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 22, 2026 (May 25, 2026 – May 31, 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 22 of 2026 (May 25, 2026–May 31, 2026), the number of ARI cases per sentinel site was 47.18 (175,999 cases), representing a slight increase compared with the previous week. A total of 17 prefectures showed an increase in ARI cases per sentinel site compared with the previous week.

The number of cases reported per sentinel site for each disease was 0.36 for COVID-19, 0.07 for influenza, 2.79 for group A streptococcal pharyngitis, 0.56 for pharyngoconjunctival fever, 0.33 for RSV infection, and 0.30 for herpangina. A total of 12 new hospital admissions due to influenza were reported, representing a decrease of 9 cases compared with the previous week. 107 new hospital admissions due to COVID-19 were reported, representing a decrease of 9 cases from the previous week.

By age group, the highest number of reported cases was observed among individuals aged 10–59 years for both 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 22 of 2026 and reported by the time of analysis, 2 specimens tested positive for RSV, and no specimens tested positive for influenza A virus, influenza B virus, or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Contents

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

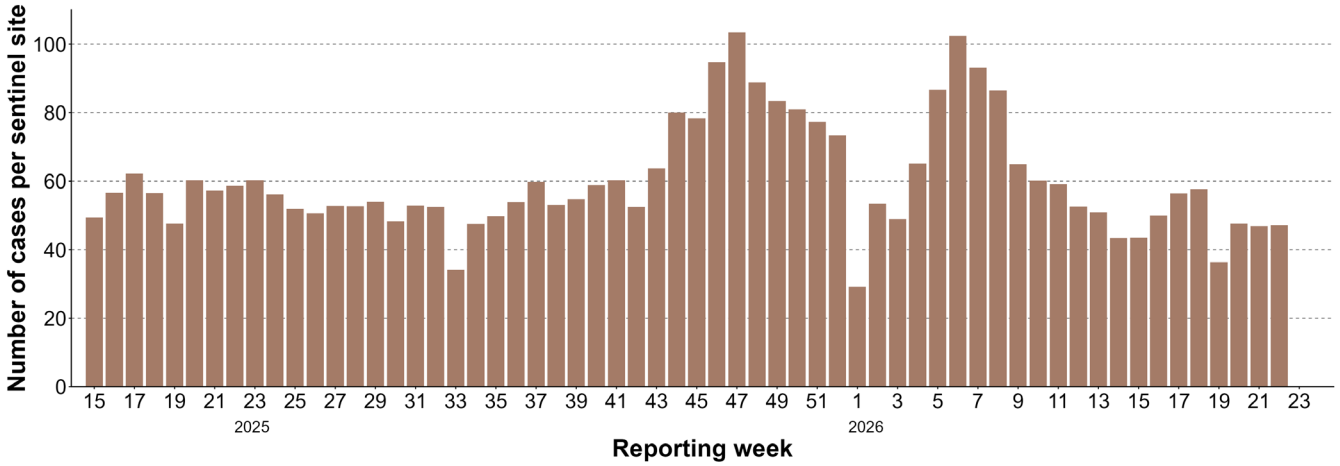
In week 22 of 2026, a total of 3,730 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 47.18 (175,999 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.01 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.07 for influenza (261 cases) and 0.36 for COVID-19 (1,361 cases) (Figure 1A). The number of reporting sentinel sites was 3,744.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.33 for RSV infection (737 cases), 0.56 for pharyngoconjunctival fever (1,264 cases), 0.30 for herpangina (671 cases), and 2.79 for group A streptococcal pharyngitis (6,296 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,258.

Regarding recent trends, influenza decreased for 16 consecutive weeks, COVID-19 remained relatively stable, RSV infection increased for 3 consecutive weeks, pharyngoconjunctival fever increased for 3 consecutive weeks, herpangina increased for 3 consecutive weeks, and group A streptococcal pharyngitis decreased compared with the previous week.

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



Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 2026).

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

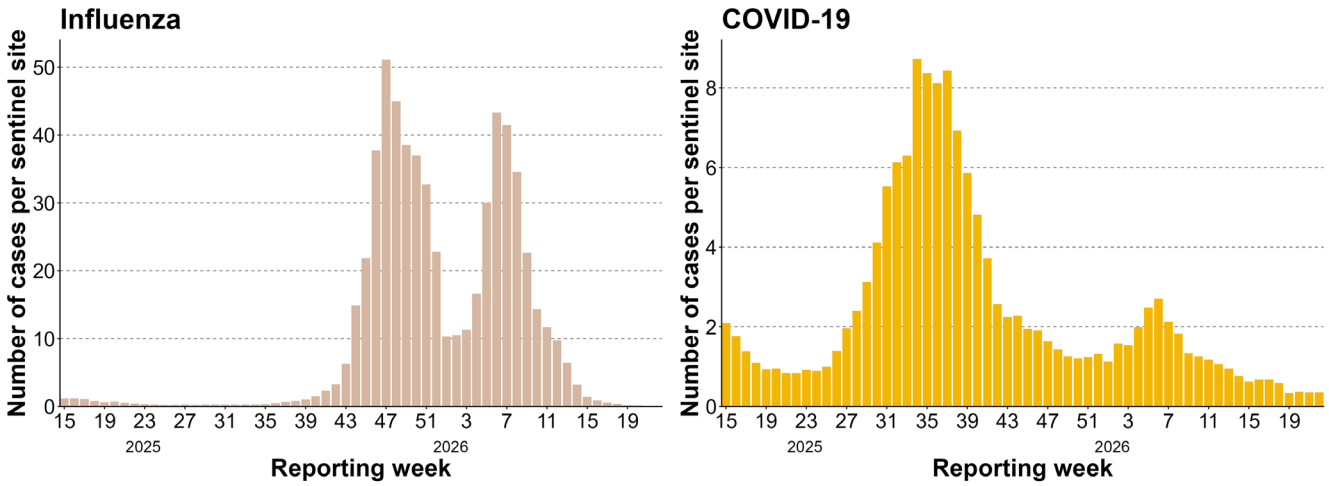
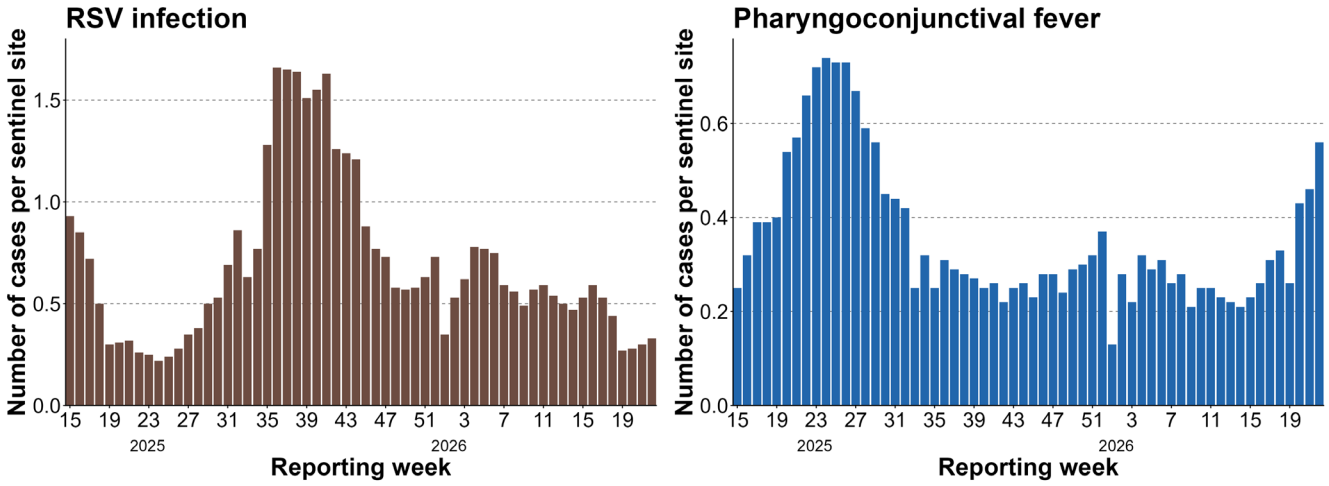
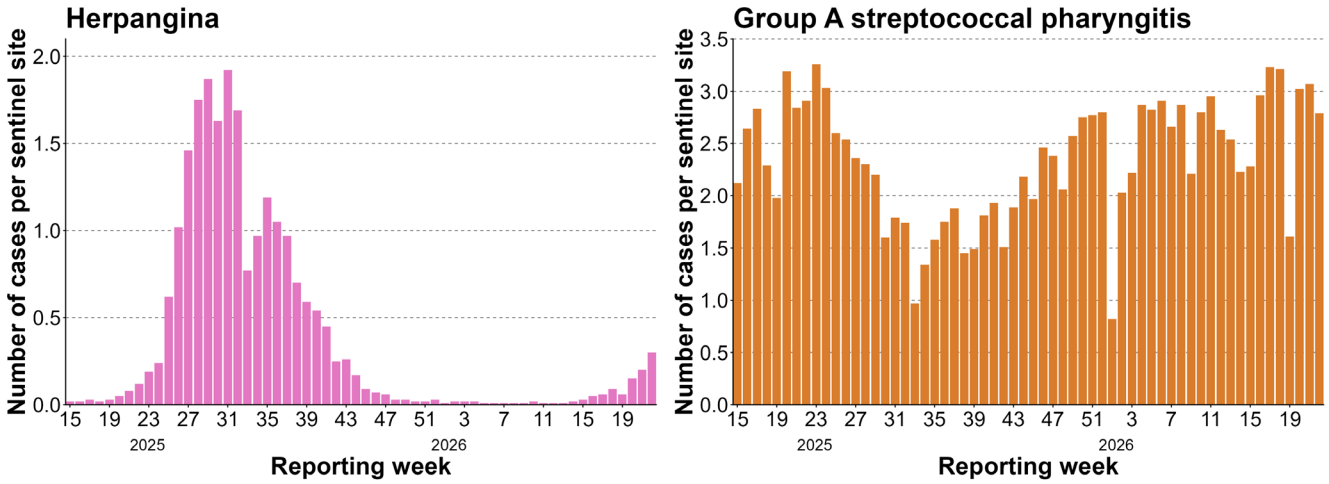


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

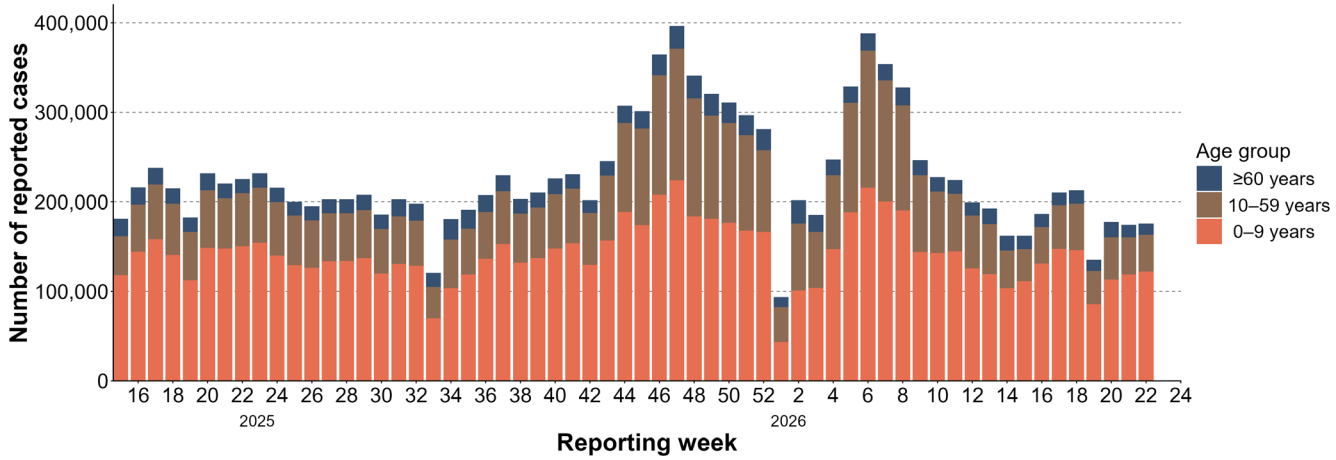
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 22 of 2026, the number of reported cases by age group was 122,213 cases among individuals aged 0–9 years (week-on-week ratio: 1.03), 40,899 cases among individuals aged 10–59 years (week-on-week ratio: 0.98), and 12,887 cases among individuals aged 60 years and older (week-on-week ratio: 0.92) (Figure 2).

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

Weekly reported cases by age group for influenza and COVID-19 are shown in Figures 2A and 2B. Among individuals aged 60 years and older, 27 influenza cases and 150 COVID-19 cases were reported among individuals aged 60 years and older; of these, 13 influenza cases and 54 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 June 3, 2026 (data range: April 7, 2025 – May 31, 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

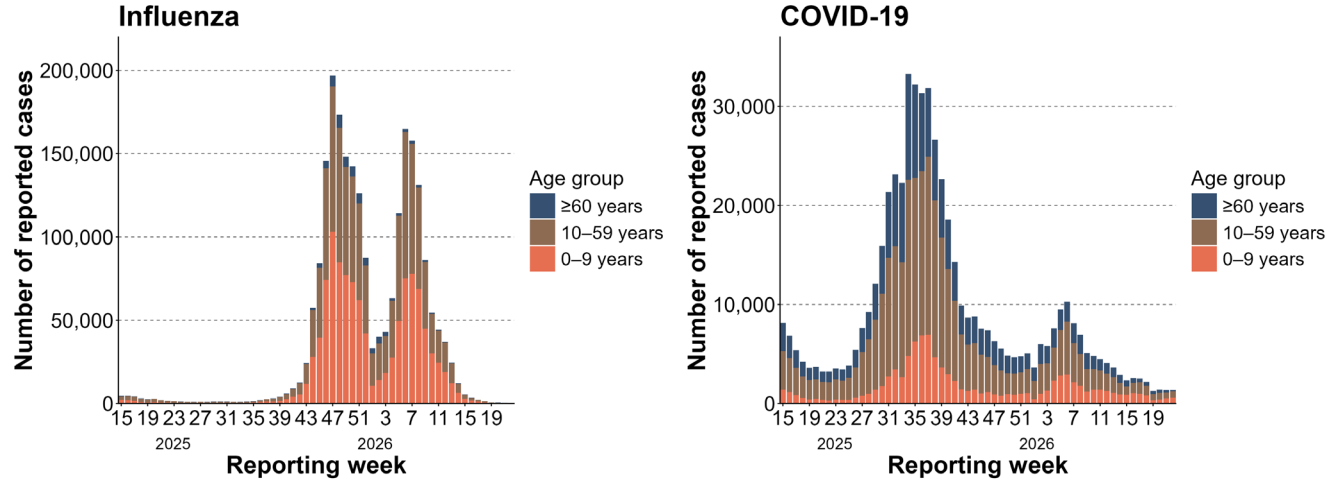
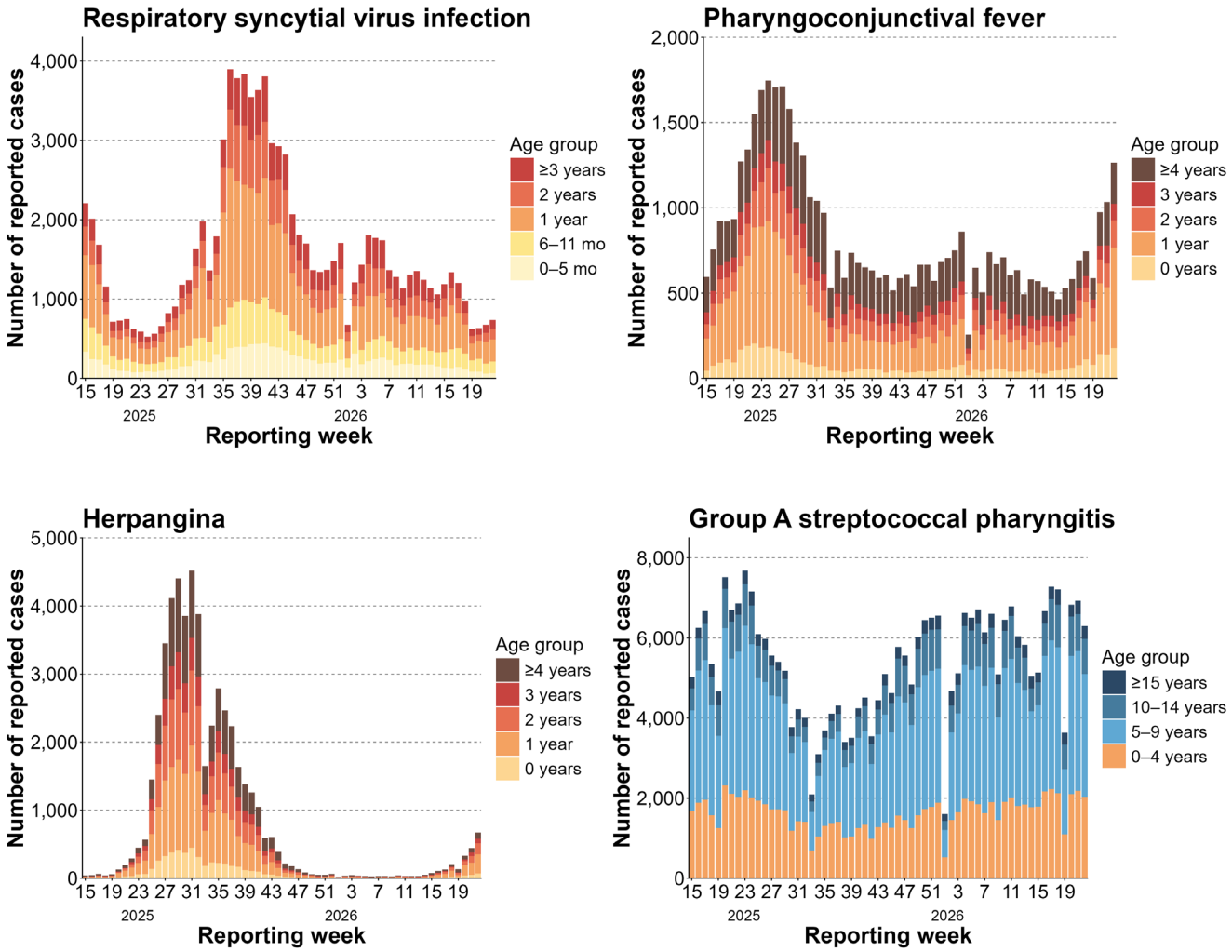


