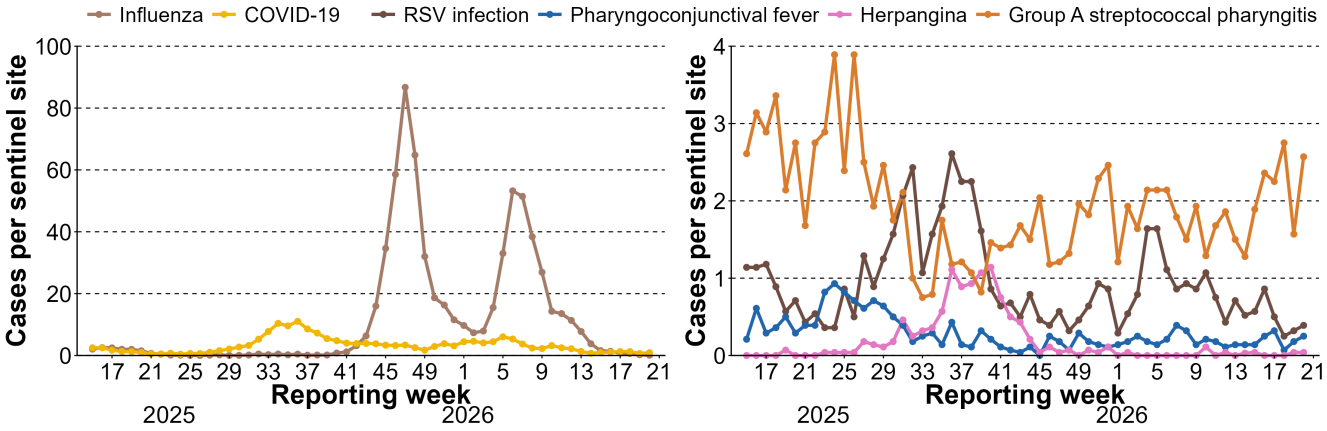

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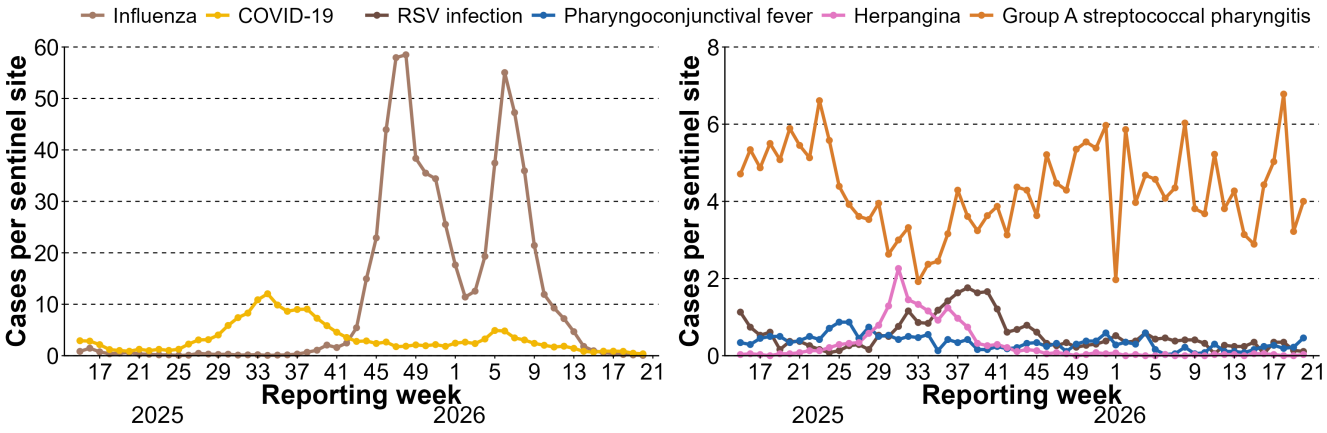

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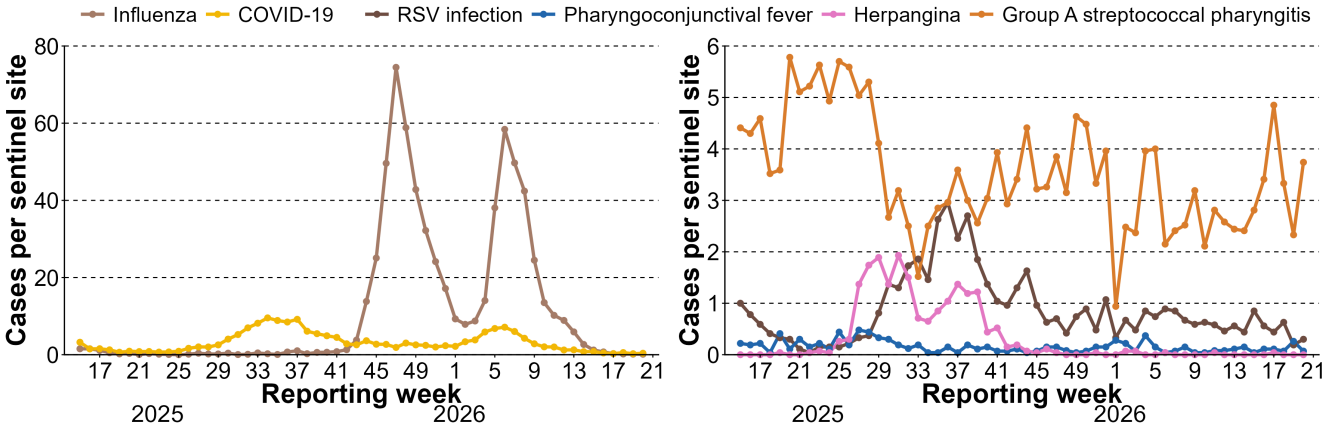
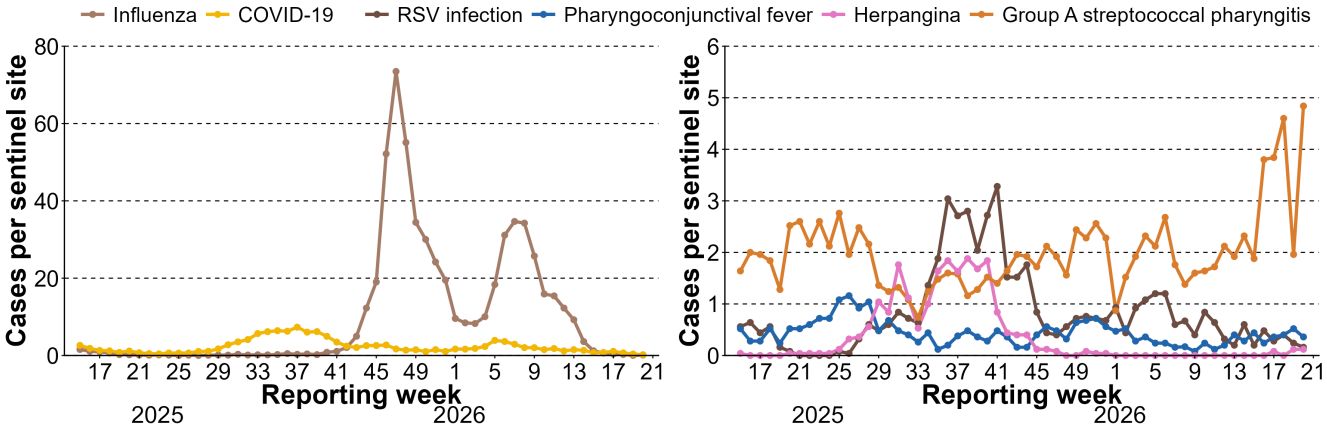


Gunma



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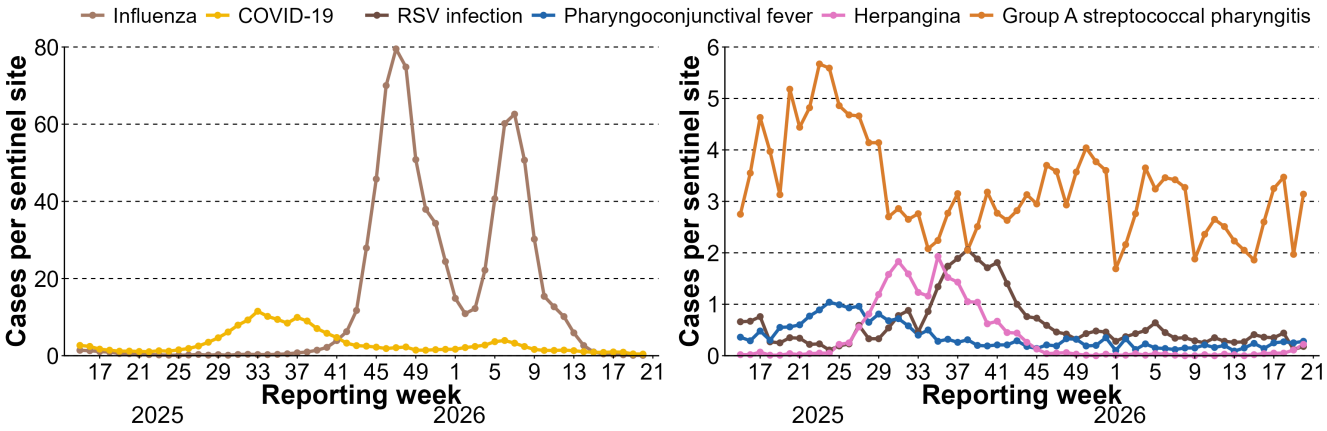