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 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 22

Age group	Influenza	COVID-19
0–9 years	97	582
	(0.69)	(1.11)
10–59 years	137	629
	(0.78)	(1.02)
≥60 years	27	150
	(0.93)	(0.72)
Total	261	1,361
	(0.75)	(1.01)

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 22

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	214	176	70	42
	(1.15)	(1.26)	(1.43)	(1.27)
1–4 years	505	926	540	1,989
	(1.09)	(1.33)	(1.53)	(0.93)
5–14 years	15	151	55	3,948
	(0.56)	(0.81)	(1.53)	(0.89)
≥15 years	3	11	6	317
	(1.50)	(1.10)	(1.00)	(0.95)
Total	737	1,264	671	6,296
	(1.09)	(1.22)	(1.51)	(0.91)

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 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 22 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma, which recorded the highest value at 71.29, followed by Iwate at 70.24, and Miyagi at 68.51 (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 17 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 26.79 to 71.29 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 22

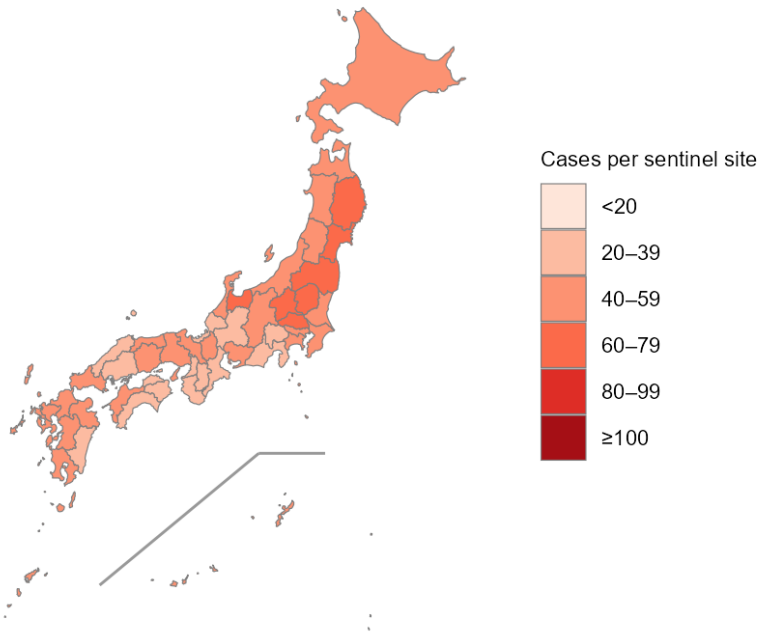
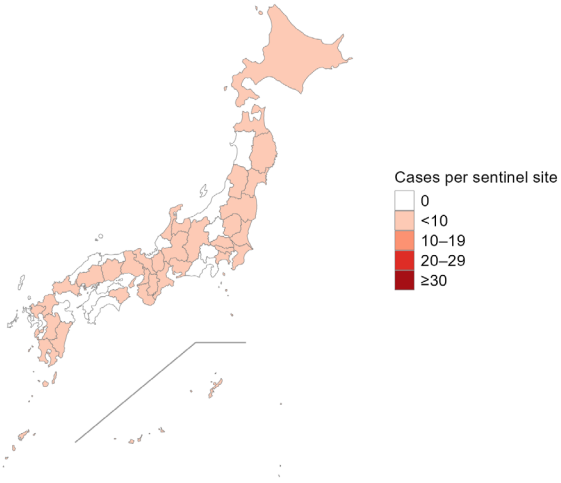
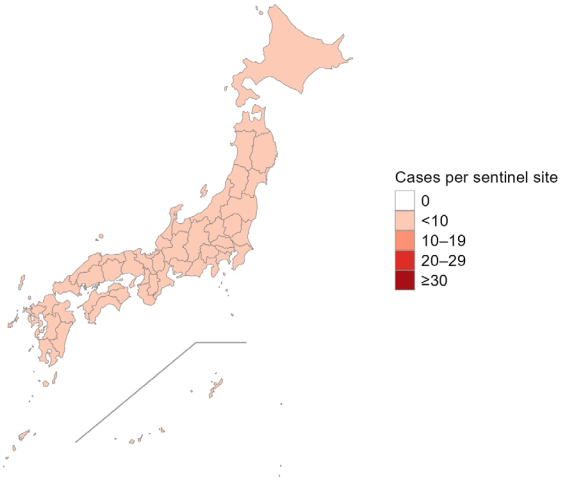


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 22

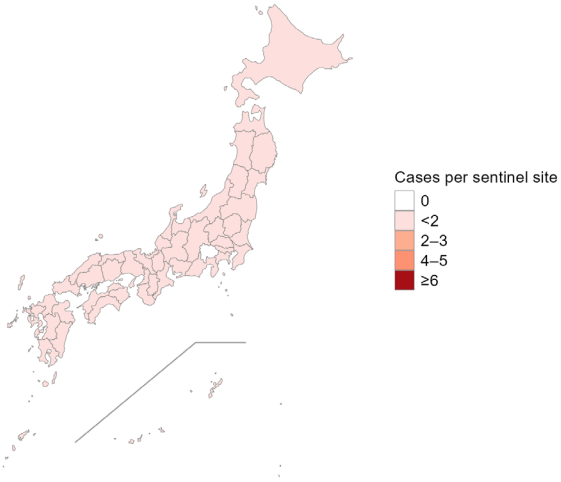
Influenza



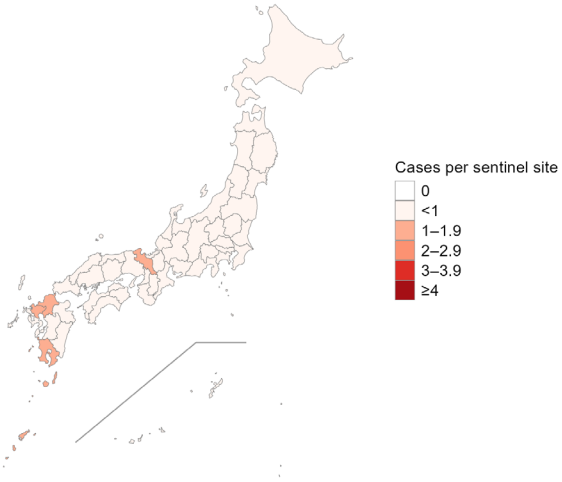
COVID-19



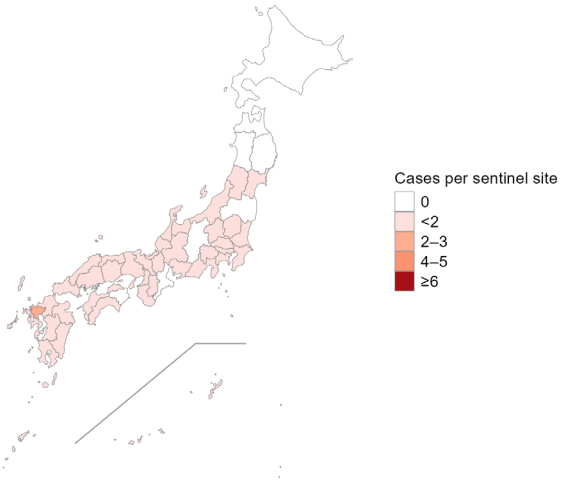
RSV infection



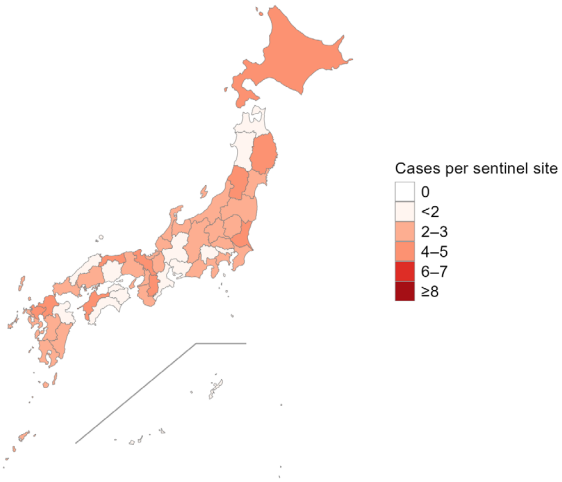
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 22

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	8,295	49.97	1.03
Aomori	2,454	47.19	1.03
Iwate	2,950	70.24	0.99
Miyagi	3,768	68.51	1.07
Akita	1,012	40.48	0.97
Yamagata	1,903	50.08	0.97
Fukushima	2,938	61.21	1.14
Ibaraki	3,844	57.37	1.10
Tochigi	2,922	62.17	1.01
Gunma	3,208	71.29	1.05
Saitama	11,702	66.87	1.06
Chiba	10,013	55.63	1.07
Tokyo	19,993	47.83	1.07
Kanagawa	14,205	58.70	1.04
Niigata	2,617	50.33	0.99
Toyama	2,876	61.19	0.94
Ishikawa	2,376	50.55	0.91
Fukui	1,049	26.90	0.94
Yamanashi	965	27.57	0.95
Nagano	2,743	54.86	0.93
Gifu	1,460	32.44	0.91
Shizuoka	4,214	39.02	1.05
Aichi	8,782	53.88	0.97

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,146	31.10	1.02
Shiga	1,580	40.51	1.02
Kyoto	2,566	42.07	1.00
Osaka	8,563	29.94	0.95
Hyogo	6,566	40.53	0.97
Nara	1,344	32.00	0.89
Wakayama	1,363	30.29	0.89
Tottori	1,346	46.41	0.97
Shimane	788	39.40	0.90
Okayama	2,062	41.24	1.00
Hiroshima	3,547	38.14	0.95
Yamaguchi	2,739	44.90	0.98
Tokushima	884	26.79	0.98
Kagawa	715	31.09	0.92
Ehime	2,046	53.84	1.05
Kochi	1,055	27.76	0.99
Fukuoka	5,364	43.97	0.96
Saga	982	40.92	0.96
Nagasaki	2,363	46.33	0.98
Kumamoto	3,481	49.03	1.05
Oita	2,381	41.05	0.93
Miyazaki	926	33.07	0.85
Kagoshima	2,570	45.09	0.93
Okinawa	2,333	53.02	1.05

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 2026)

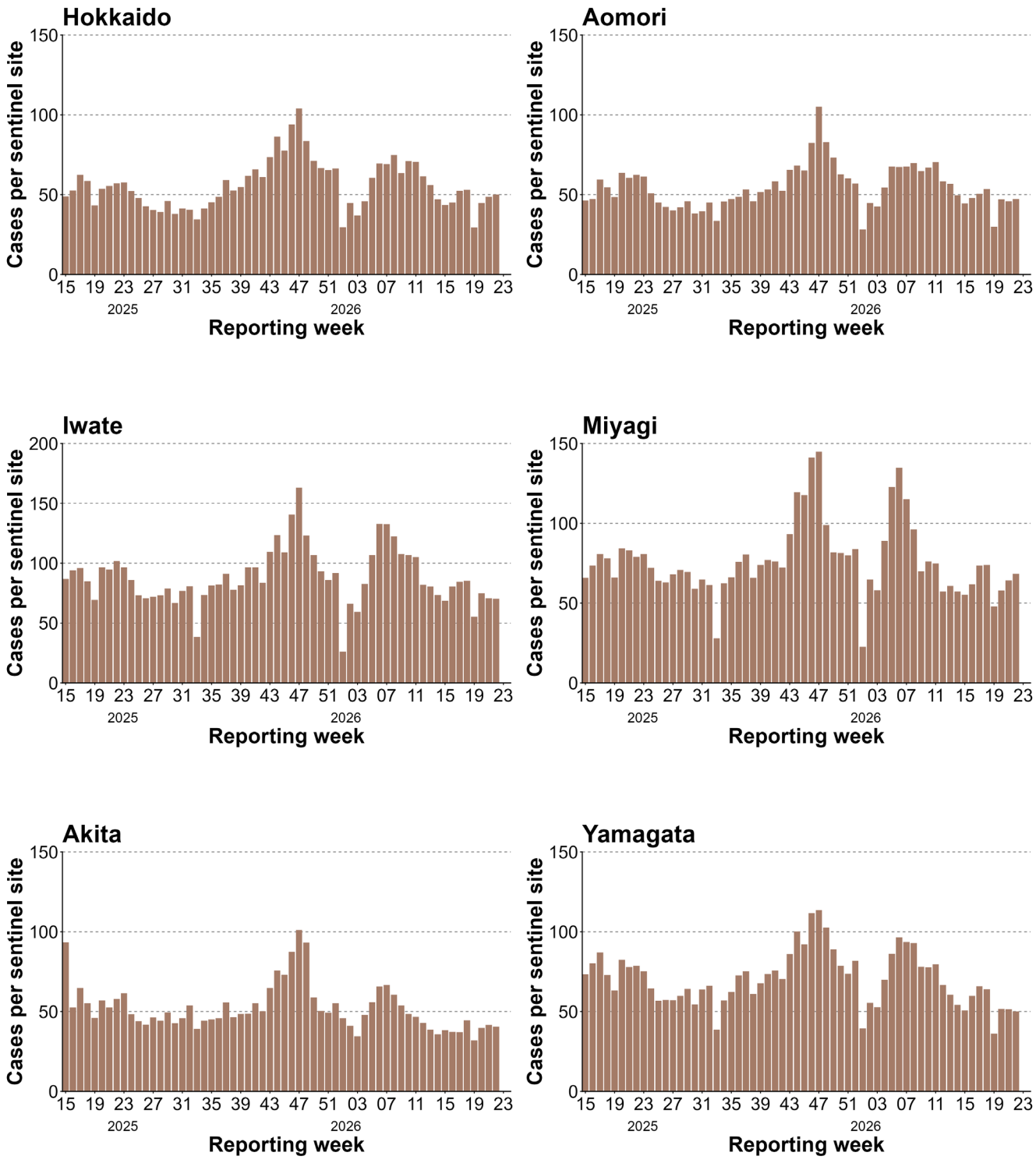
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

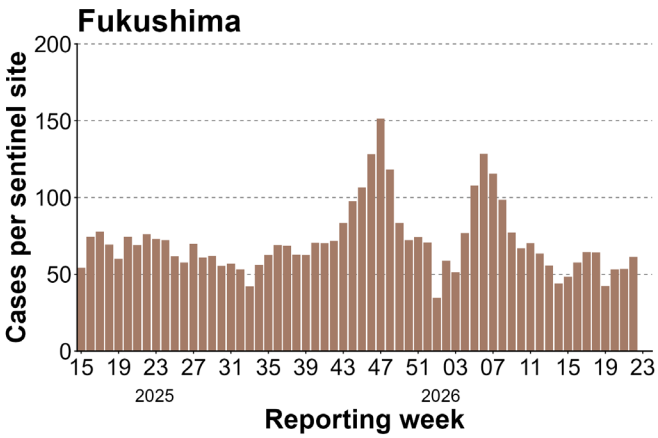
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 22

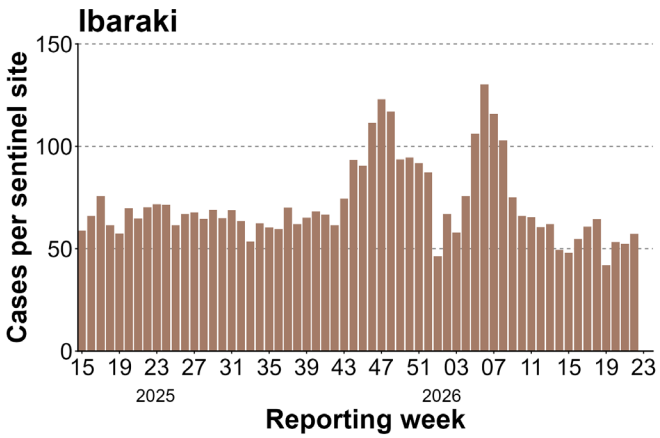
Infectious diseases	Prefectures		
Influenza	Okinawa (1.11)	Toyama (0.53)	Miyagi (0.22)
COVID-19	Miyazaki (1.82)	Kagoshima (1.49)	Kumamoto (1.04)
RSV infection	Okinawa (1.50)	Nagasaki (1.16)	Kagoshima (1.16)
Pharyngoconjunctival fever	Kagoshima (1.45)	Saga (1.33)	Kyoto (1.13)
Herpangina	Saga (2.08)	Kagoshima (1.52)	Kumamoto (1.51)
Group A streptococcal pharyngitis	Saga (5.67)	Tottori (5.42)	Yamagata (5.15)

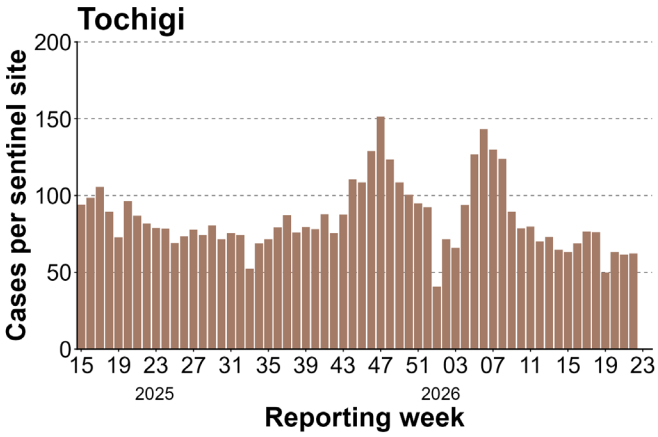
Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

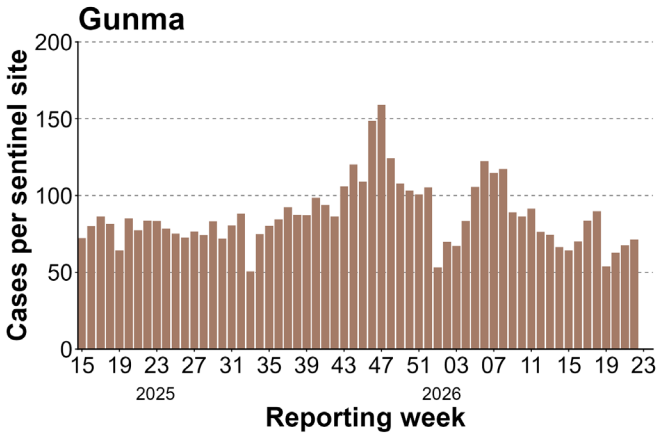
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

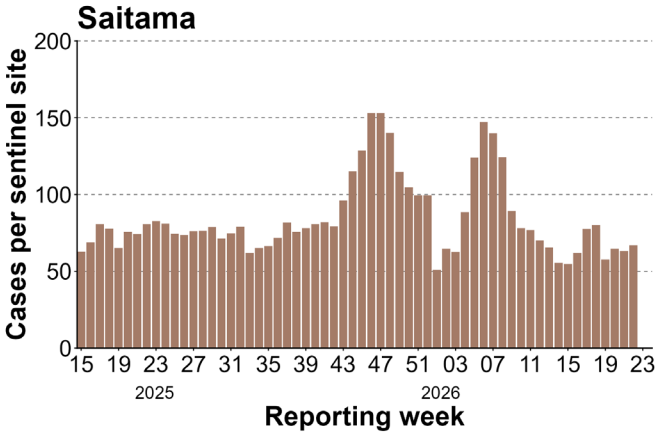


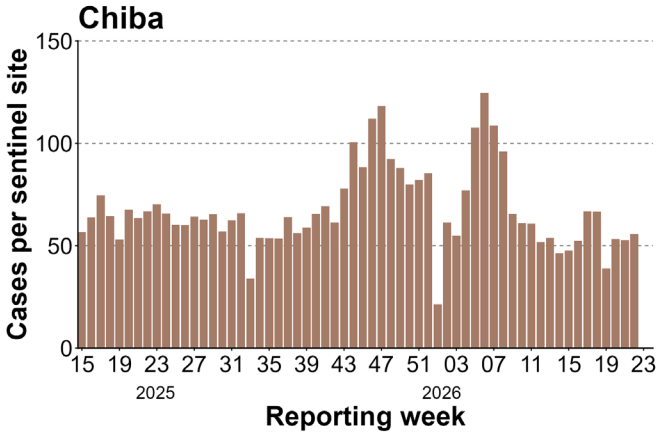

Fukushima
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

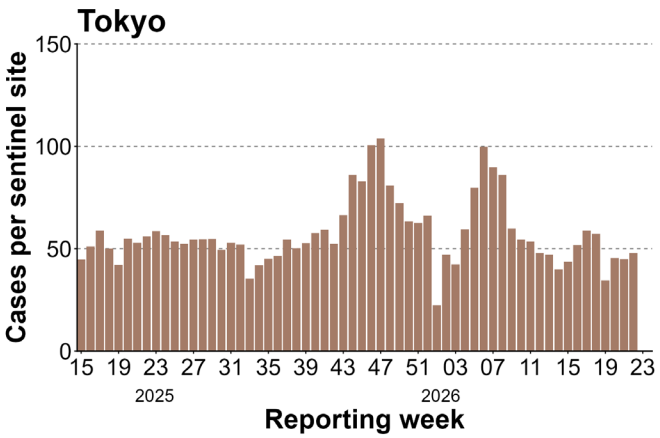

Ibaraki
Cases per sentinel site
0
50
100
150
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

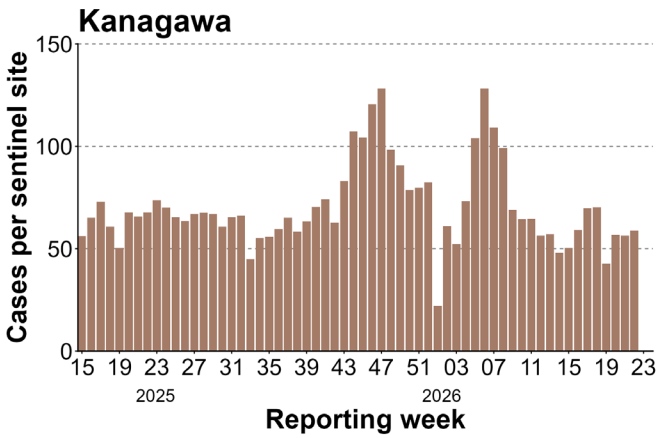

Tochigi
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

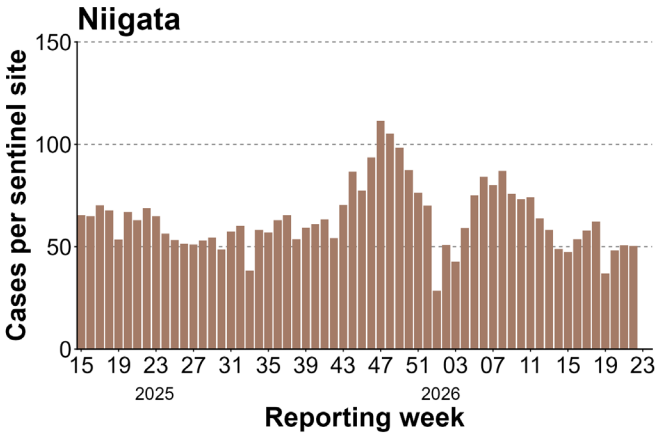

Gunma
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

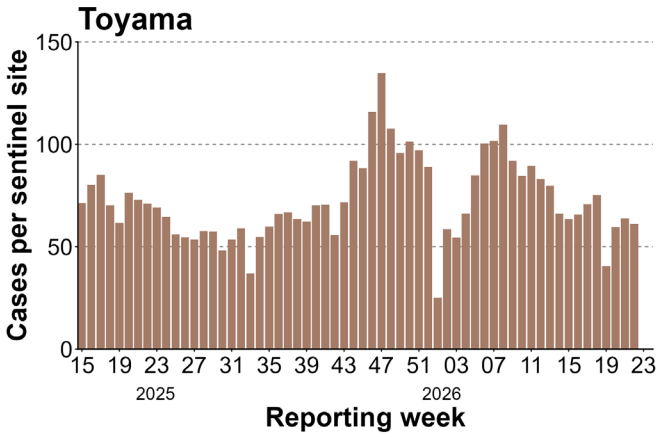

Saitama
Cases per sentinel site
0
50
100
150
200
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

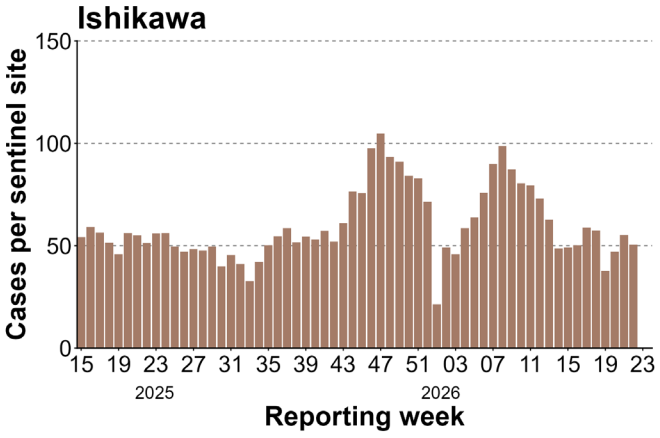

Chiba
Cases per sentinel site
0
50
100
150
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

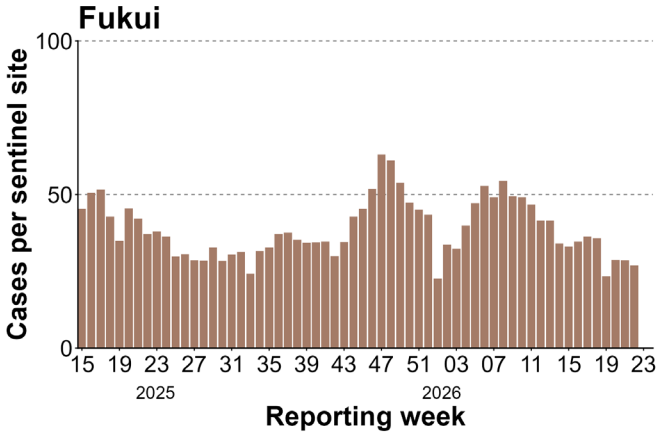

Tokyo
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

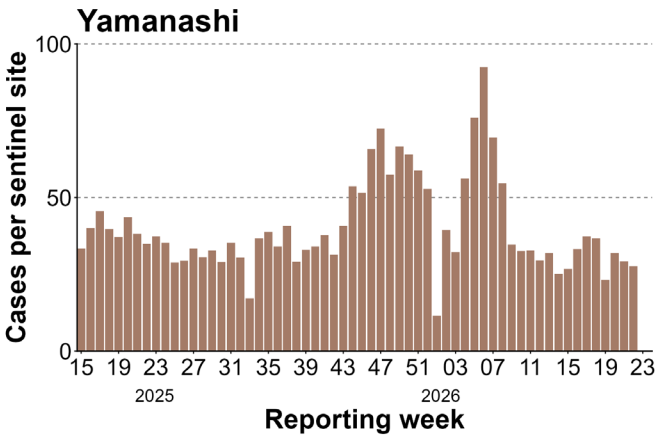

Kanagawa
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week

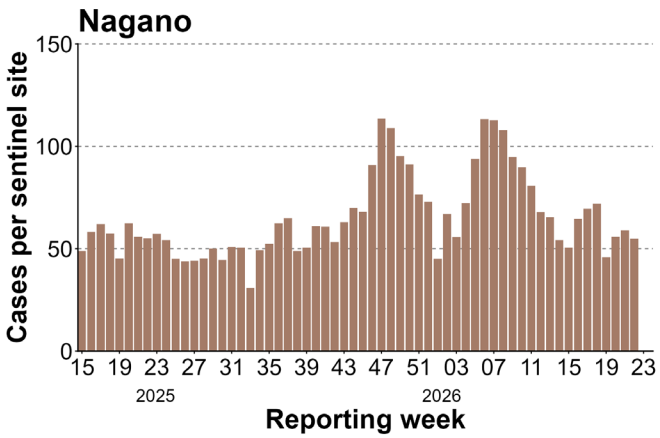

Niigata
Cases per sentinel site
150
100
50
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week


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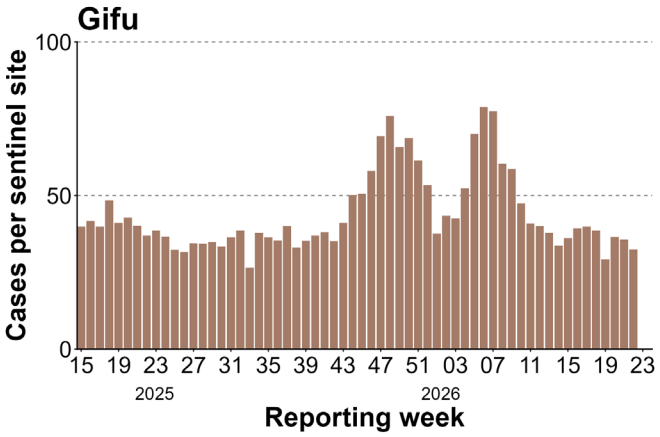
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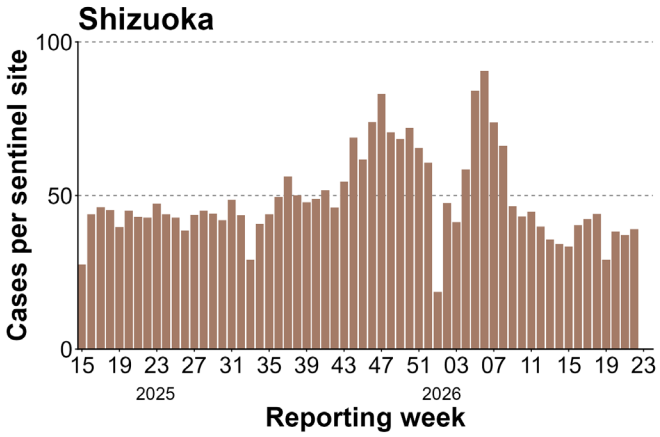
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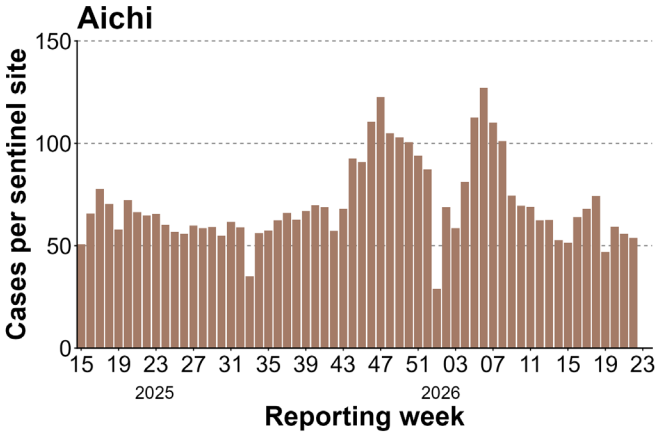
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Cases per sentinel site
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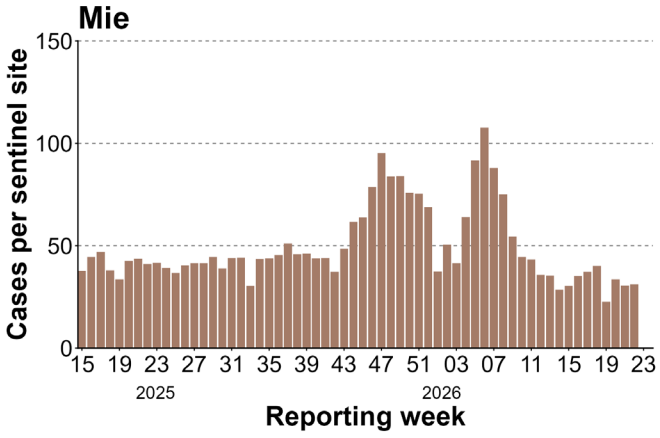
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Cases per sentinel site
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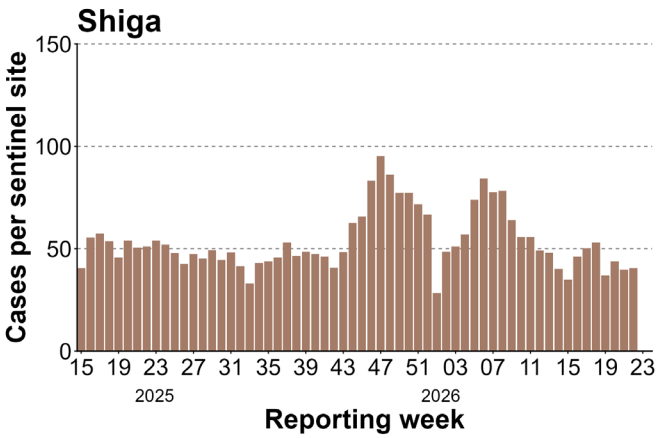
Reporting week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Cases per sentinel site
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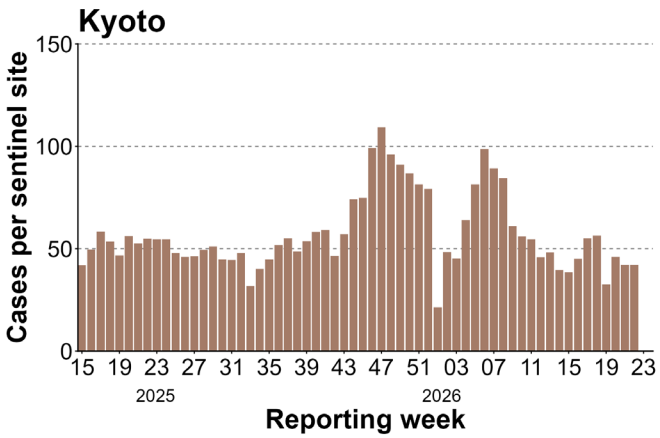
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Cases per sentinel site
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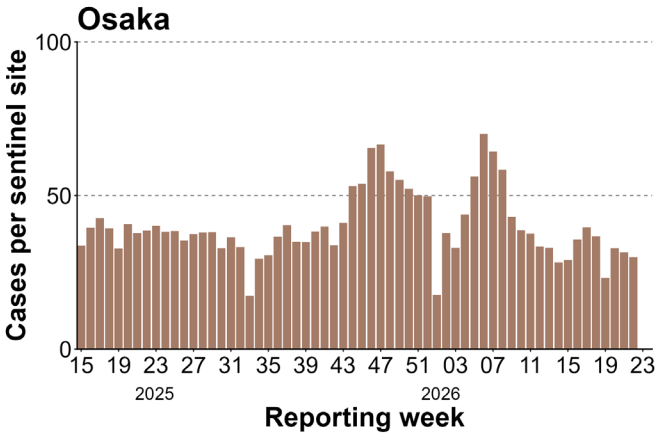
Reporting week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Cases per sentinel site
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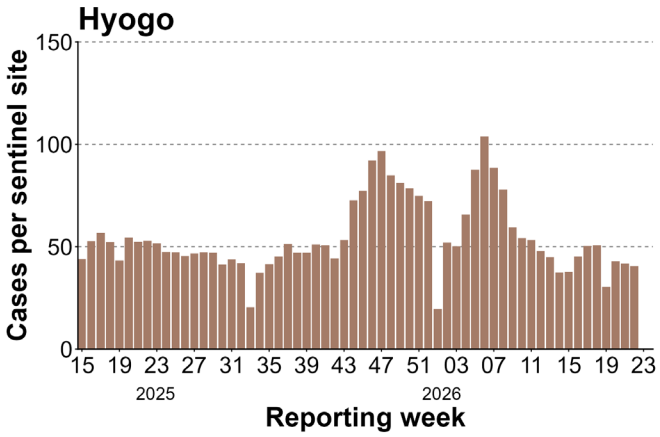
Reporting week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Cases per sentinel site
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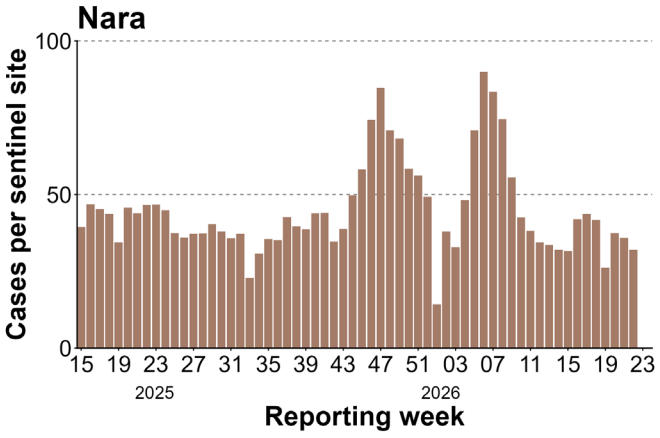
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Cases per sentinel site
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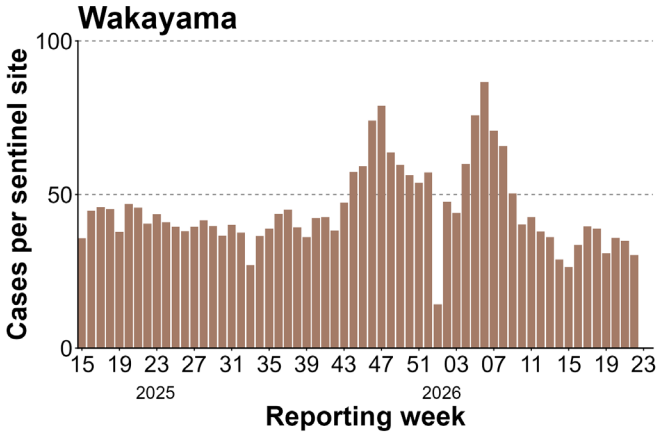
Reporting week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Cases per sentinel site
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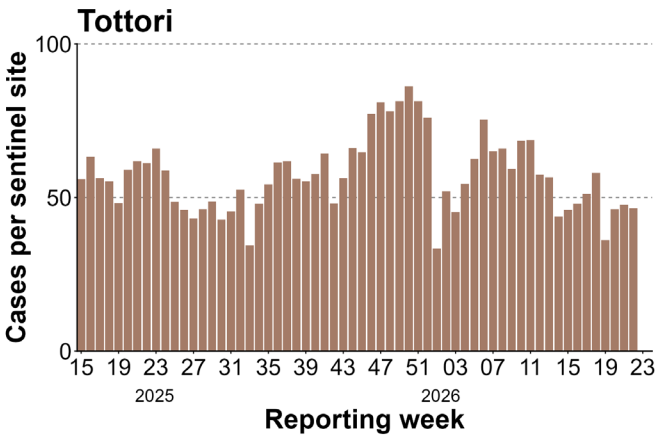
2026
Reporting week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Cases per sentinel site
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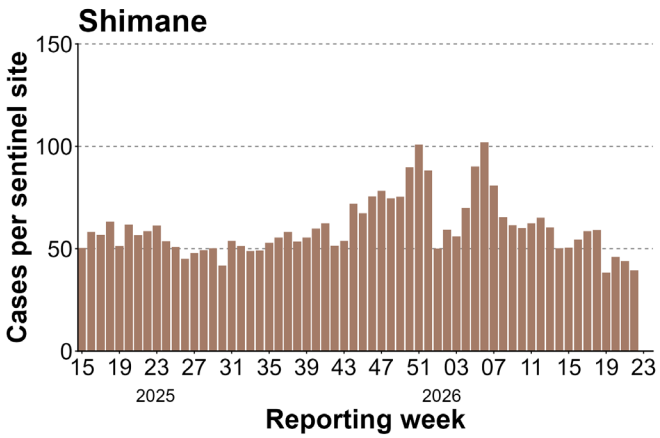
2026
Reporting week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Cases per sentinel site
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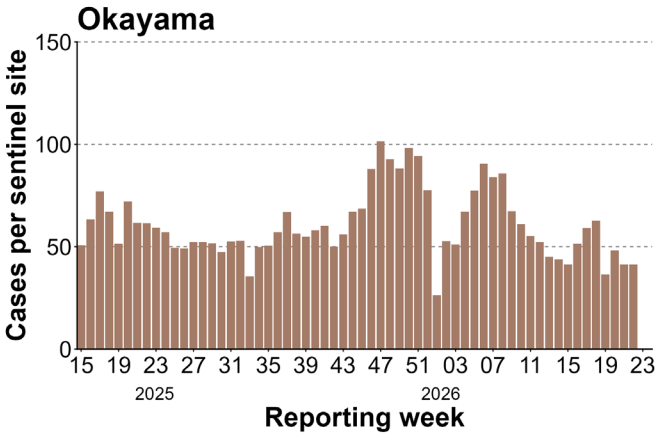
Reporting week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Cases per sentinel site
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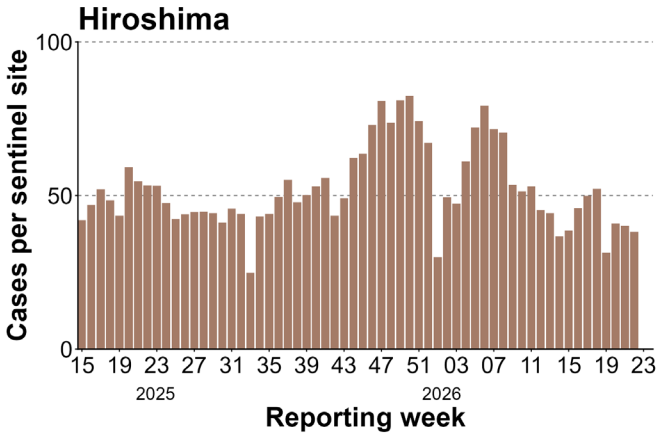
Reporting week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Cases per sentinel site
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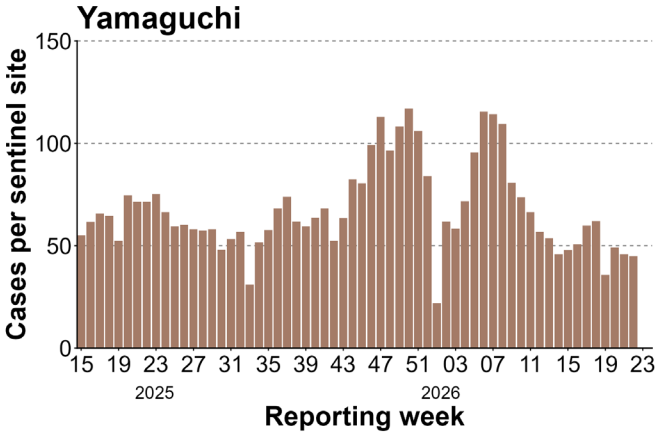
2025
2026
Reporting week