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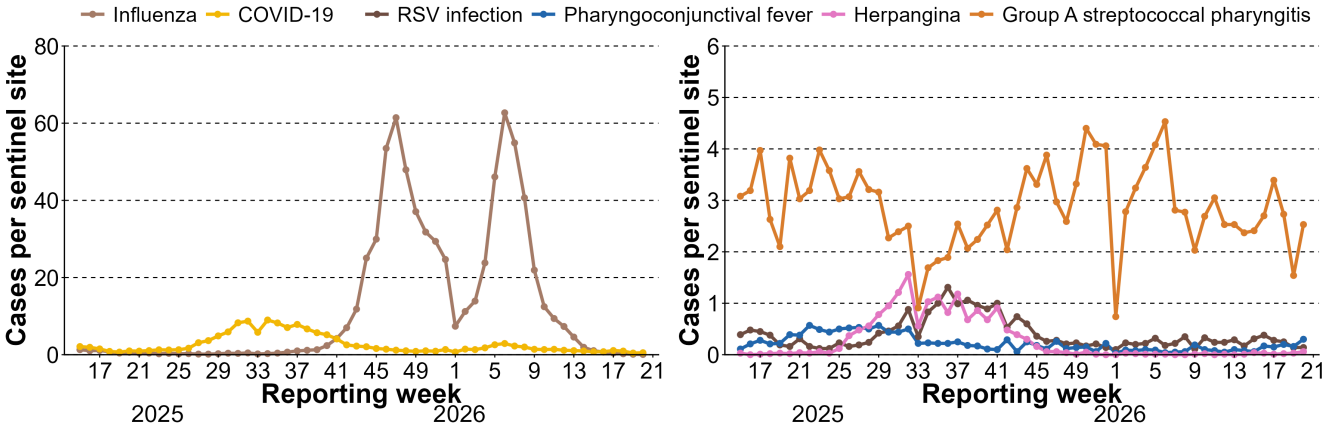

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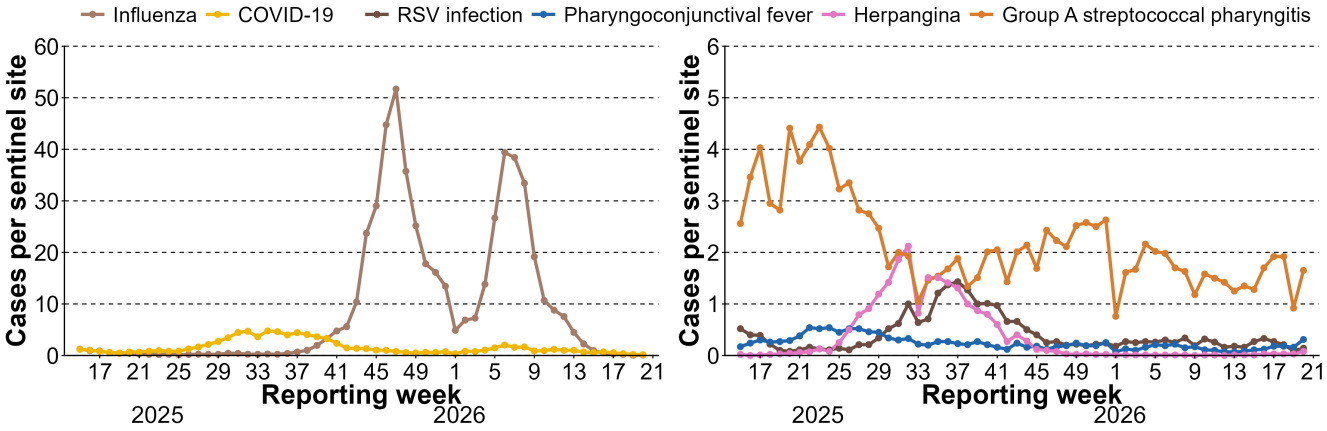
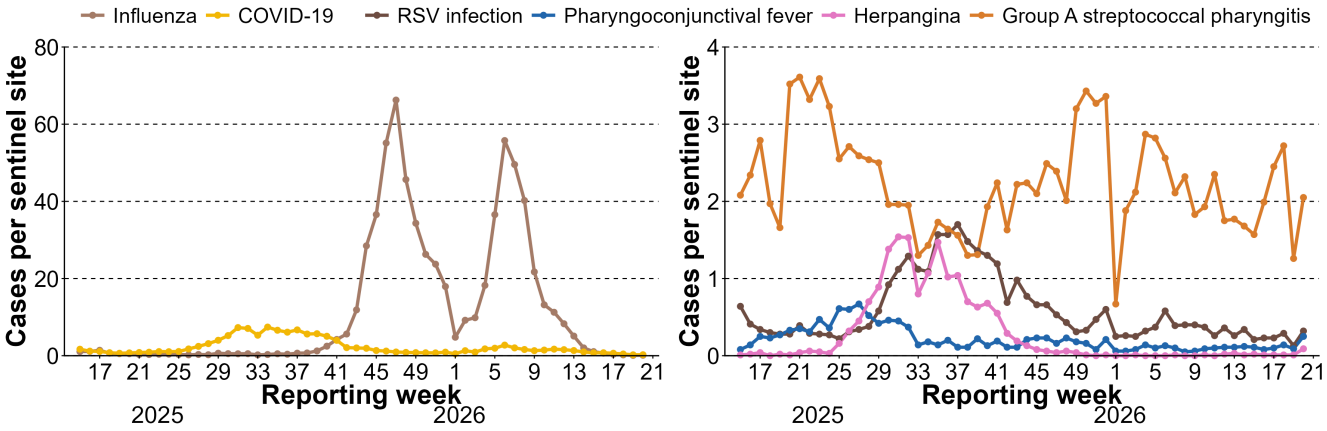
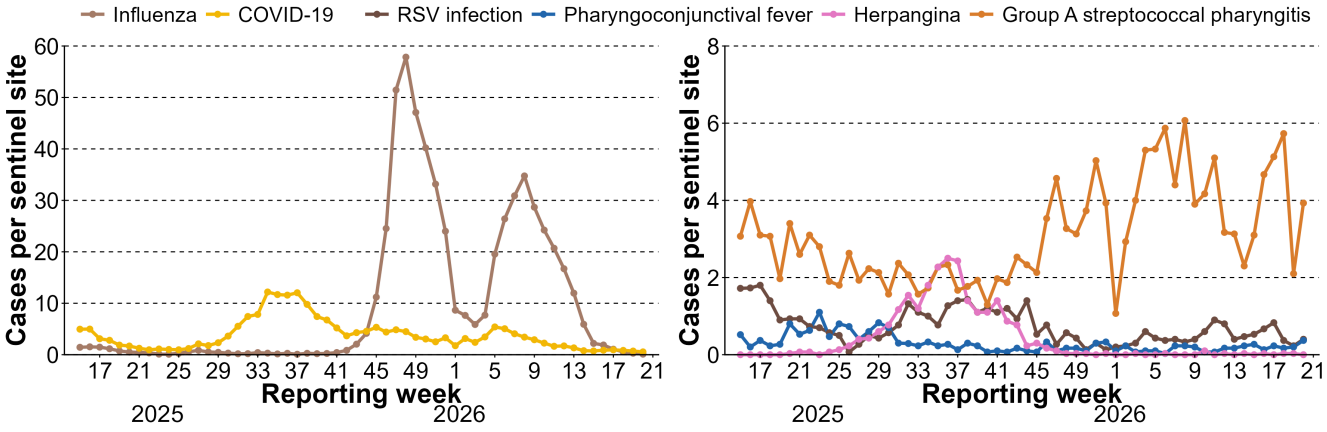