Yamaguchi
Cases per sentinel site
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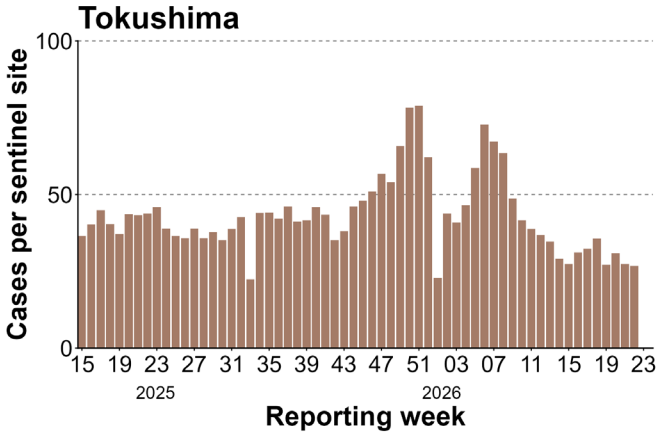
2025
2026
Reporting week


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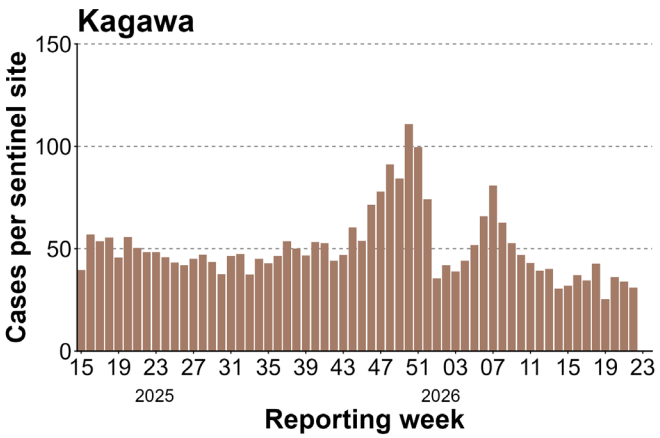
2025
2026
Reporting week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Cases per sentinel site
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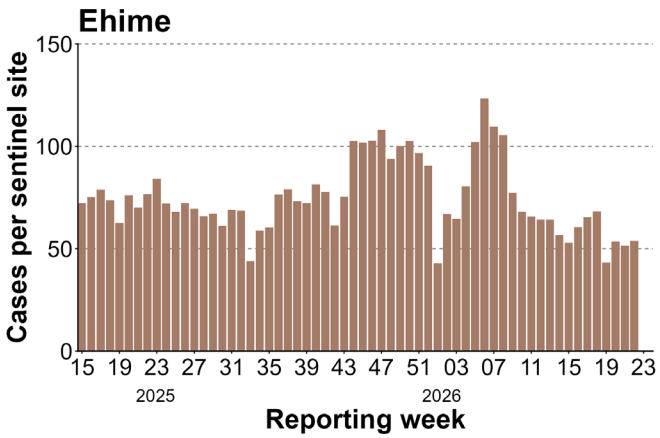
2025
2026
Reporting week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Cases per sentinel site
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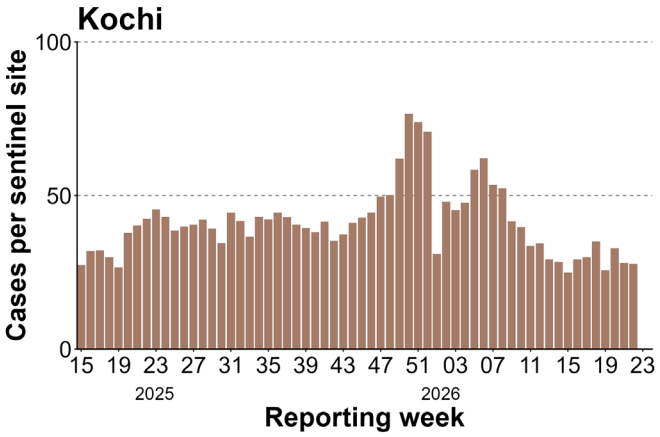
Reporting week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Cases per sentinel site
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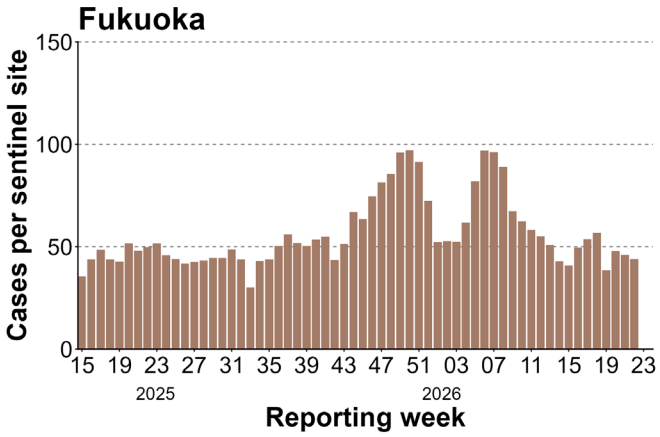
Reporting week


Fukuoka
Cases per sentinel site
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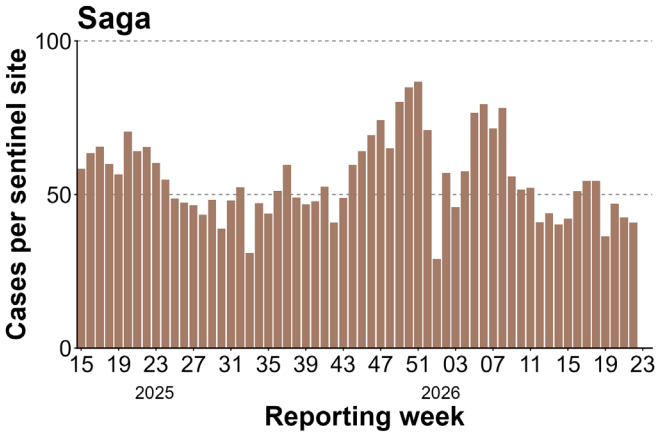
2025
2026
Reporting week


Saga
Cases per sentinel site
100
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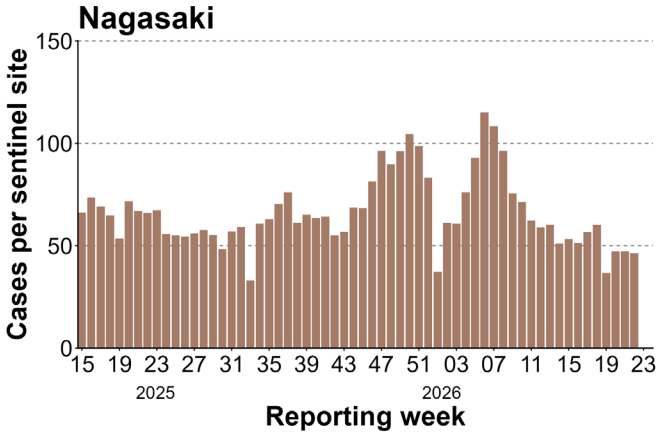
2025
2026
Reporting week


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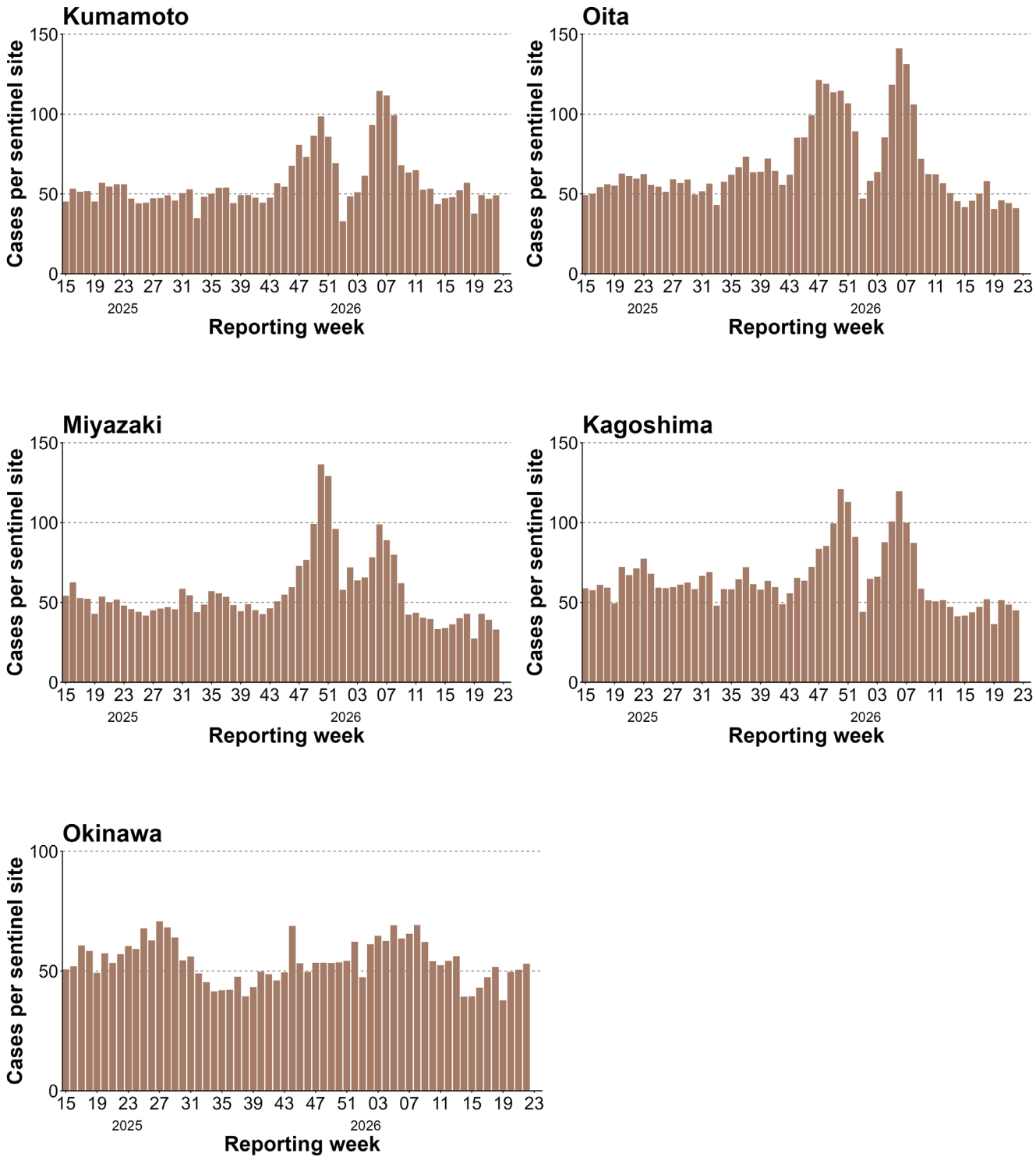
0
15 19 23 27 31 35 39 43 47 51 03 07 11 15 19 23
2025
2026
Reporting week