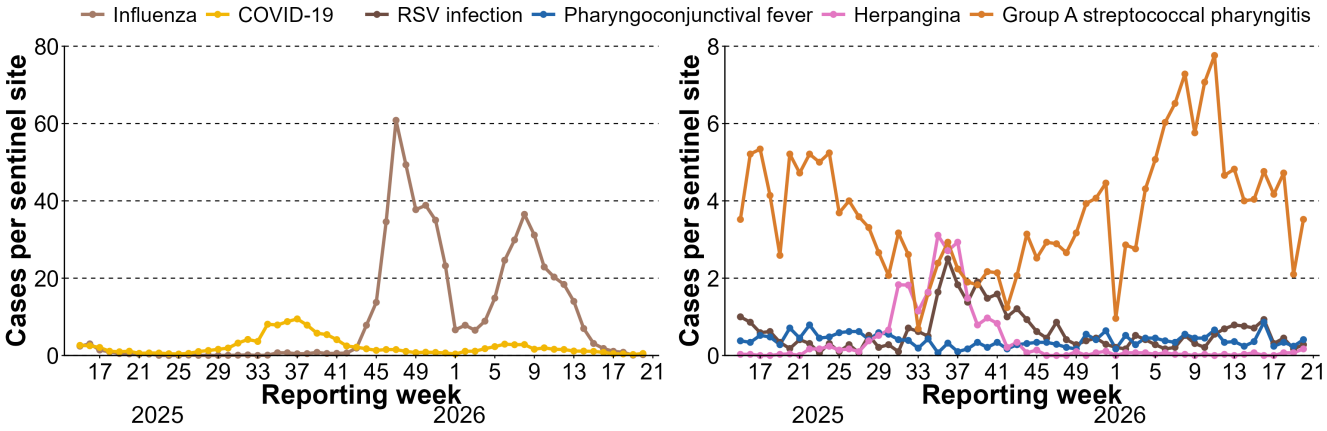
Kanagawa



Niigata



Toyama



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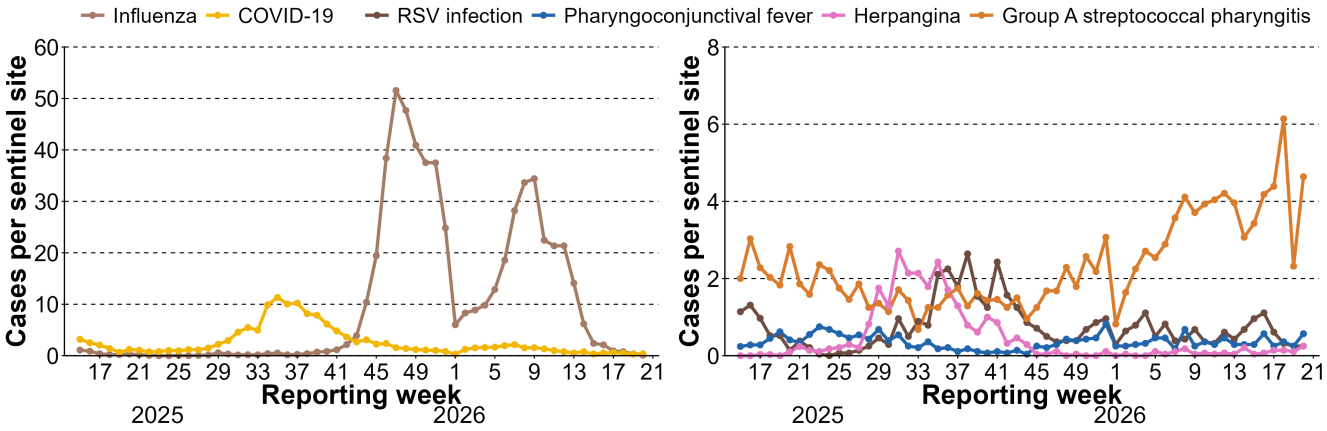
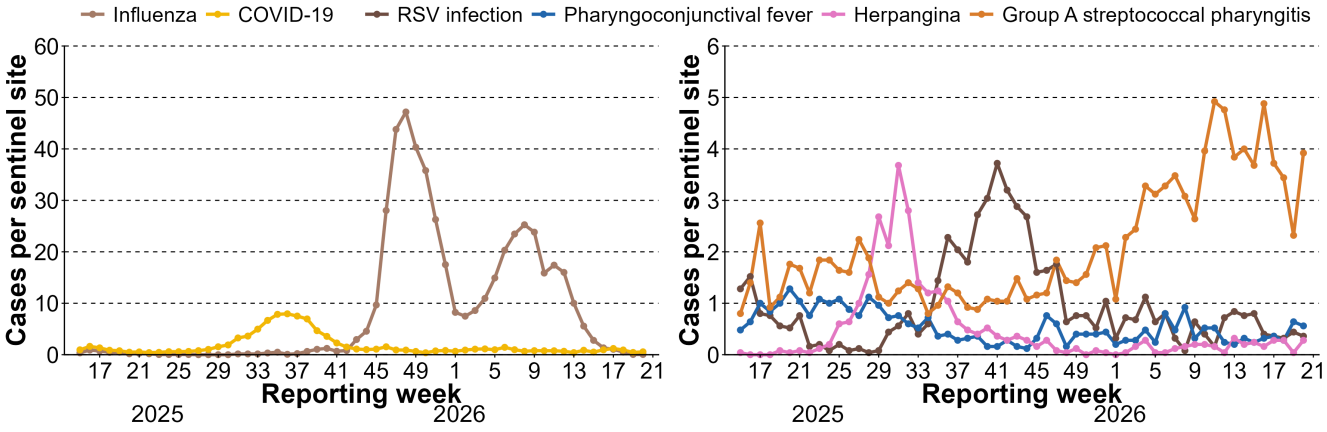


Fukui



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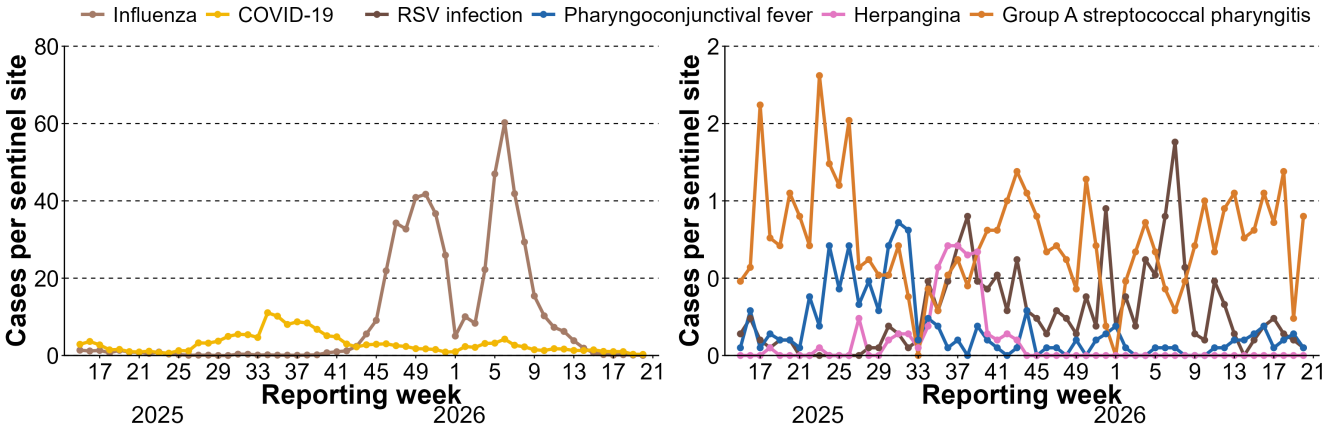

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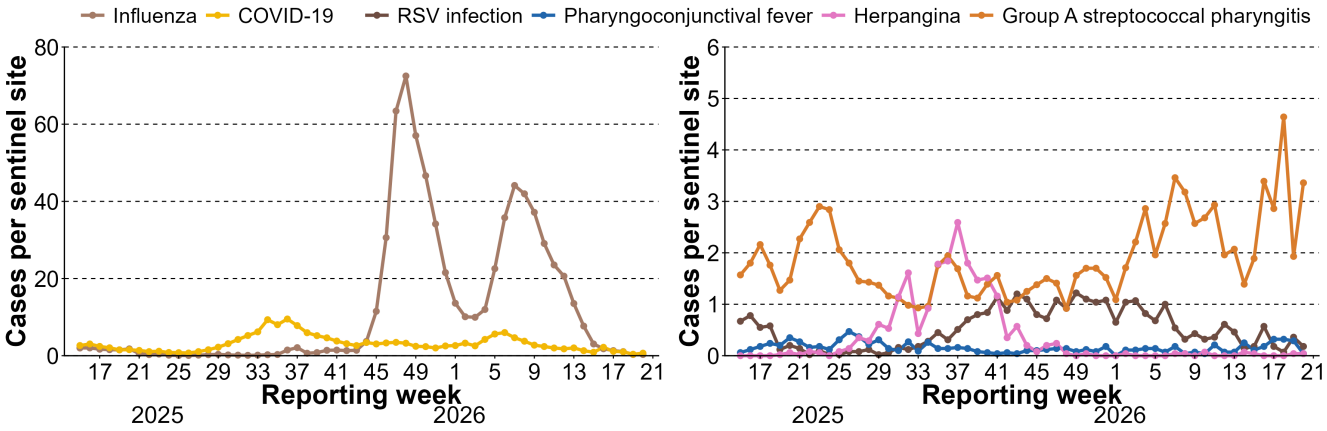

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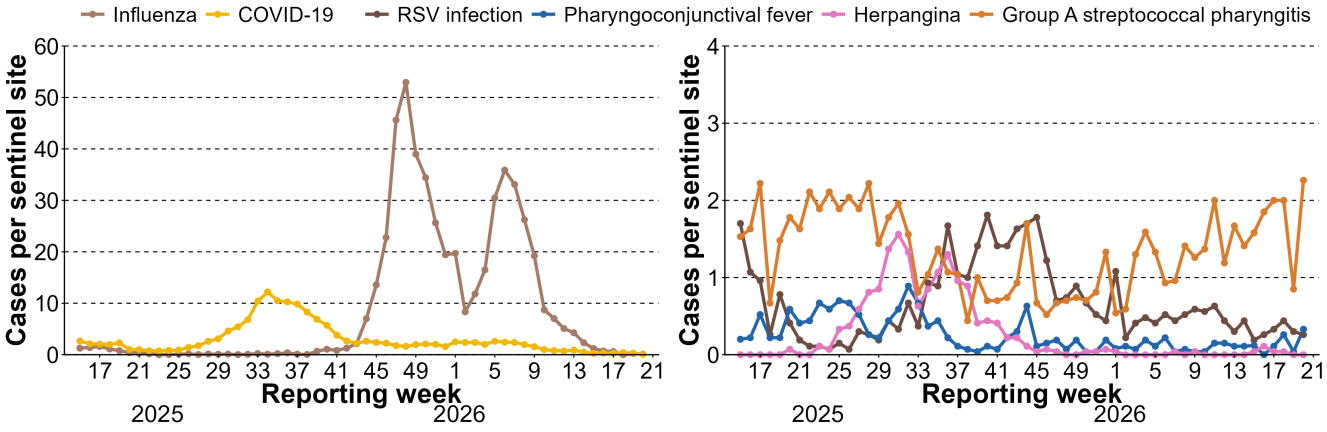

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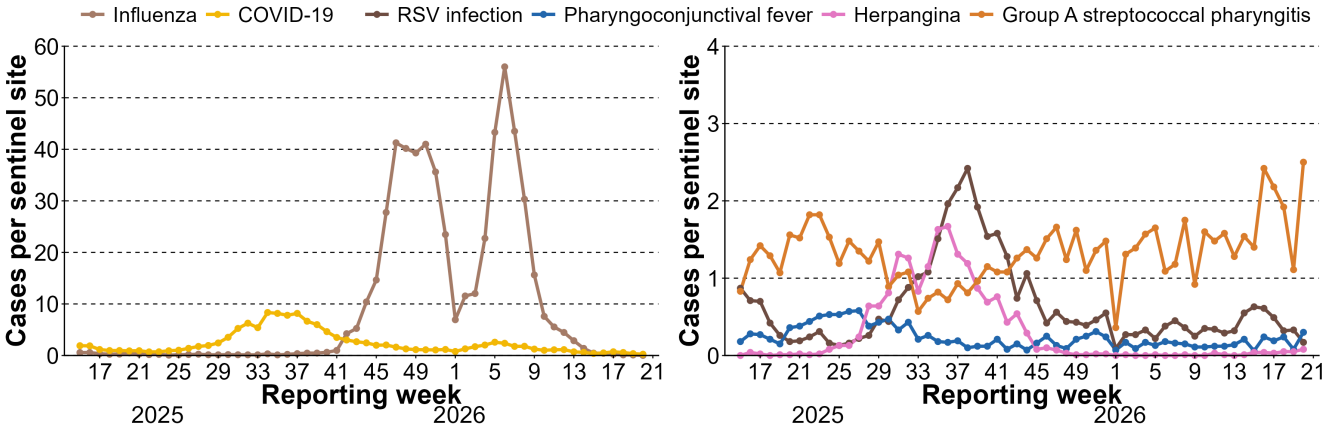

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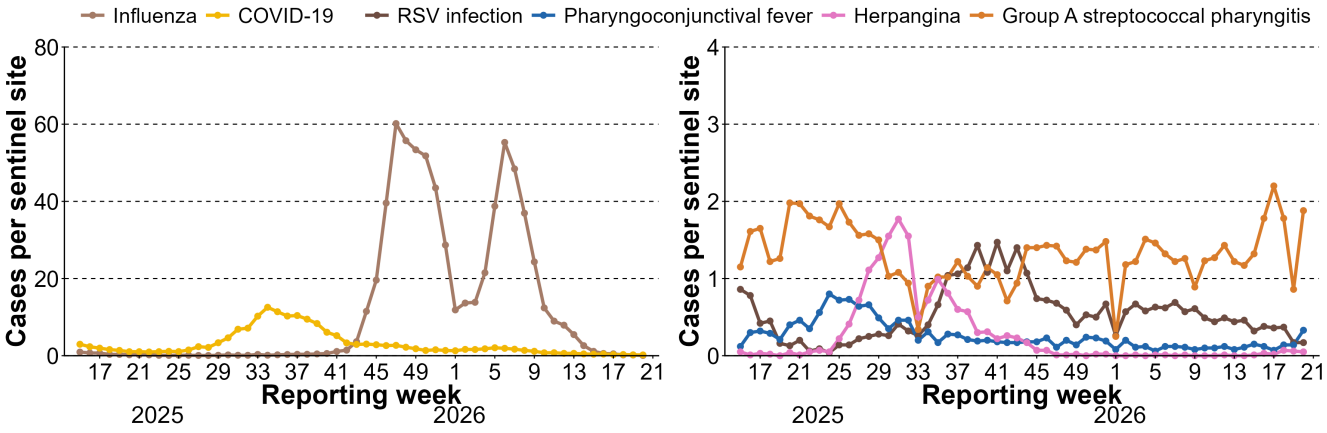

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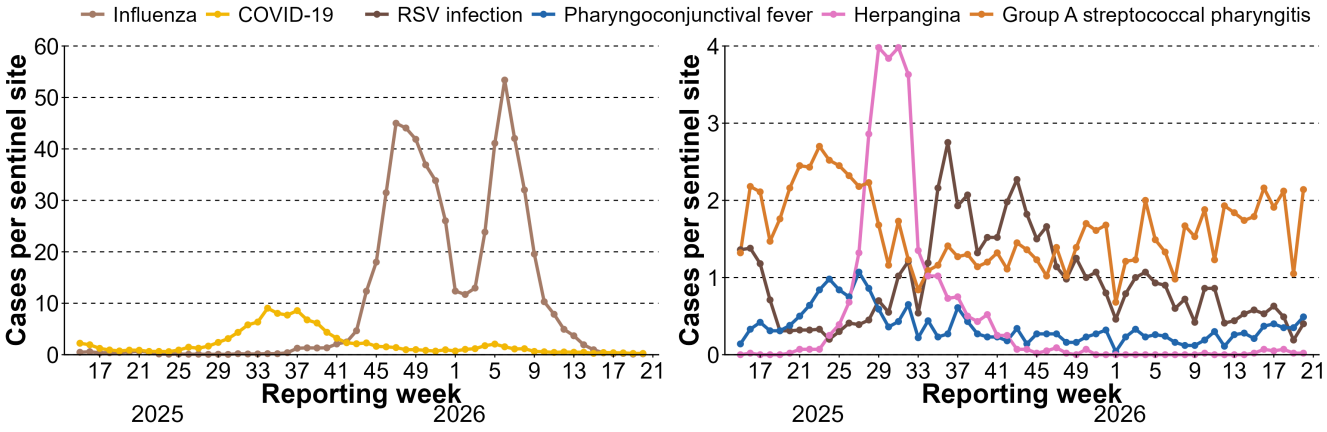

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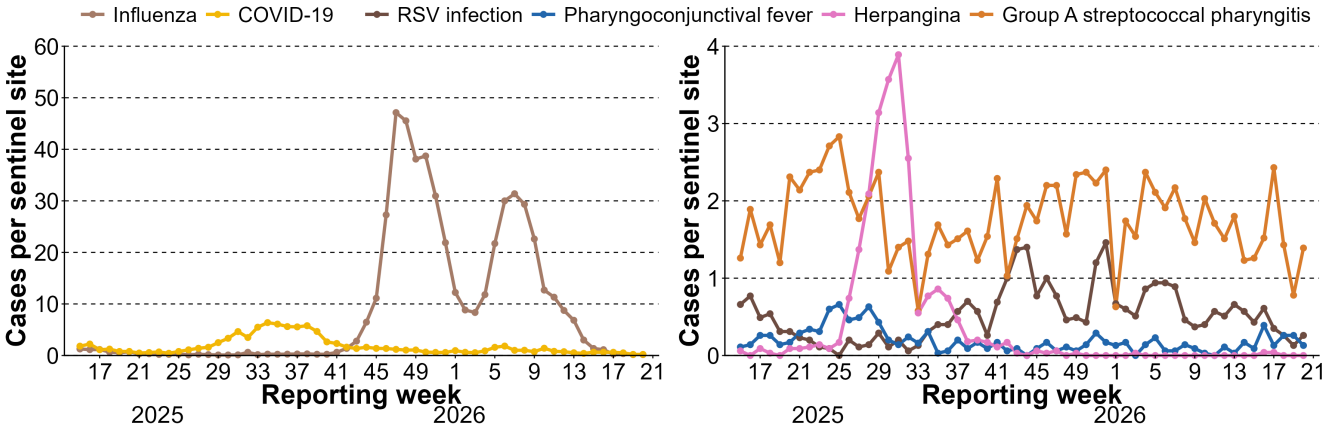

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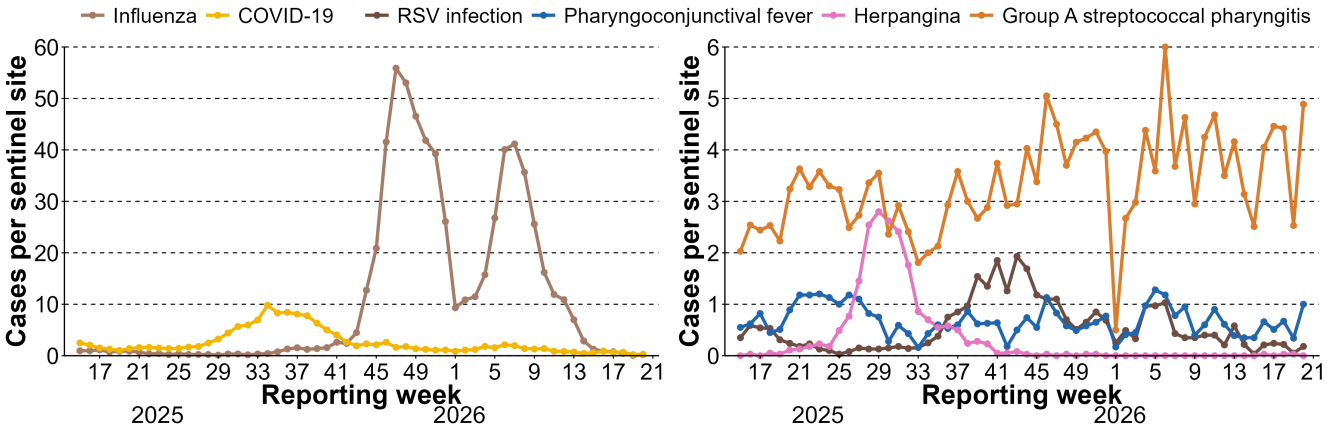