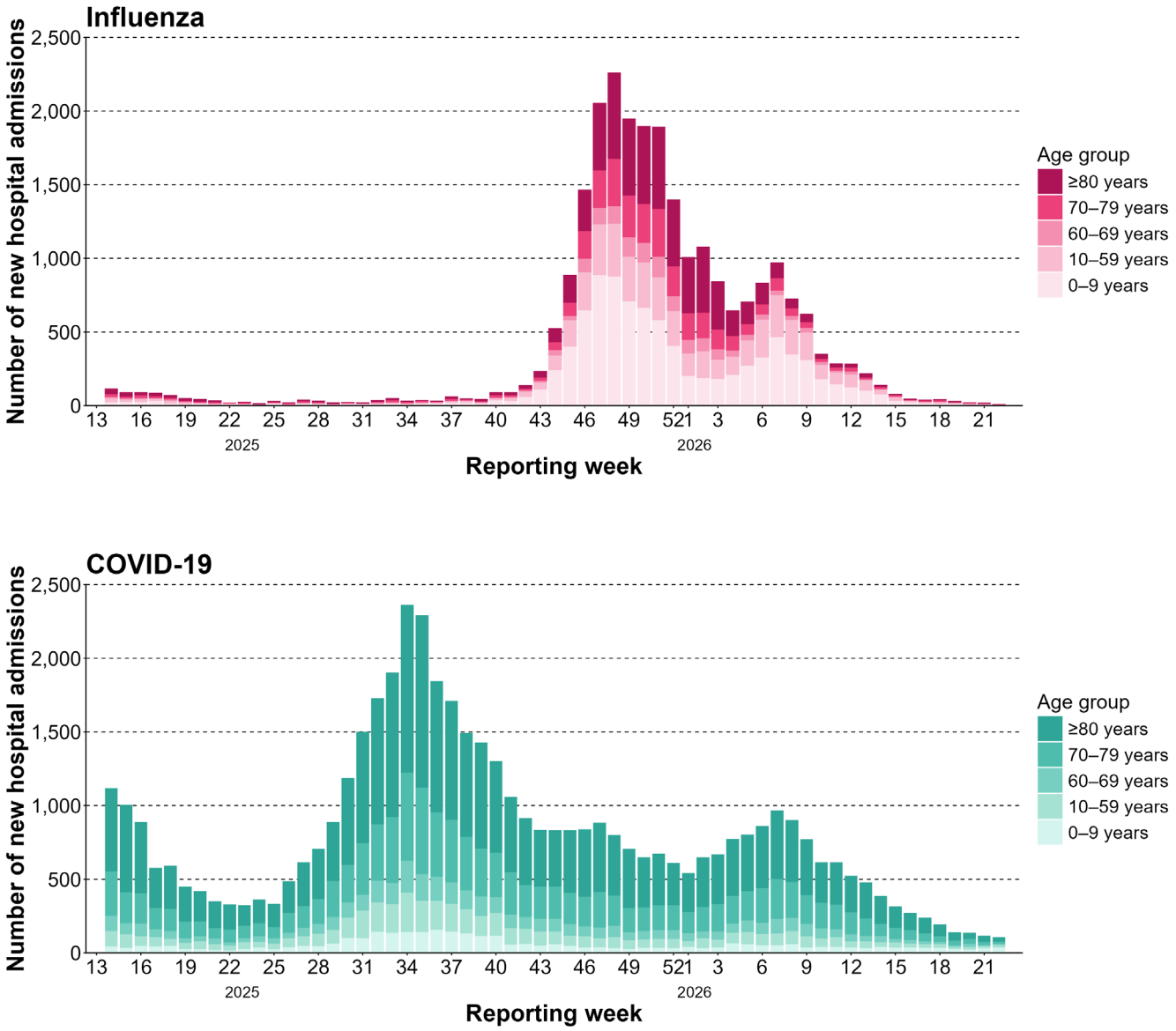
Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 22 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 12 new hospital admissions due to influenza were reported, representing a decrease of 9 cases compared with the previous week. 107 new hospital admissions due to COVID-19 were reported, representing a decrease of 9 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 June 3, 2026 (data range: April 7, 2025 – May 31, 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 22

Age group	Influenza	COVID-19
0–9 years	2	37
	(0.33)	(1.12)
10–59 years	2	17
	(1.00)	(1.31)
60–69 years	1	7
	(0.33)	(0.88)
70–79 years	4	16
	(1.33)	(0.80)
≥80 years	3	30
	(0.43)	(0.71)
Total	12	107
	(0.57)	(0.92)

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

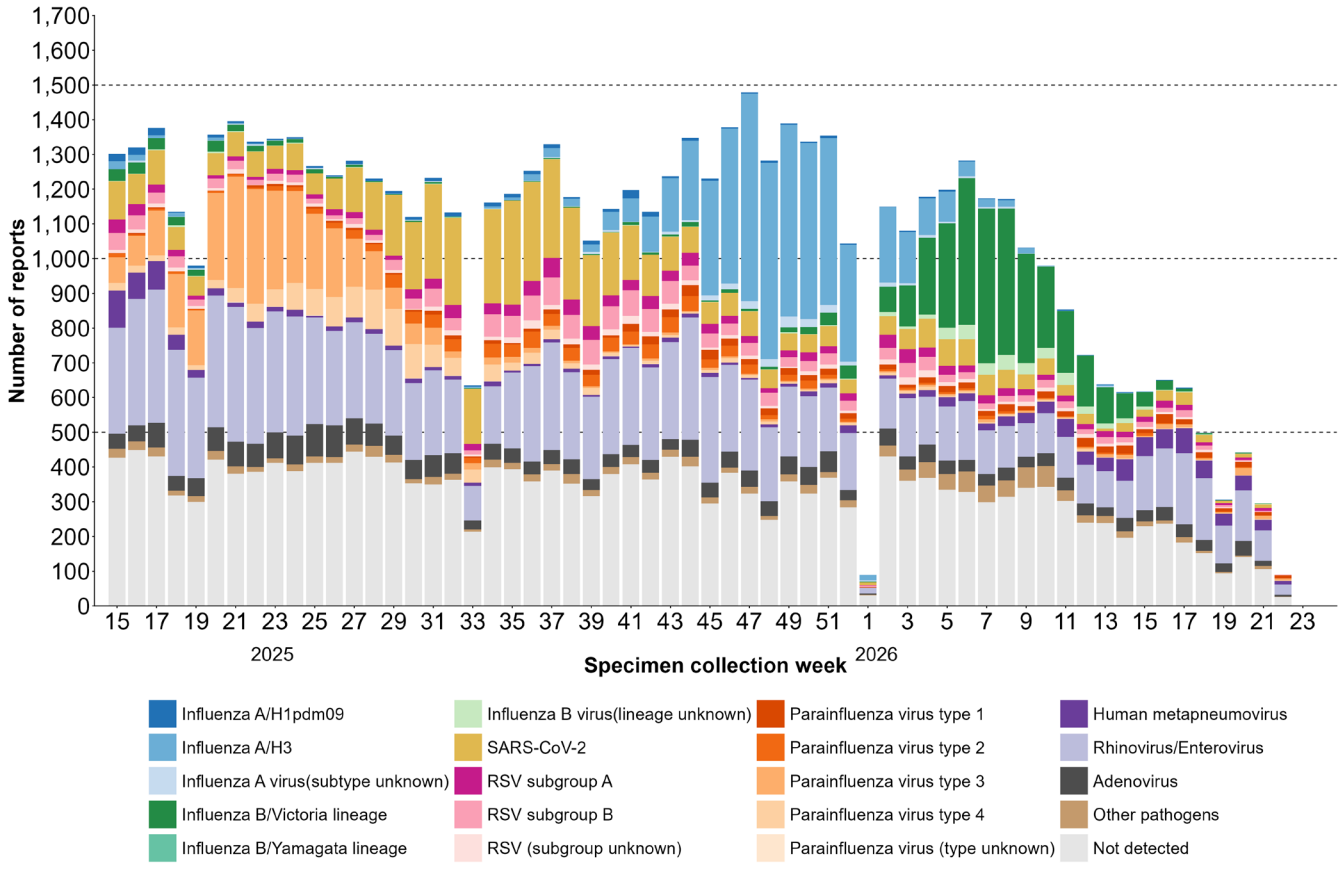
Among specimens collected at ARI pathogen sentinel sites in week 22 of 2026 and reported by the time of analysis, a total of 76 specimens were reported. Of these, no specimens were positive for influenza A virus, influenza B virus, or SARS-CoV-2, and 2 specimens were positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza A virus, influenza B virus, and SARS-CoV-2, and 2.6% for RSV (Figure 7).

Specimens collected in week 17 (April 20–26) 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.

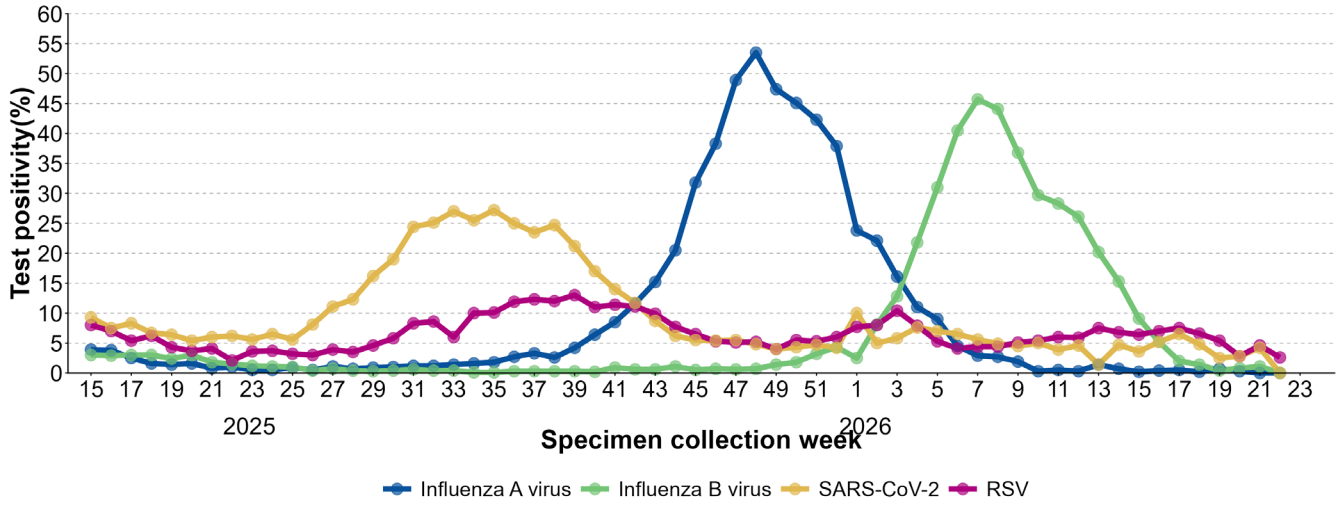
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 22, 1 specimen of human metapneumovirus, 1 specimen of parainfluenza virus 3, and 1 specimen of rhinovirus/enterovirus were reported.

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



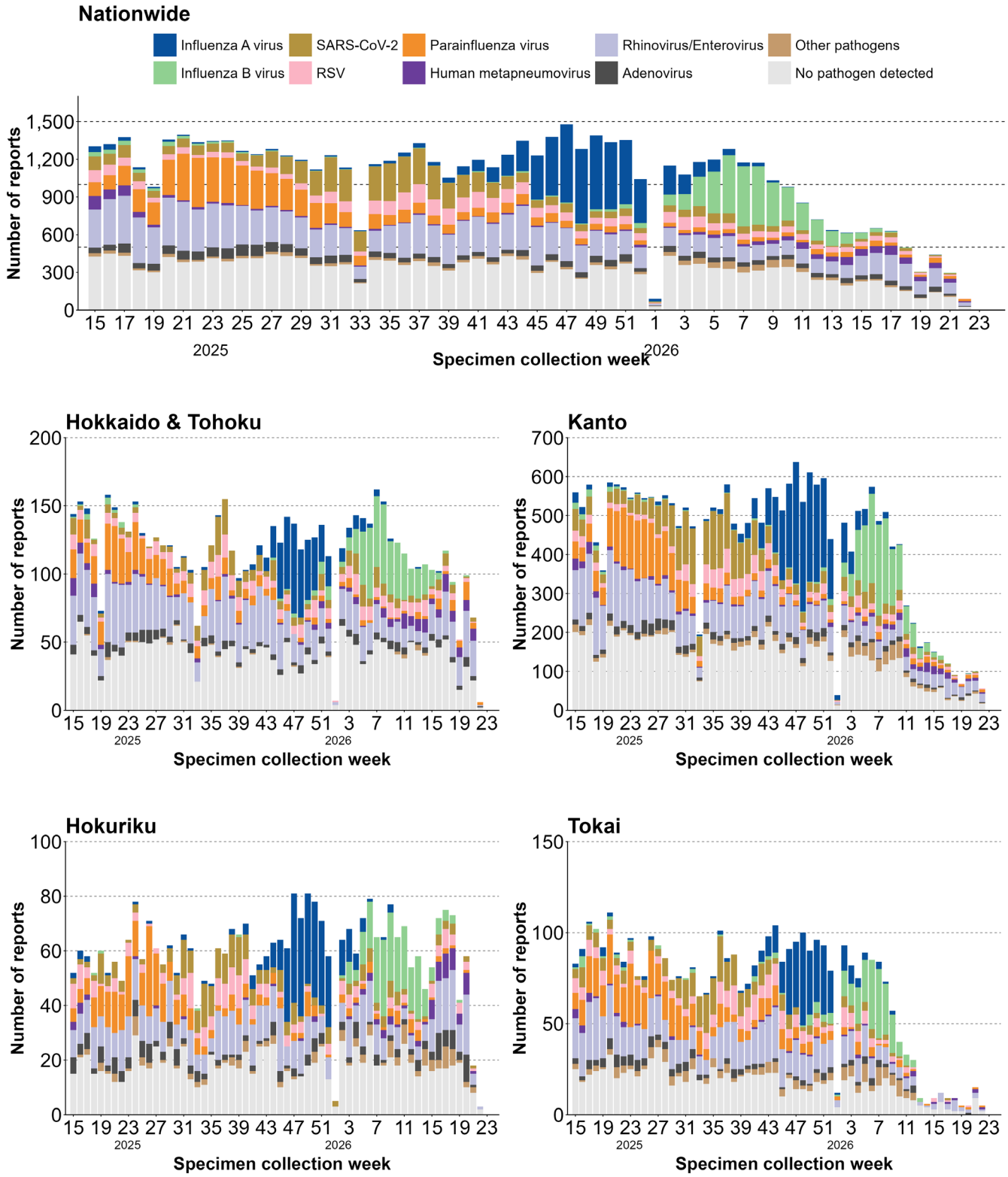
Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily 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.

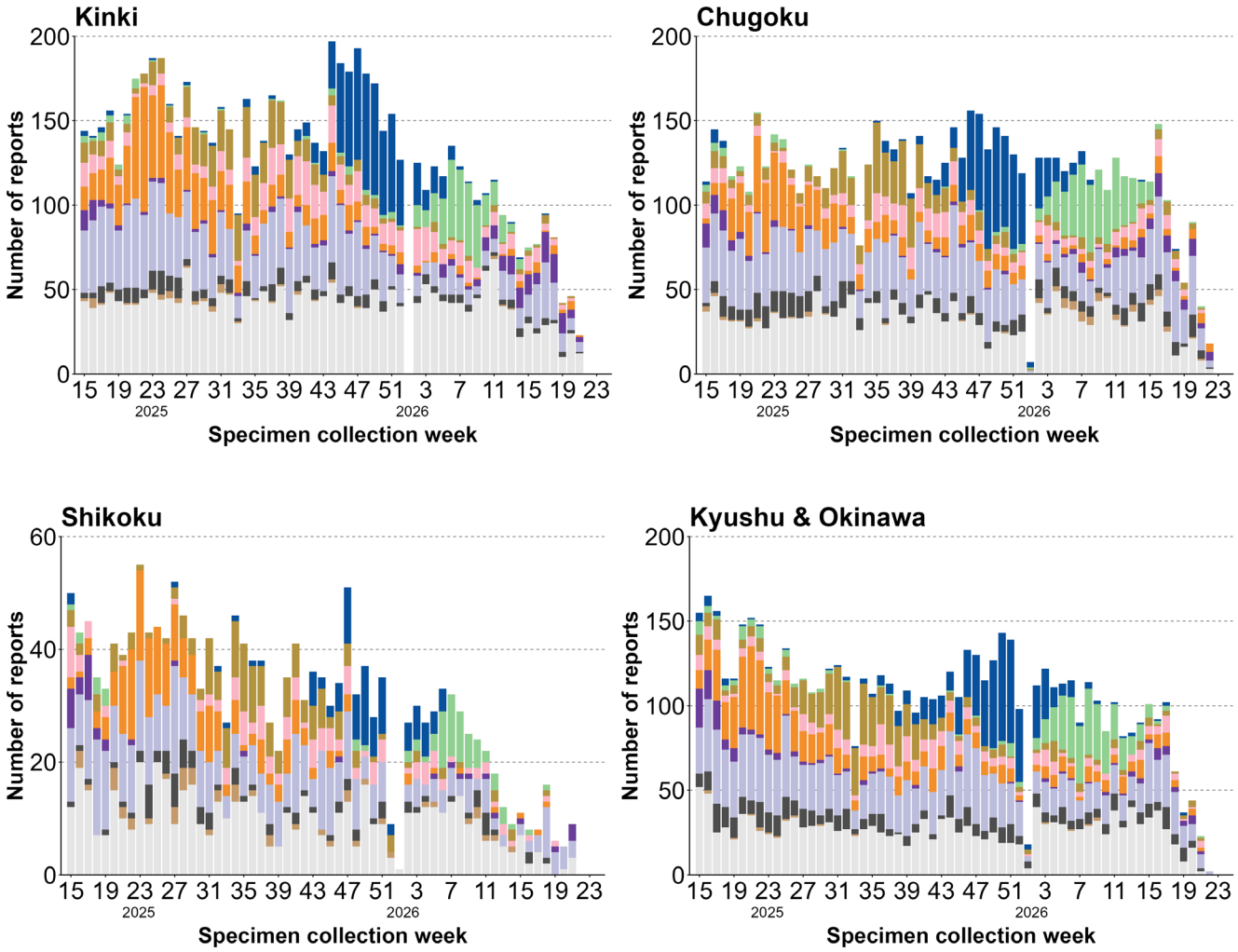
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 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 June 3, 2026 (data range: April 7, 2025 – May 31, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation and may not necessarily match figures published in previous reports. When multiple pathogens are detected from a single specimen, all detected pathogens are counted. “Rhinovirus/Enterovirus” indicates that either rhinovirus or enterovirus was detected. “Other pathogens” refers to pathogens not listed in the legend. For weeks and regions with no detections or no reports, it should be noted that this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