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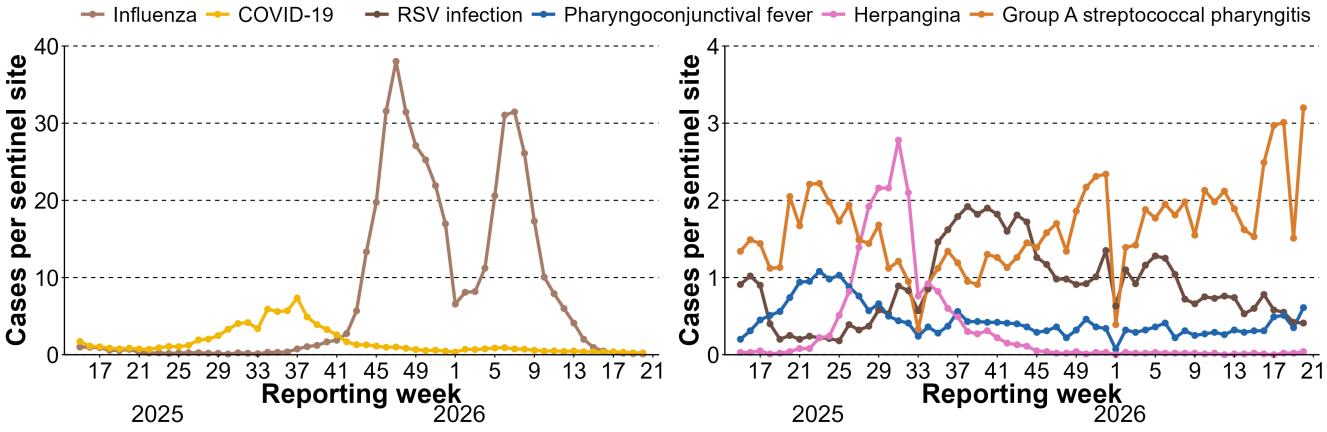
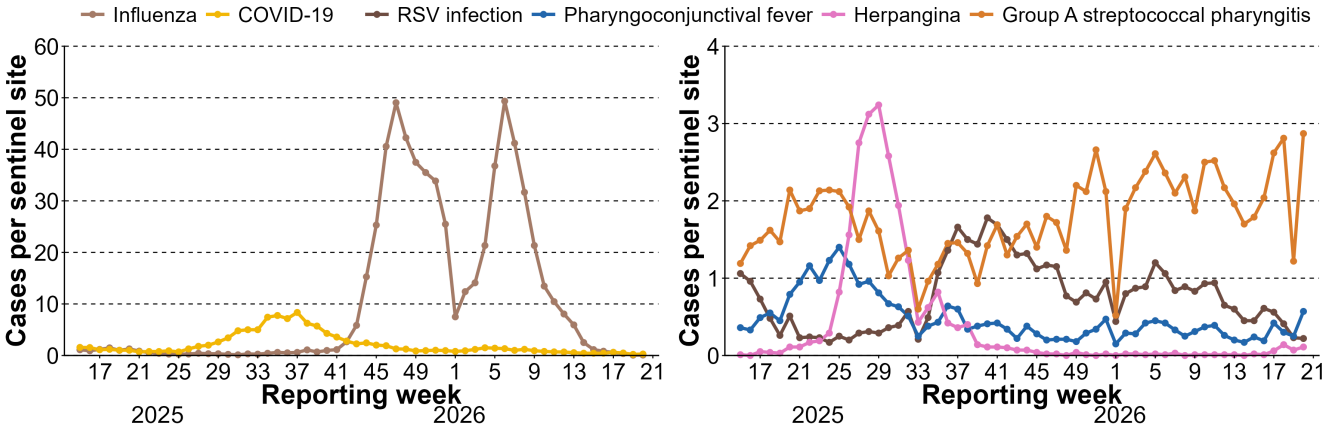


Hyogo



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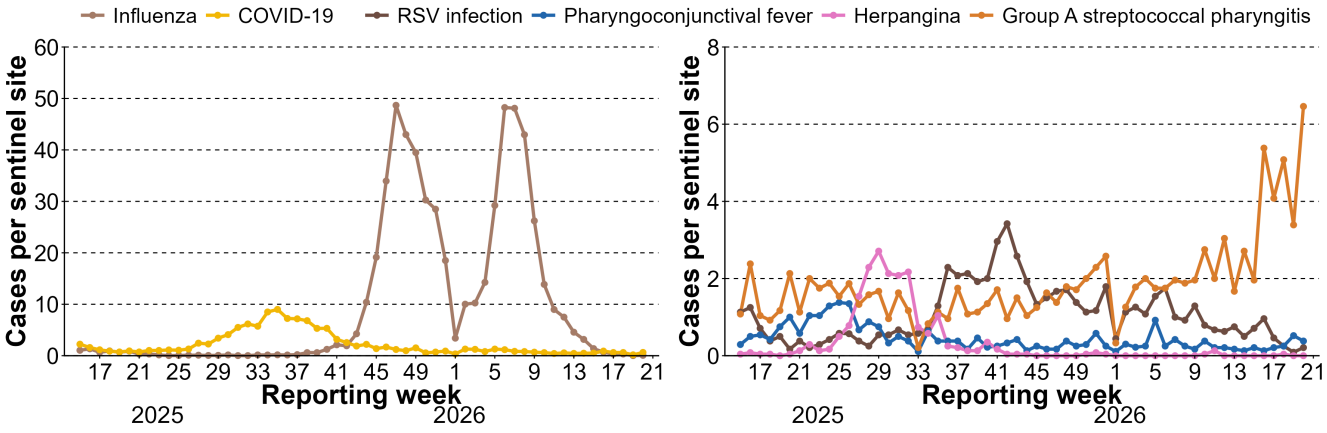

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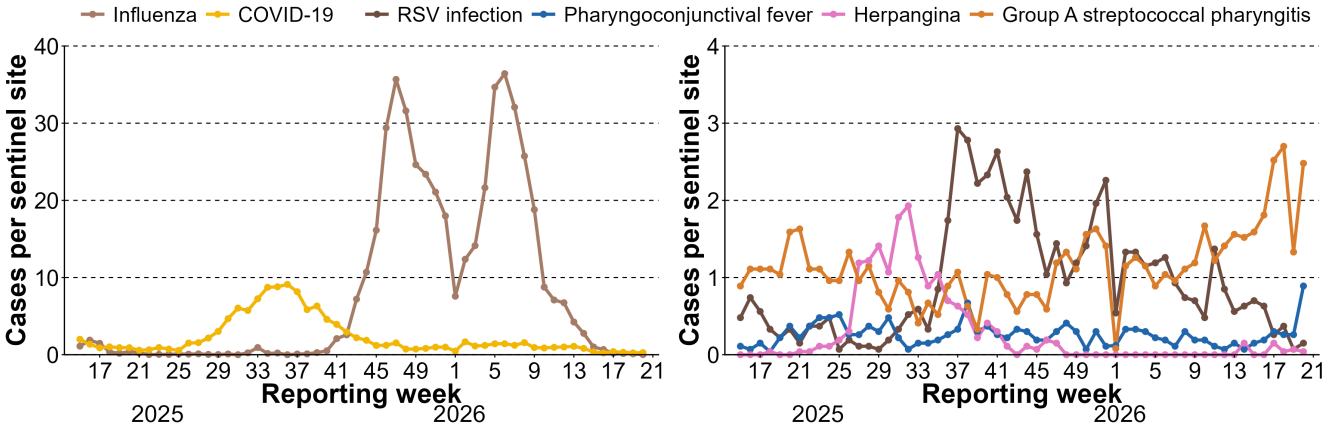

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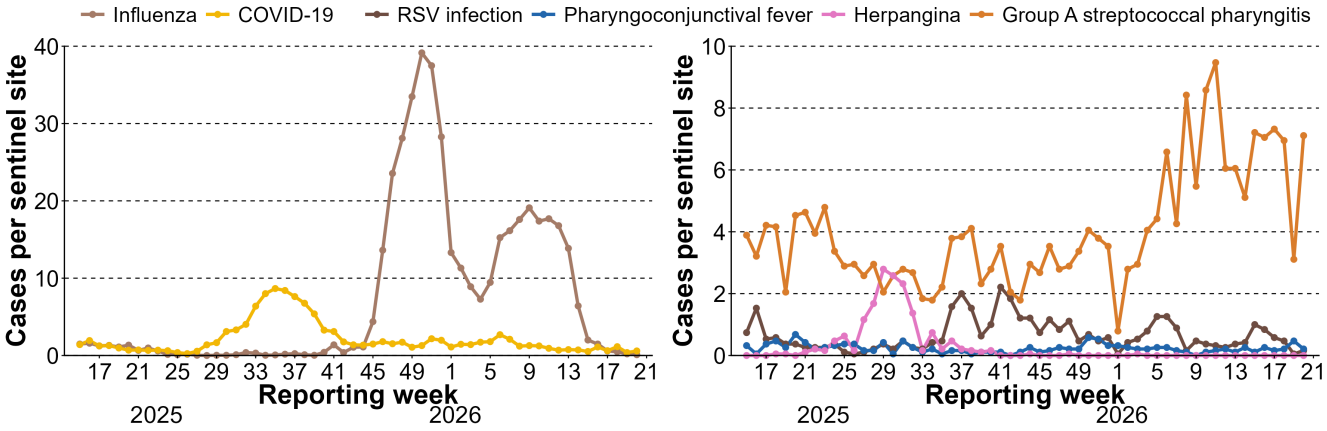

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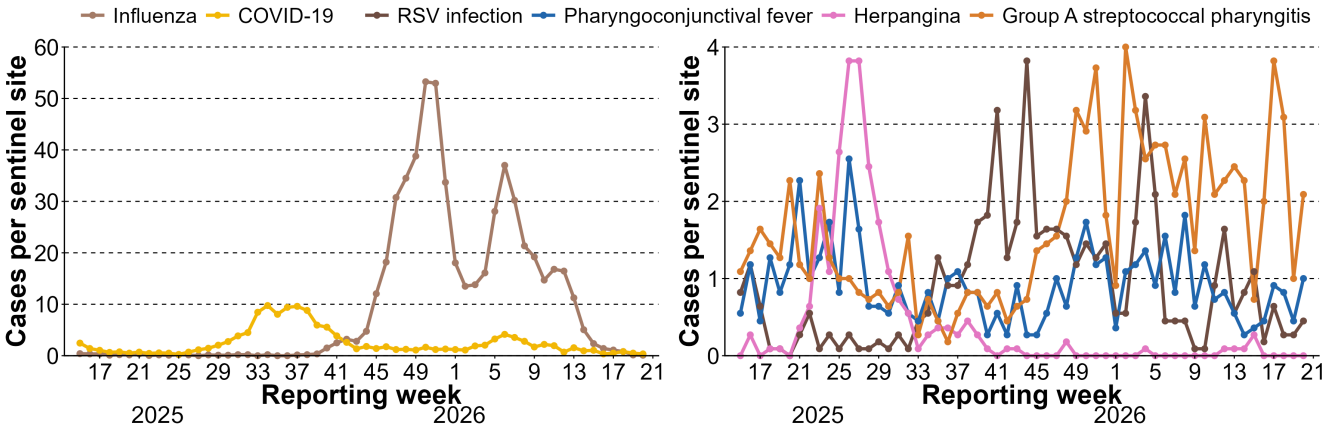

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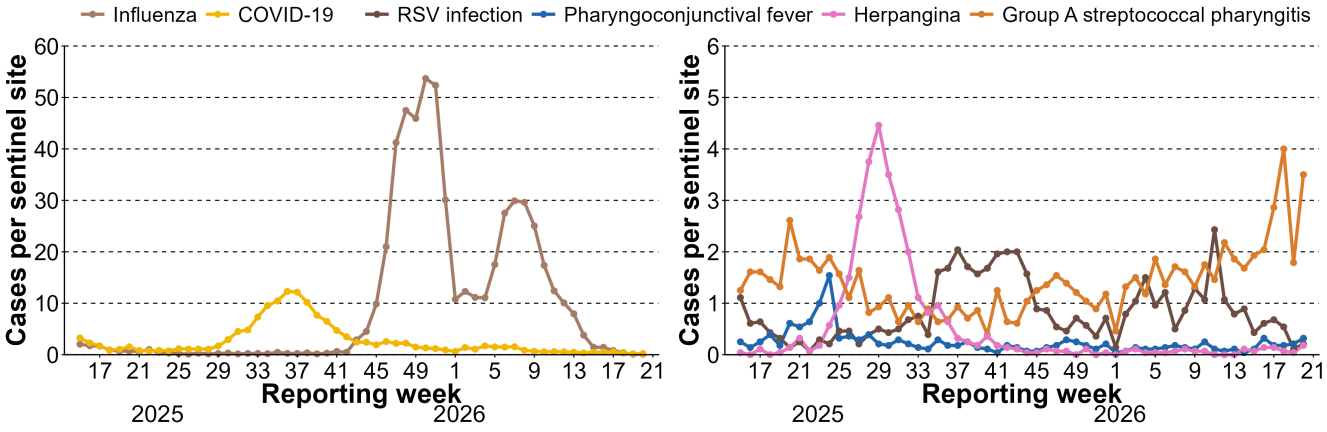
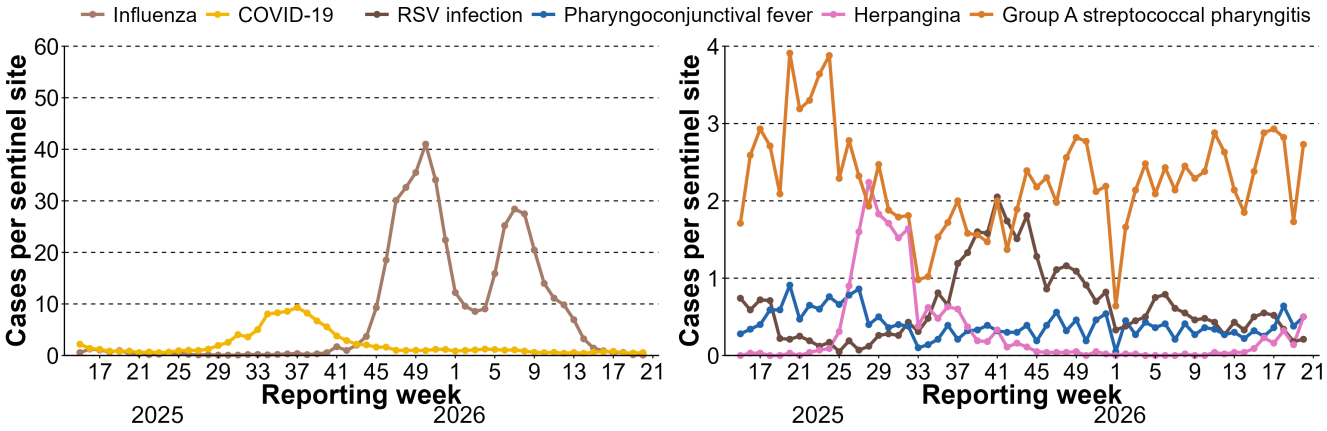
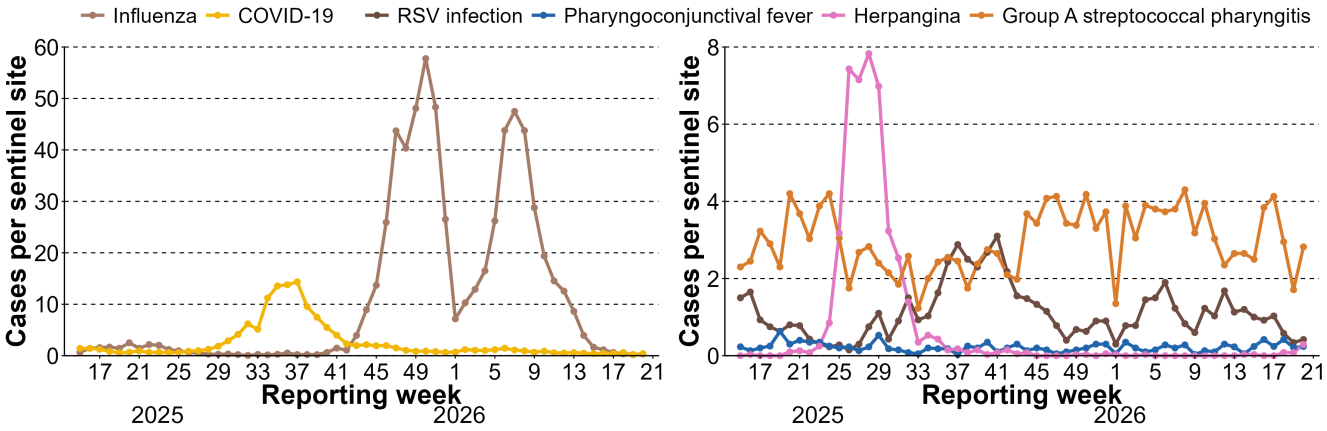


Hiroshima



Yamaguchi



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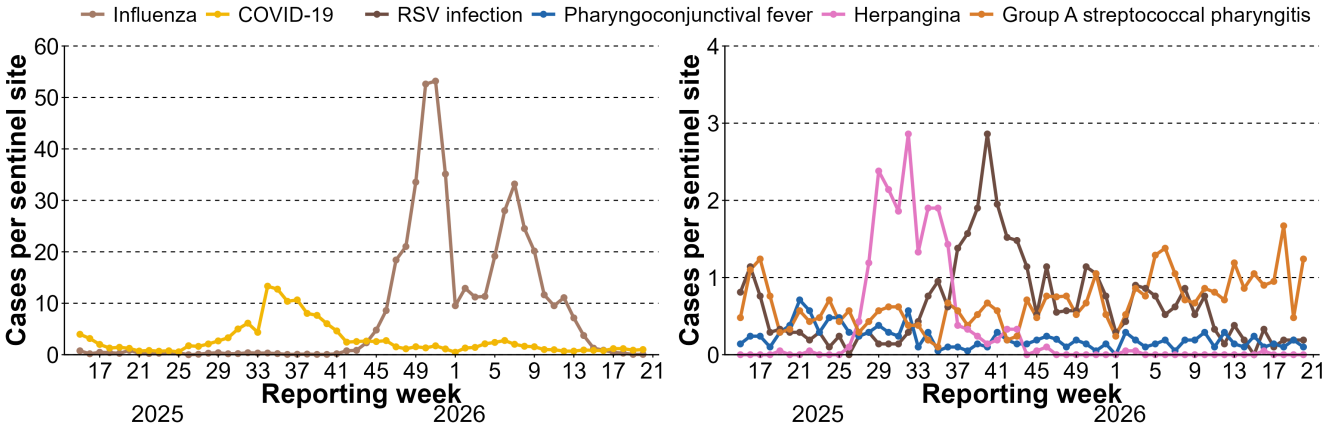