Table 5. Number of specimens and most frequently detected pathogen by region in week 17 (April 20–26)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	106	Rhinovirus/Enterovirus
Kanto	116	Rhinovirus/Enterovirus
Hokuriku	62	Rhinovirus/Enterovirus
Tokai	9	Rhinovirus/Enterovirus
Kinki	89	Rhinovirus/Enterovirus
Chugoku	86	Rhinovirus/Enterovirus
Shikoku	8	Rhinovirus/Enterovirus
Kyushu & Okinawa	82	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: May 25, 2026 – May 31, 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
● 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

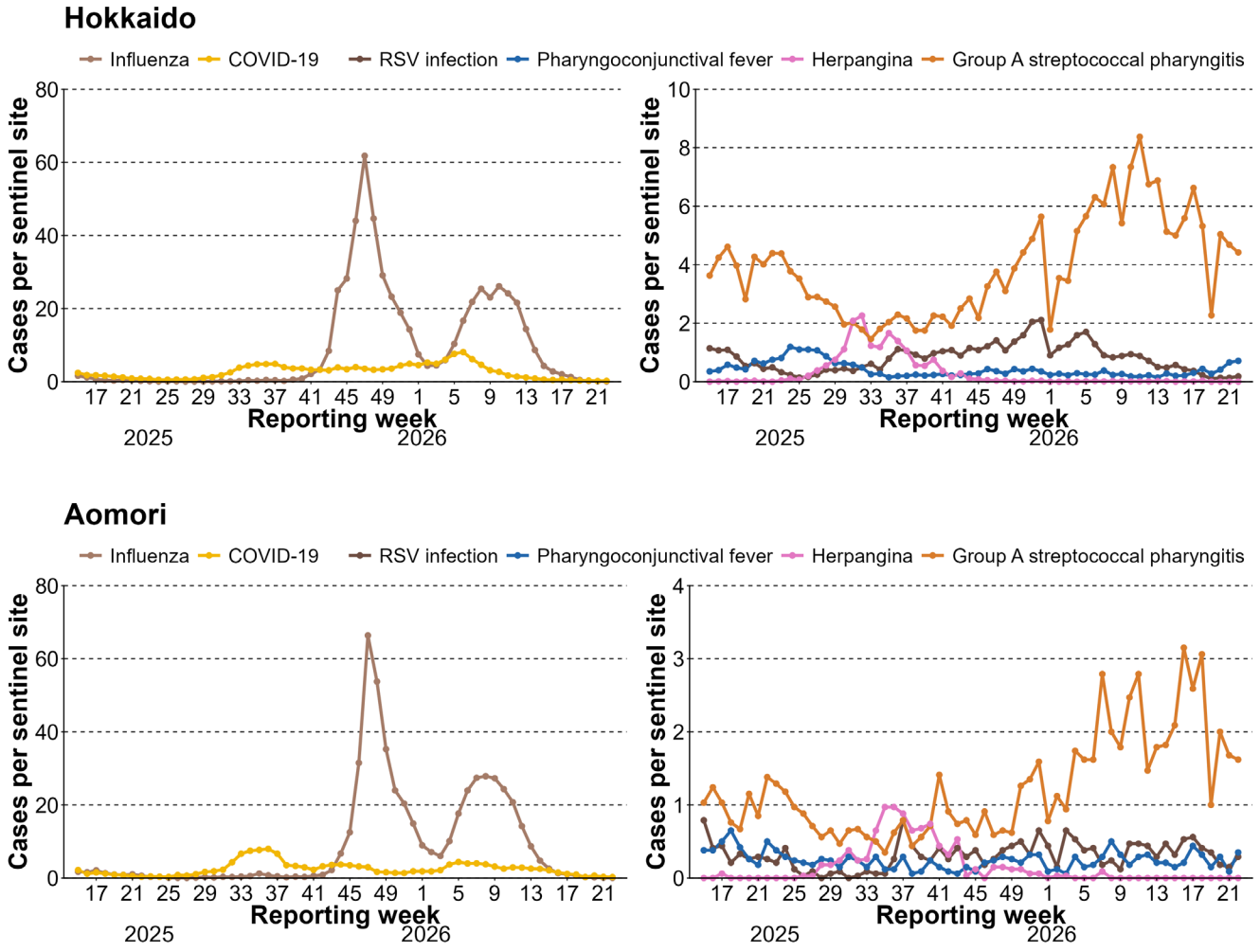
Supplementary information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

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 17	Week 18	Week 19	Week 20	Week 21	Week 22
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	0	1	0	0	0	0
SARS-CoV-2	3	2	0	1	1	0
RSV	3	0	0	3	0	0
Parainfluenza virus 1	0	0	1	1	0	0
Parainfluenza virus 2	0	0	0	0	0	0
Parainfluenza virus 3	0	0	0	0	0	1
Parainfluenza virus 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	2	0	0	0	0	0
Rhinovirus/Enterovirus	5	8	4	7	5	1
Human metapneumovirus	2	3	2	4	6	1
Adenovirus	2	0	0	0	0	0
Coronavirus HKU1	1	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	2	0	1	0	0	0
Coronavirus OC43	0	0	0	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 June 3, 2026 (data range: April 20, 2026 to May 31, 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 17 medical institutions participated between weeks 17–22.
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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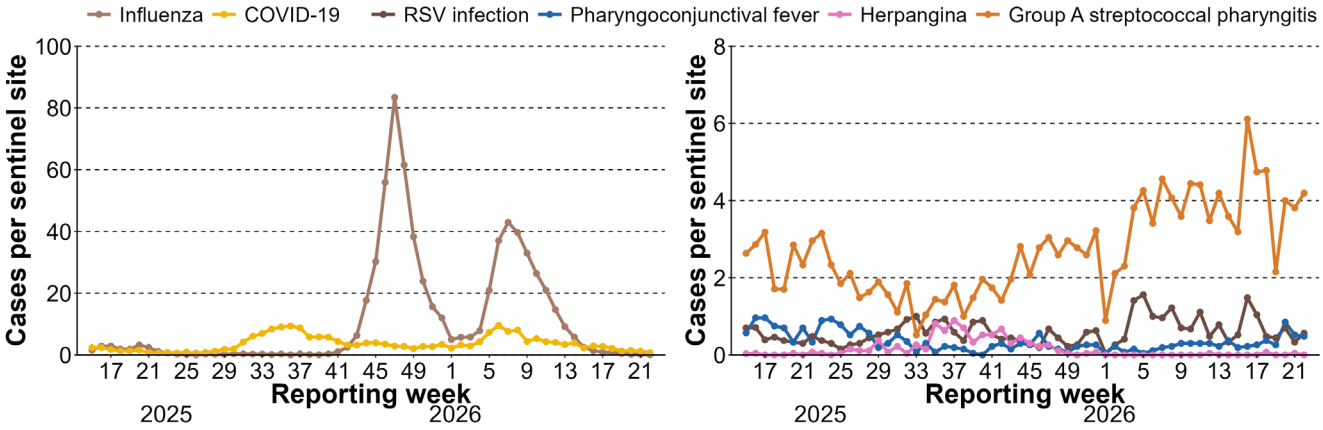

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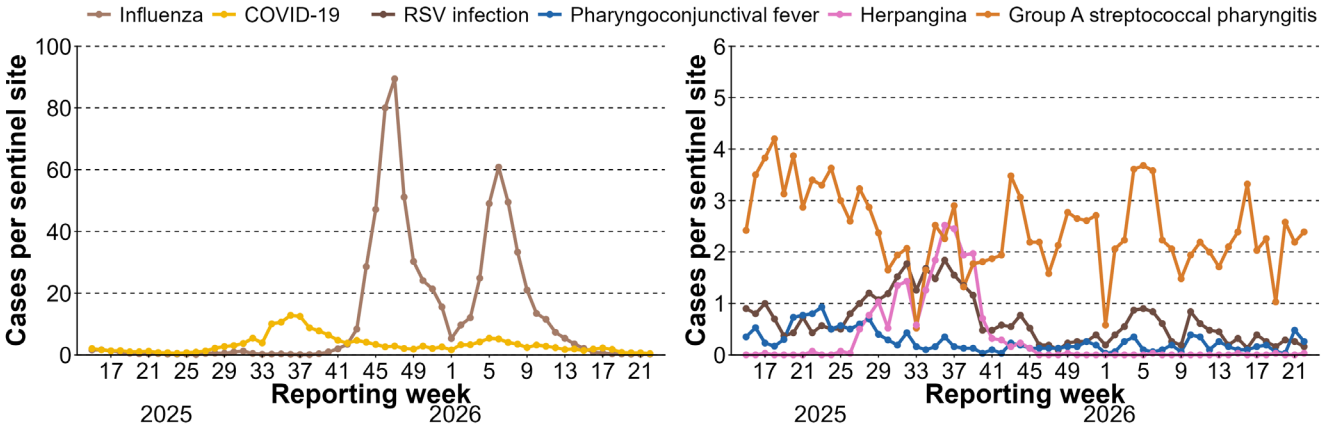

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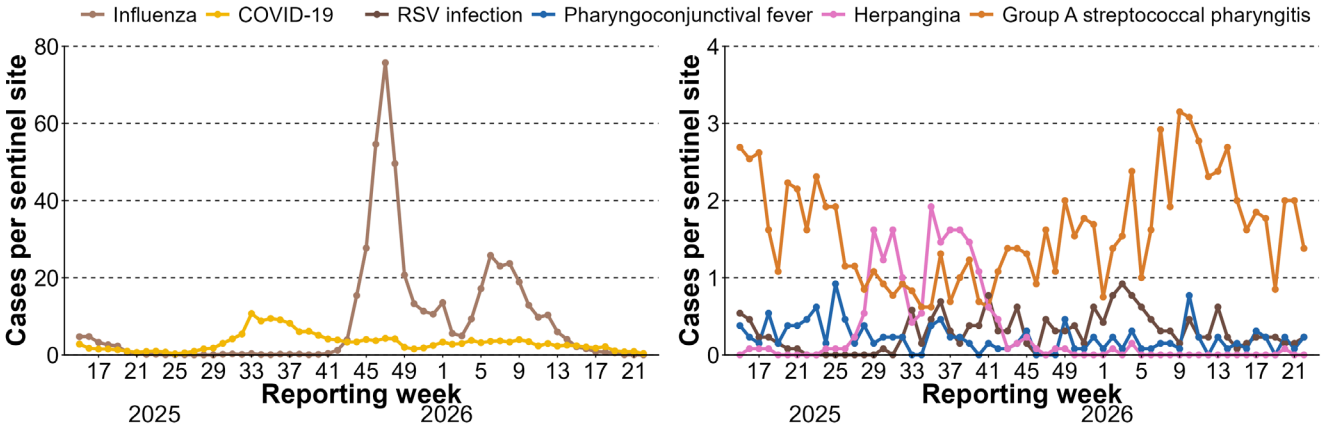

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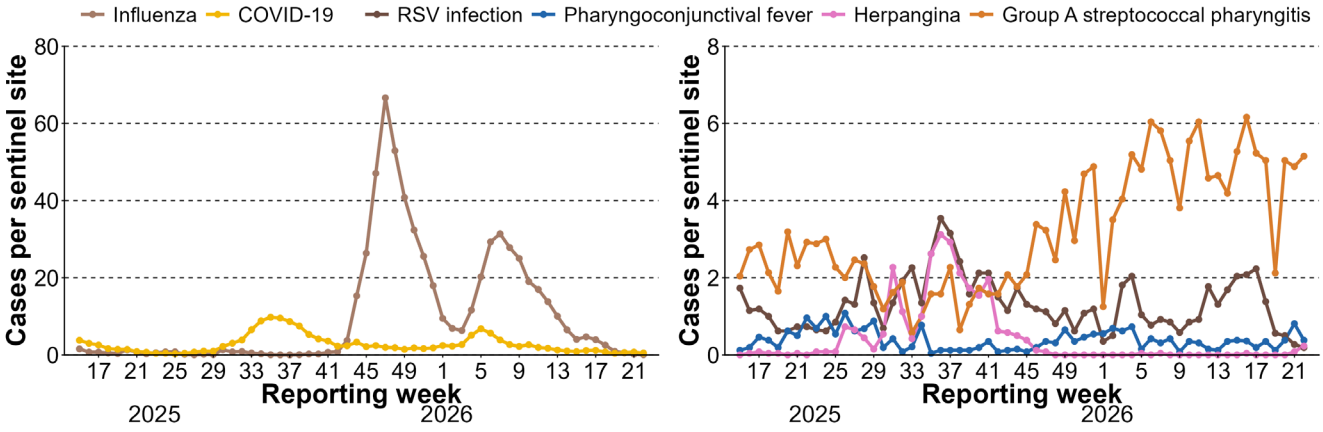

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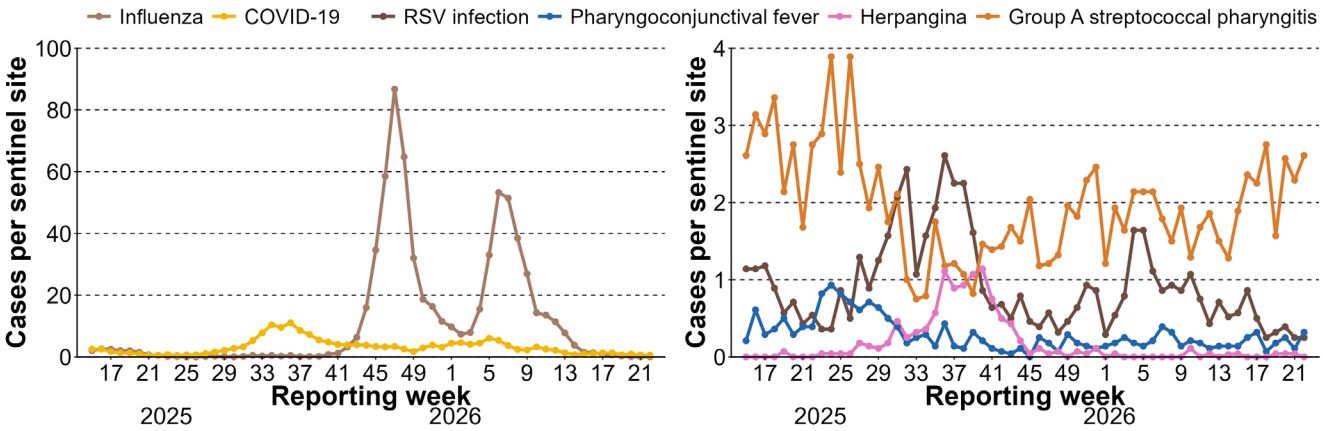

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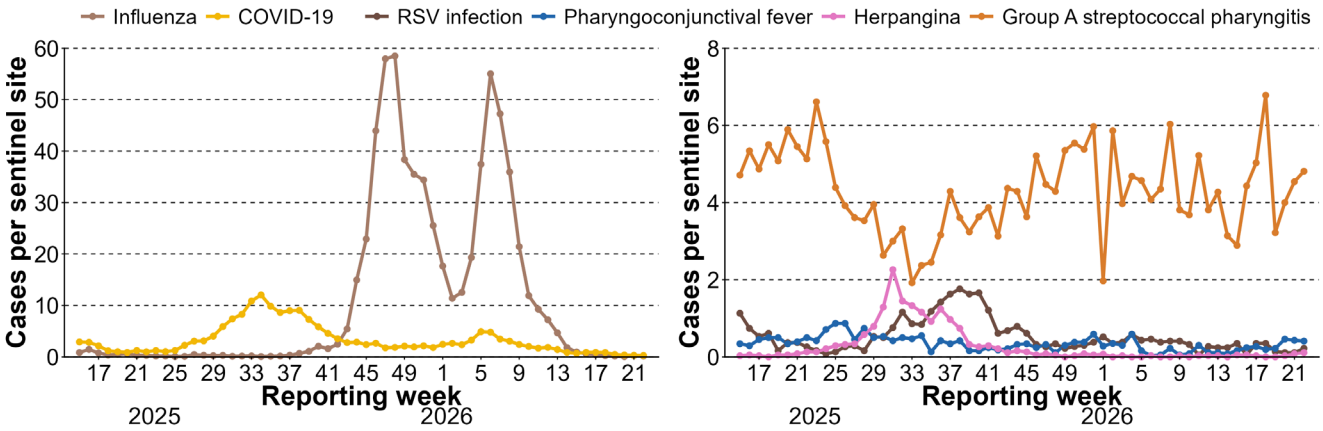

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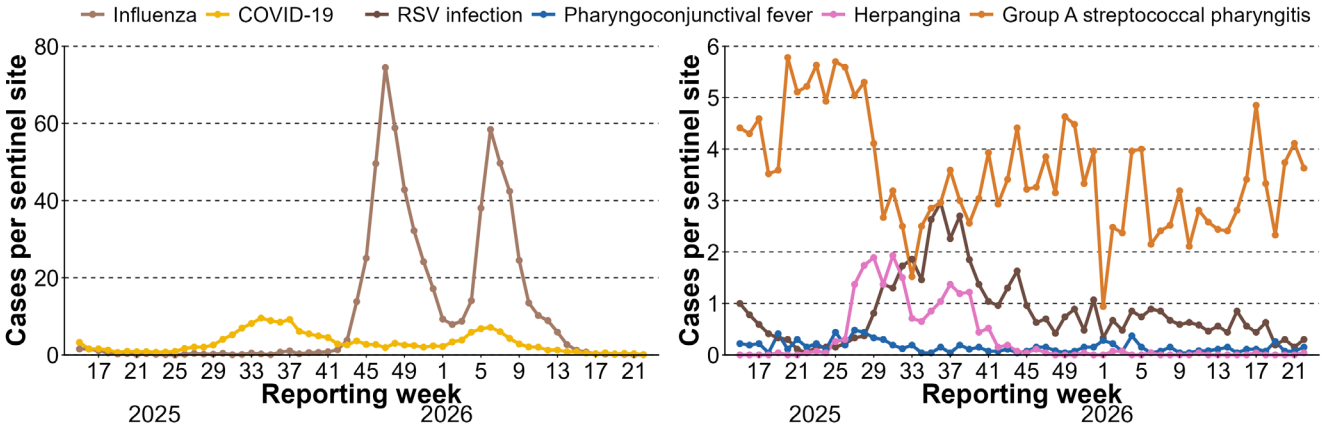