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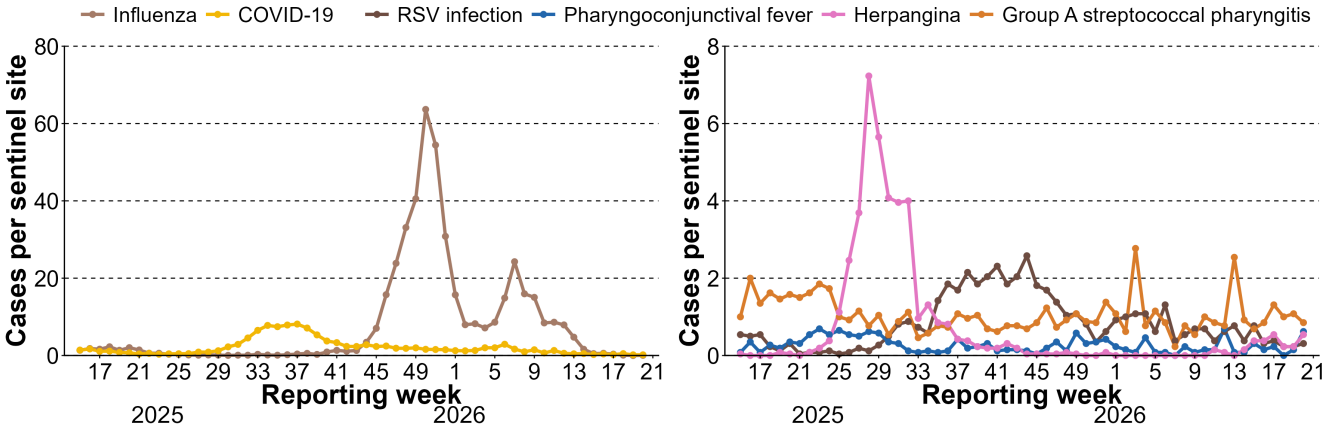

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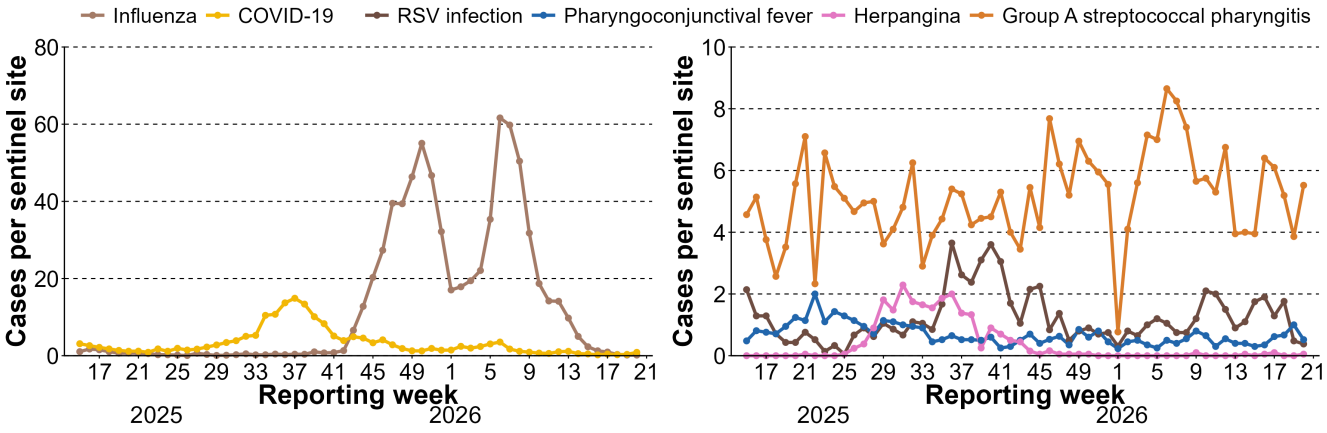

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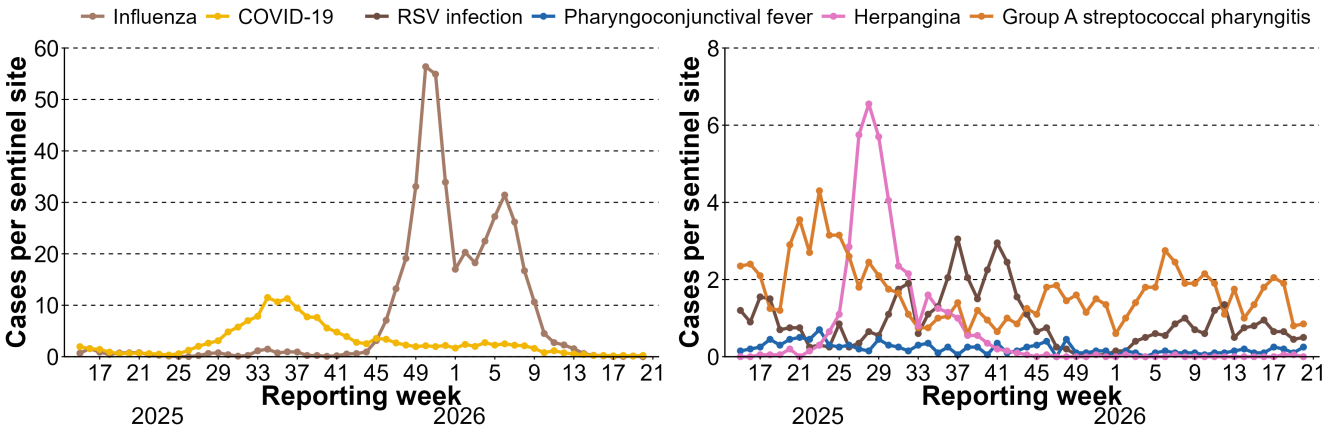
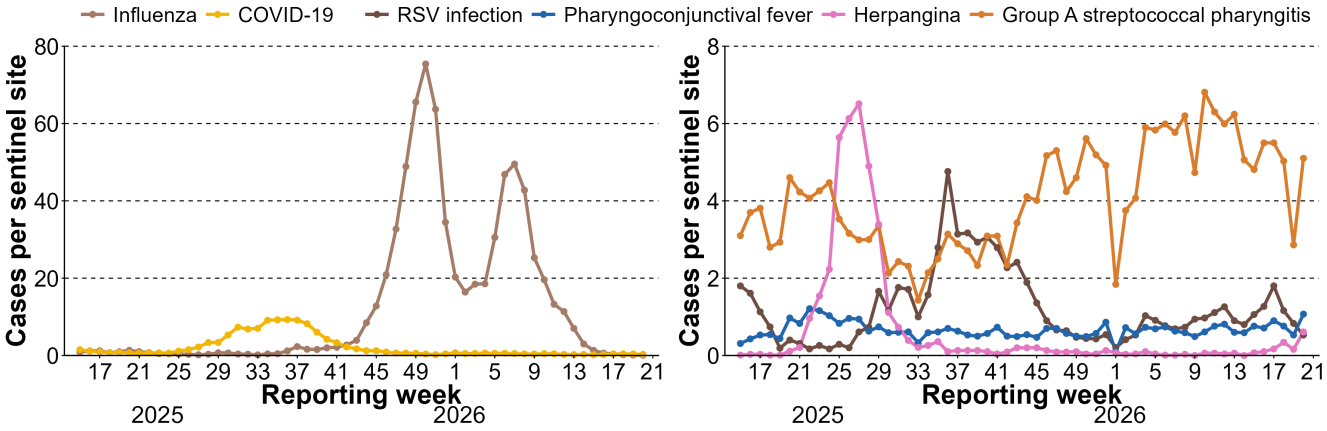


Fukuoka



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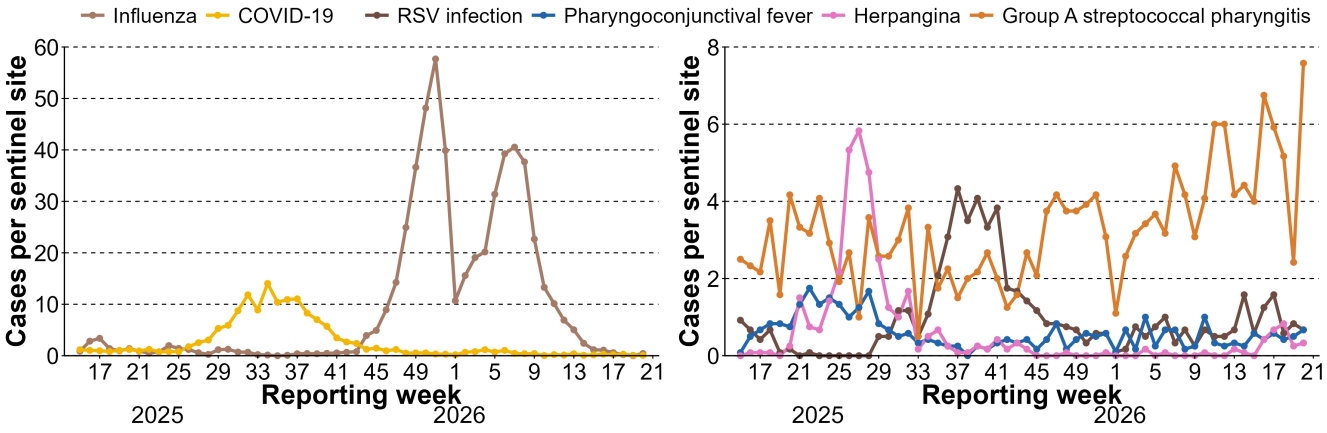
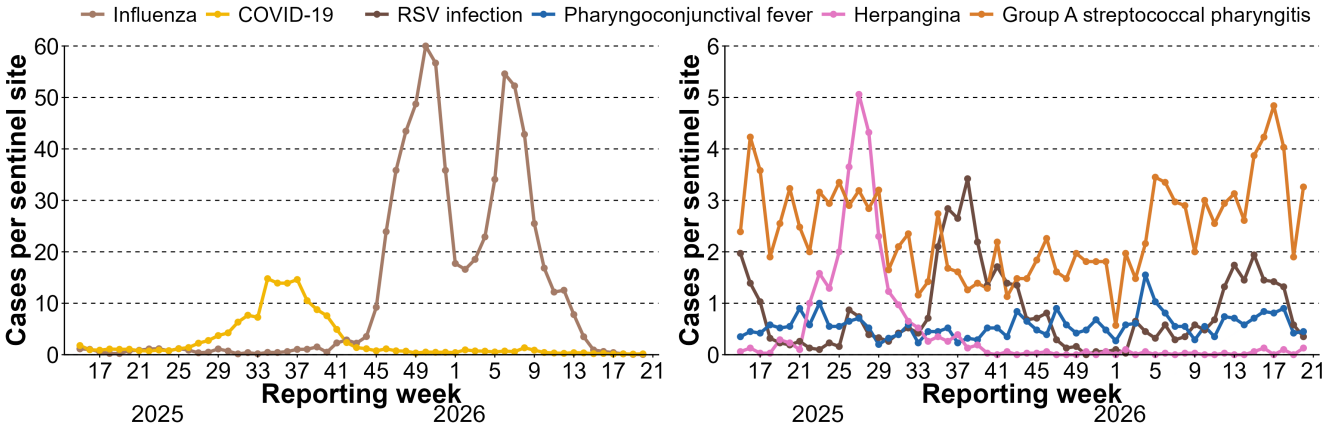
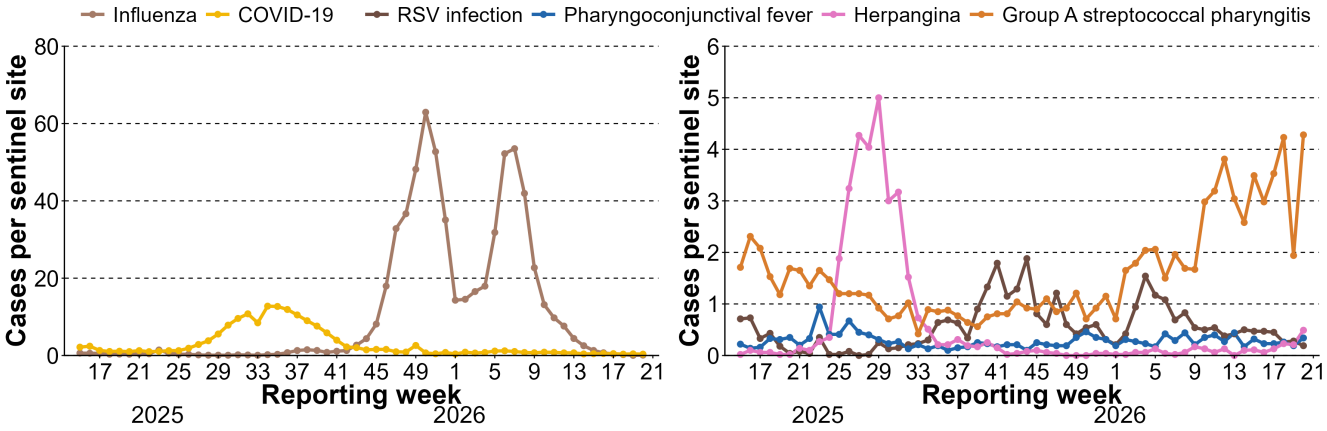


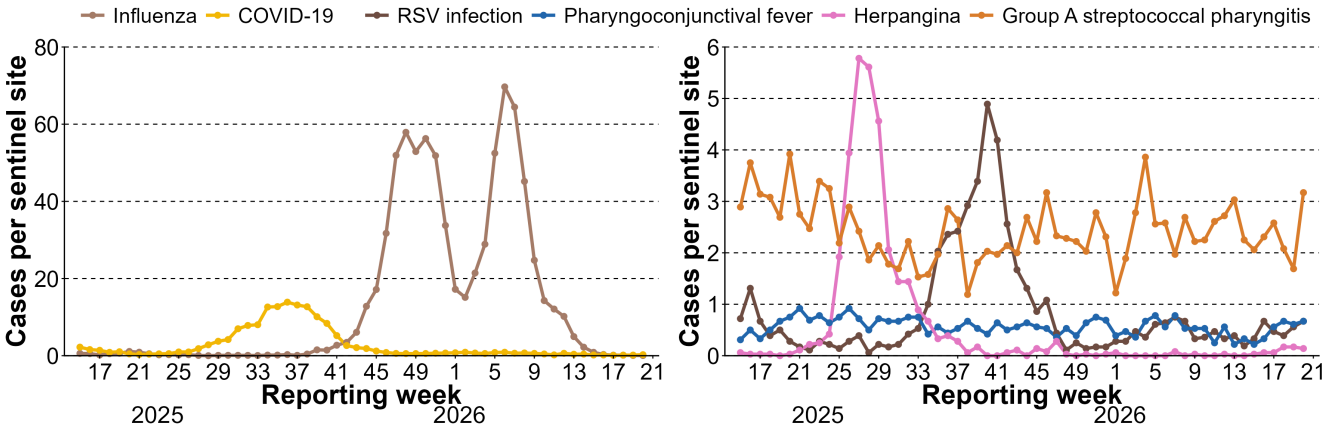
Nagasaki

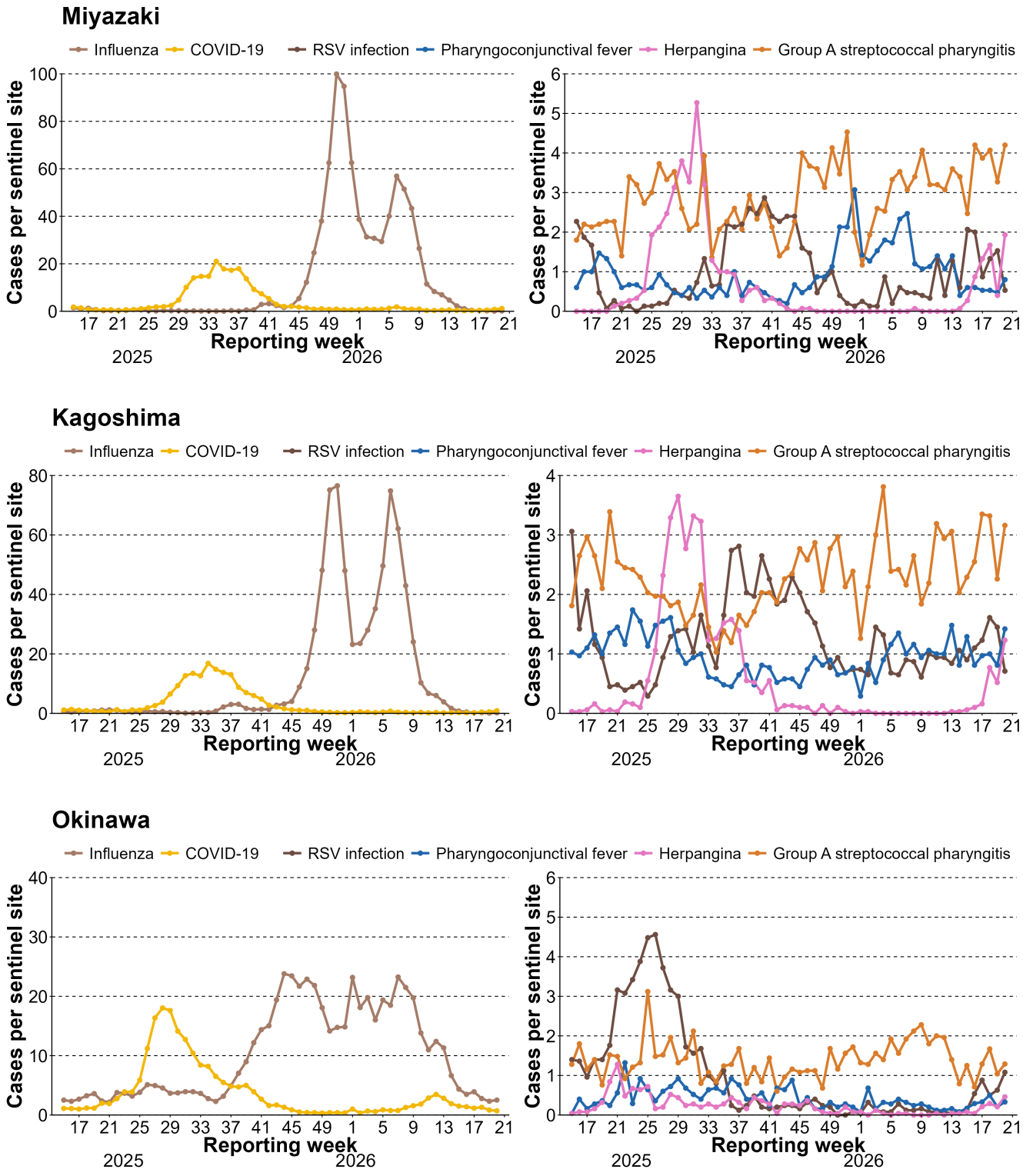


Kumamoto



Oita





Data source: Infectious Disease Surveillance in Japan; data as of May 20, 2026 (data range: April 7, 2025 – May 17, 2026)