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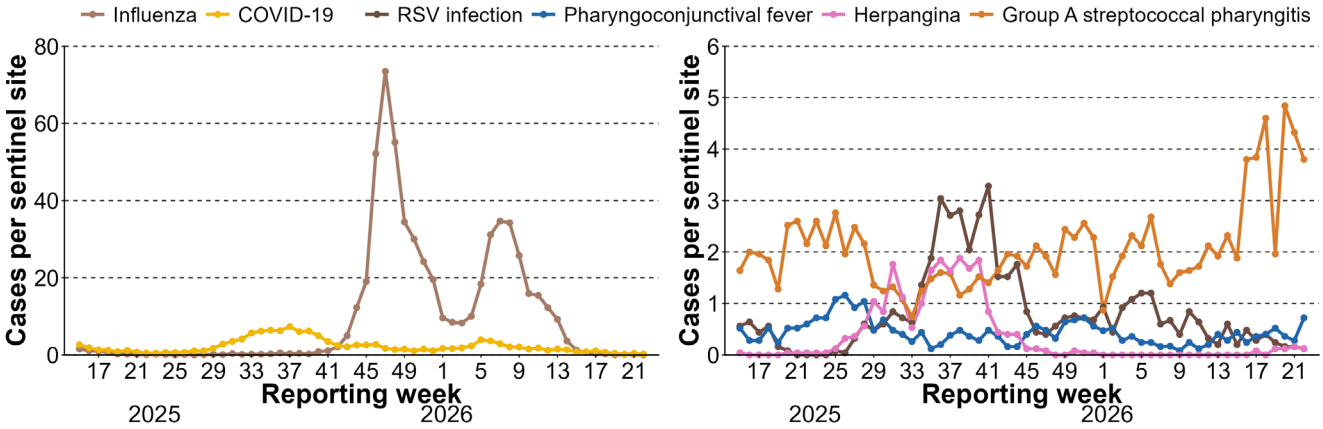

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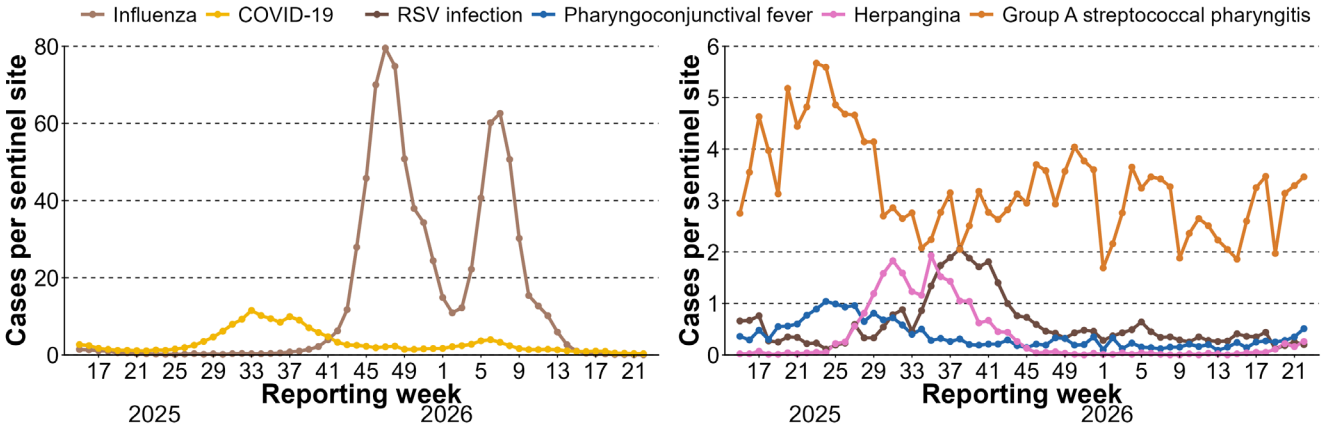

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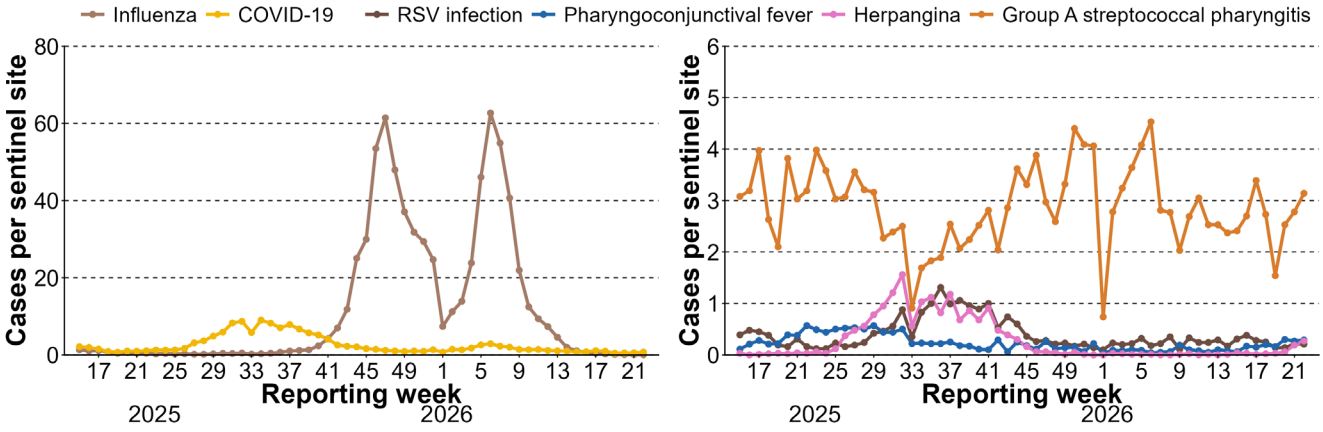

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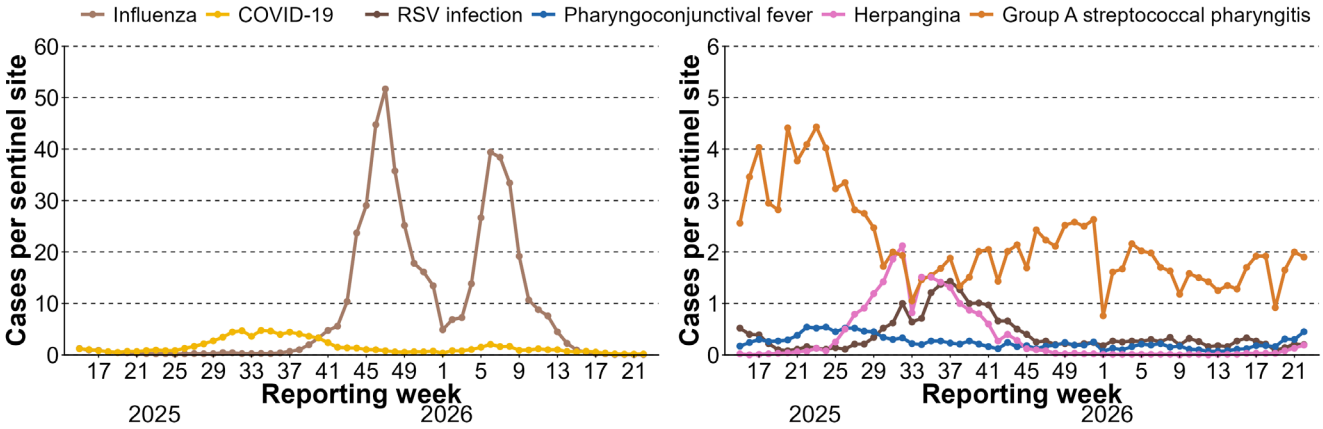

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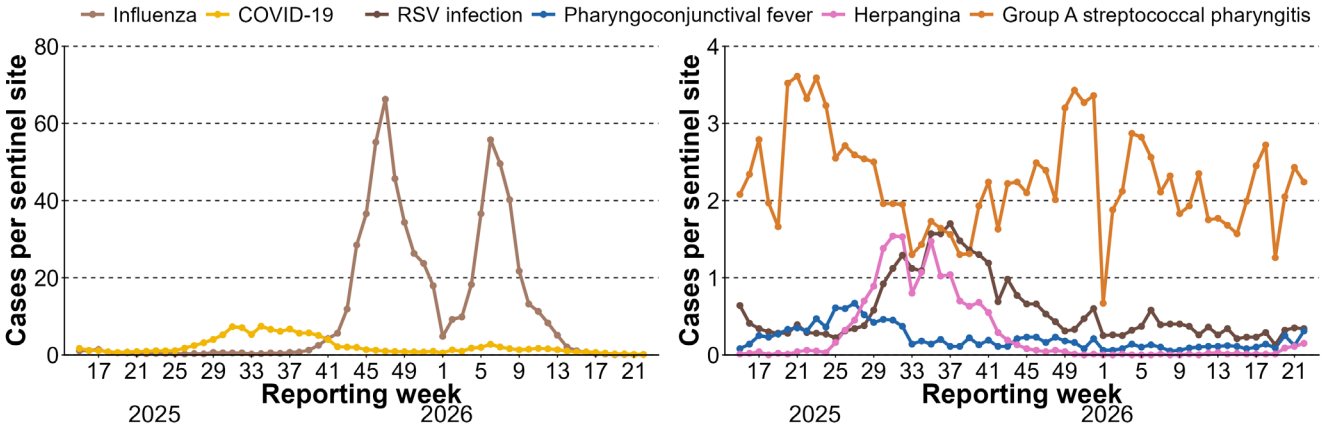

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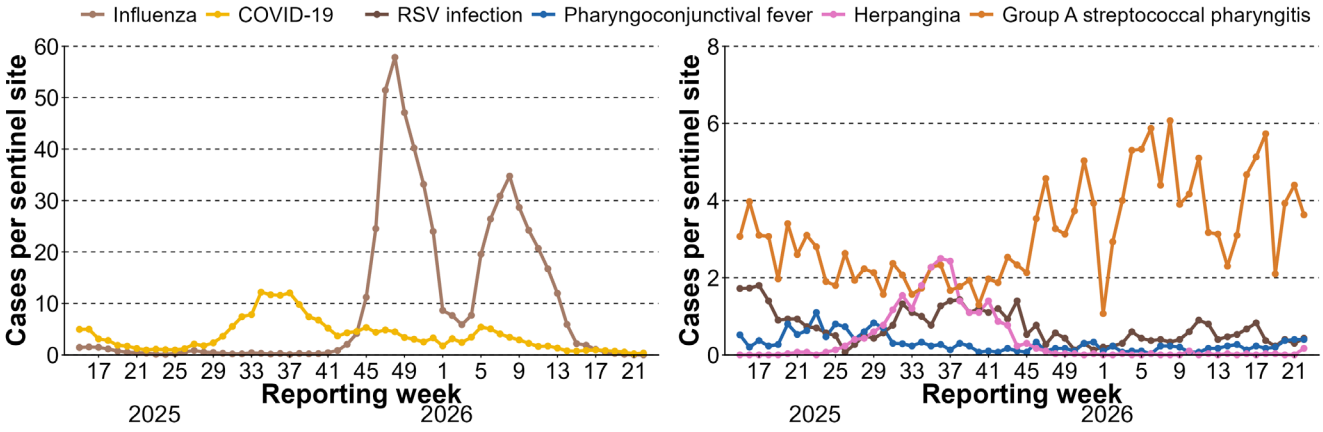

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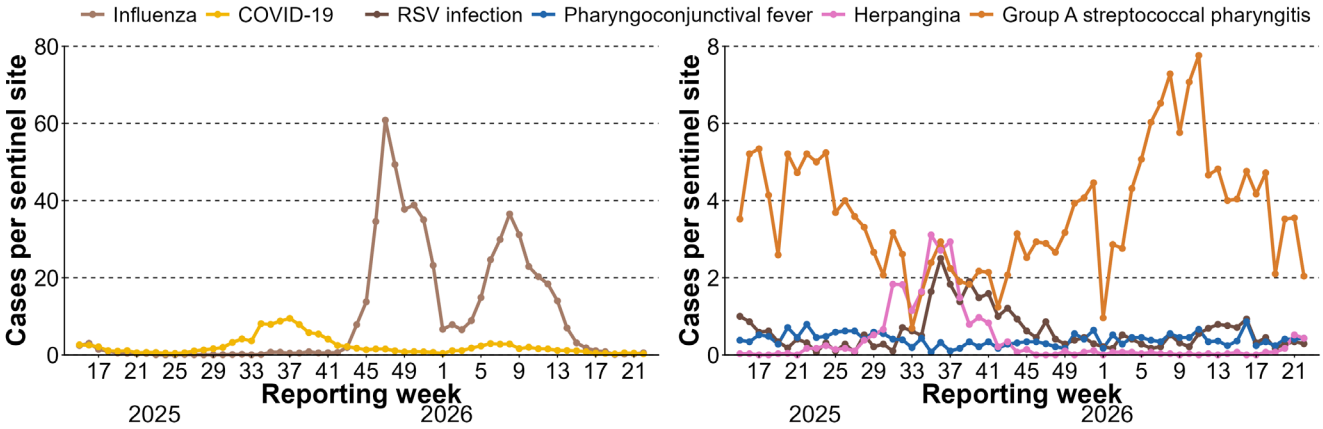

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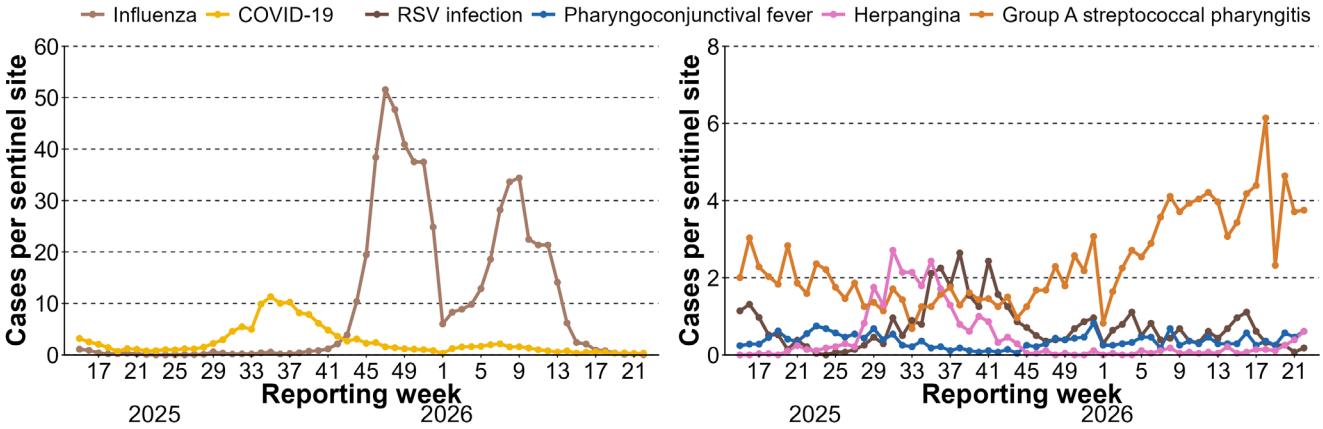

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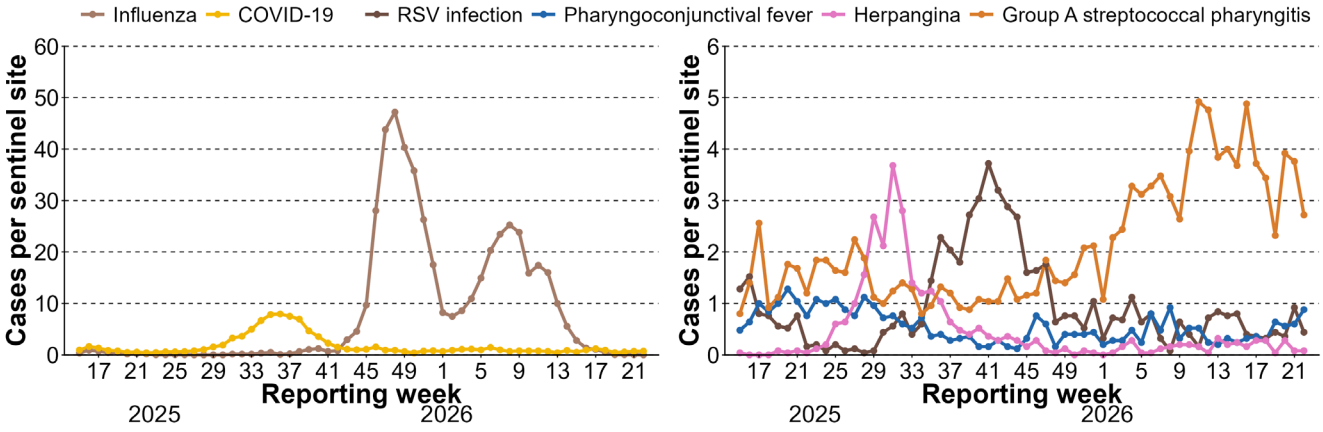

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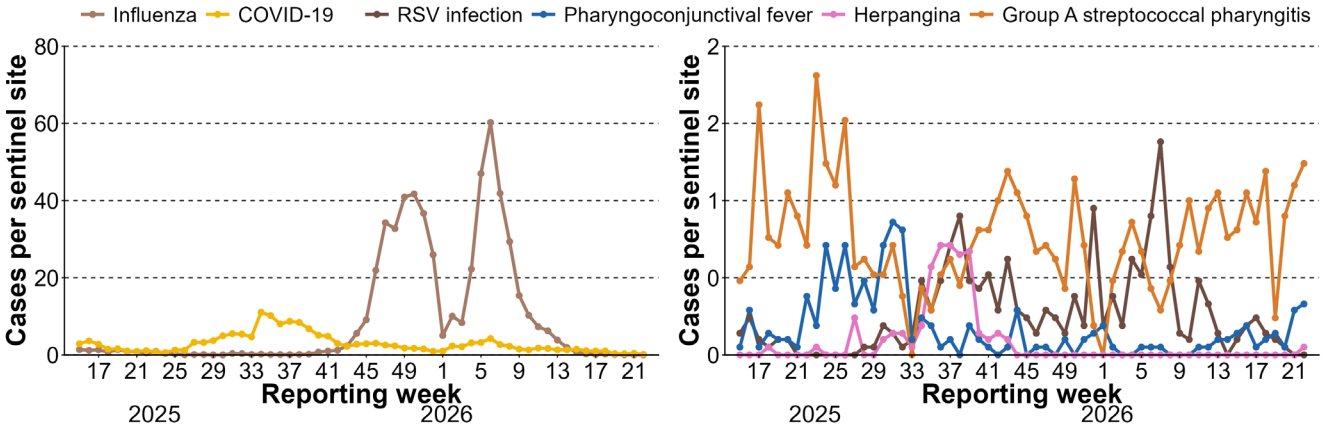

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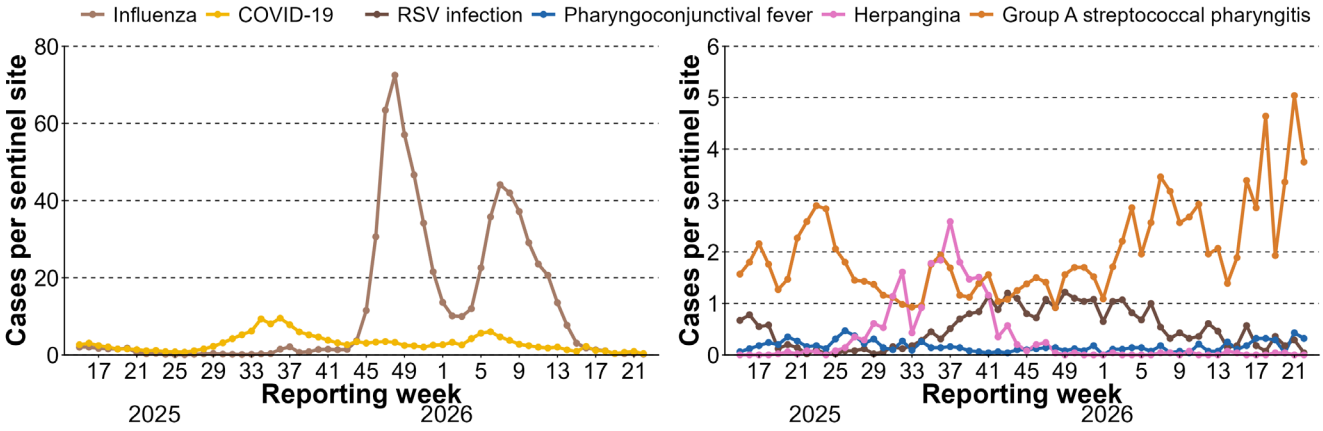

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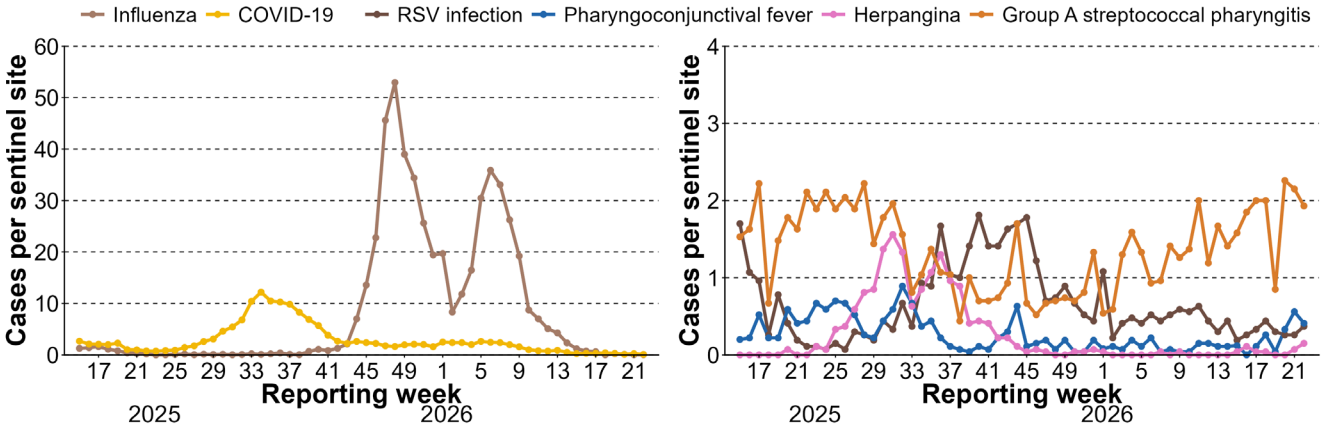

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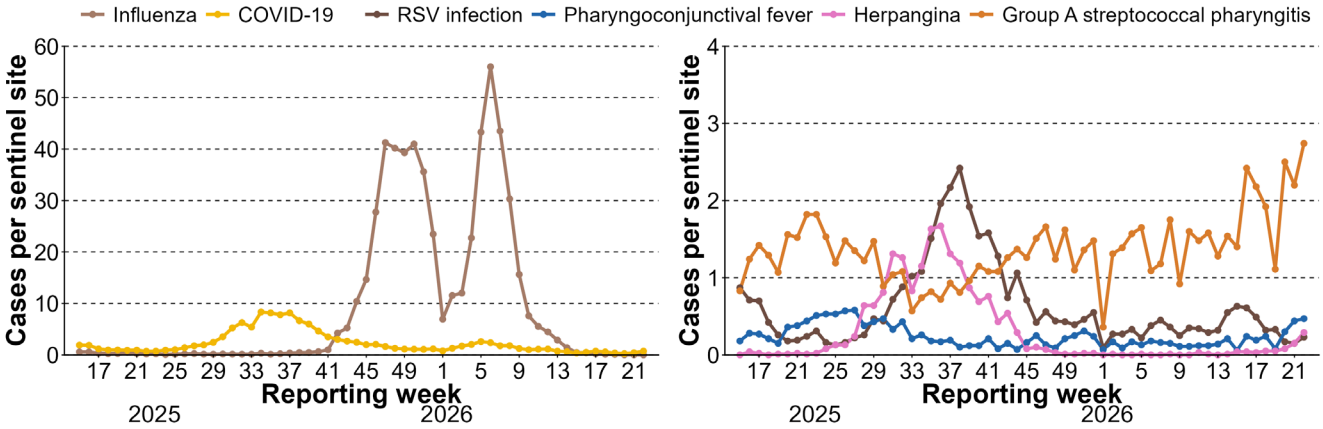

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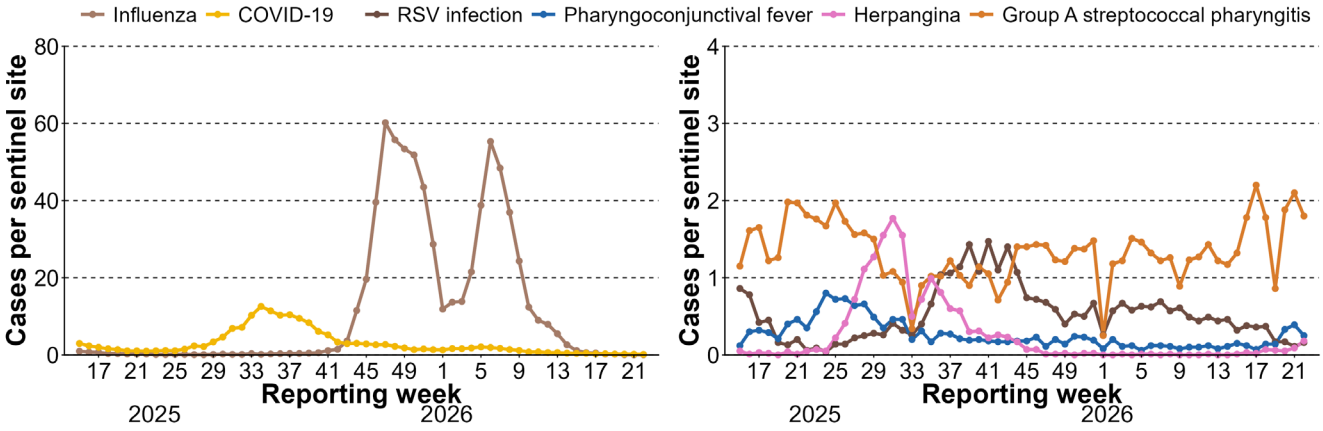

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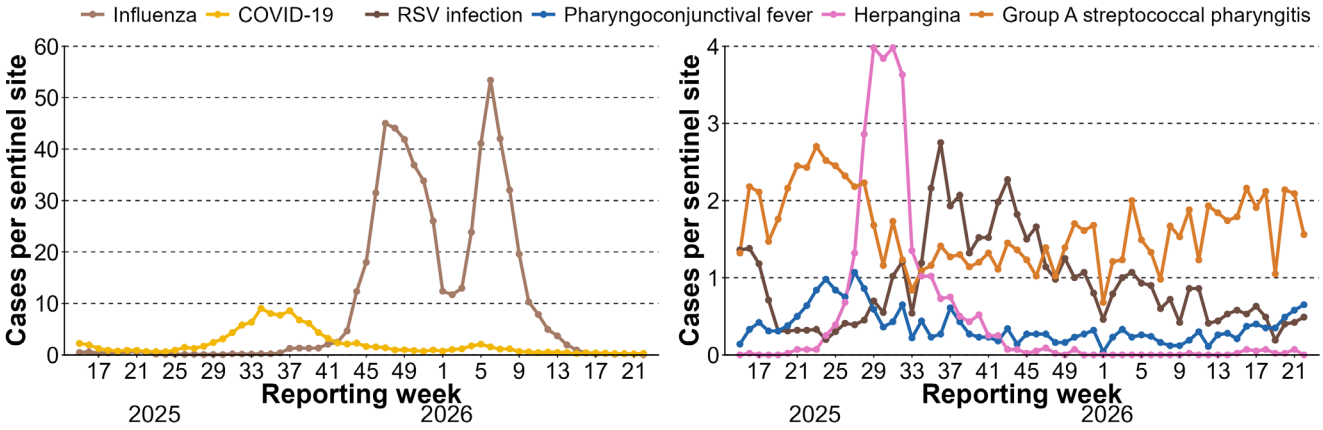

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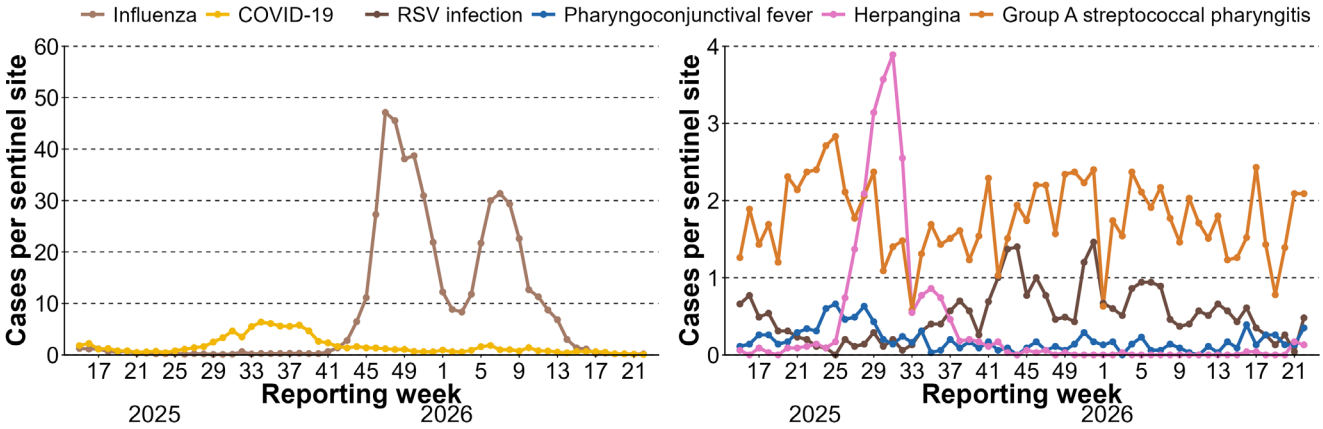

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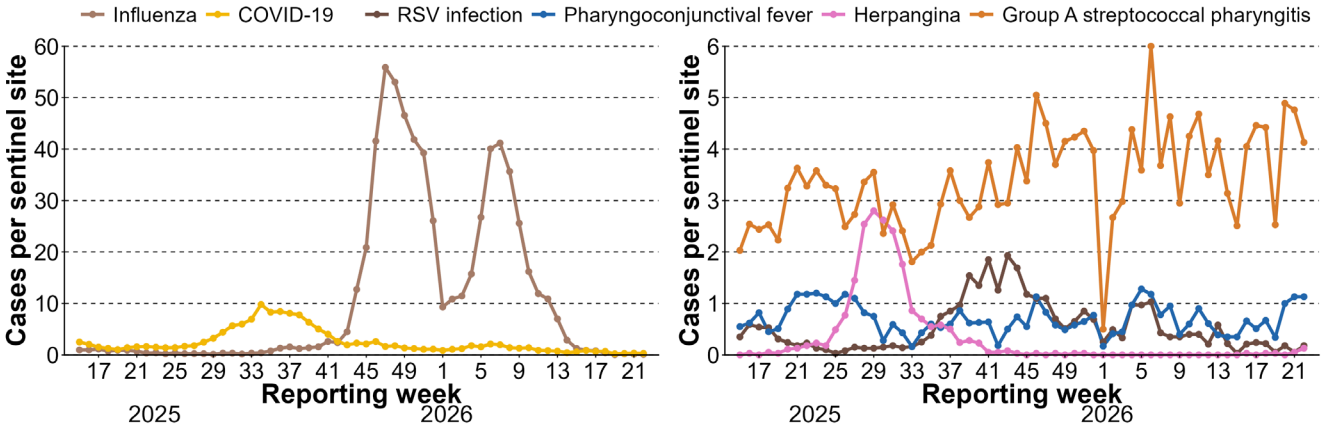

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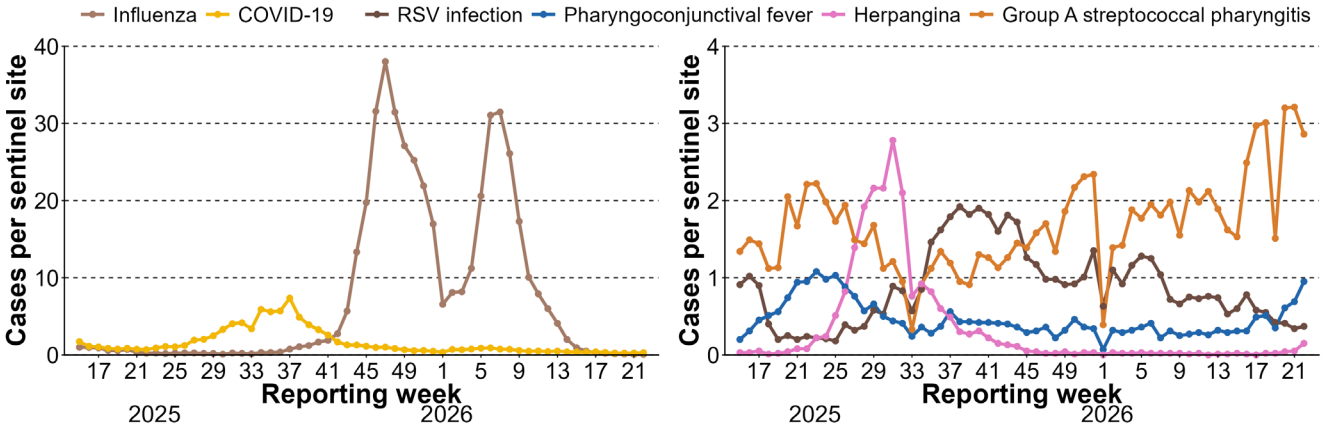

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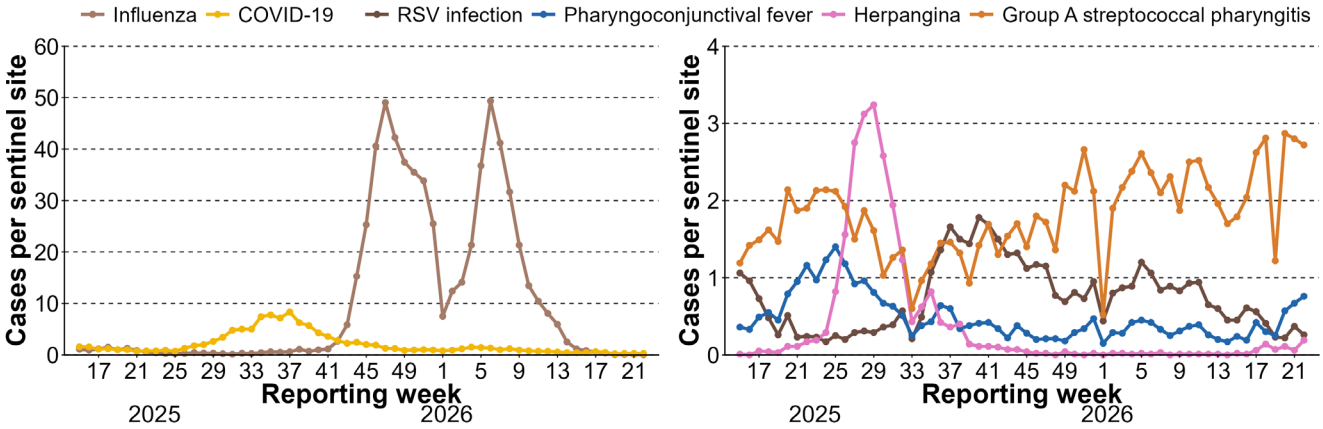

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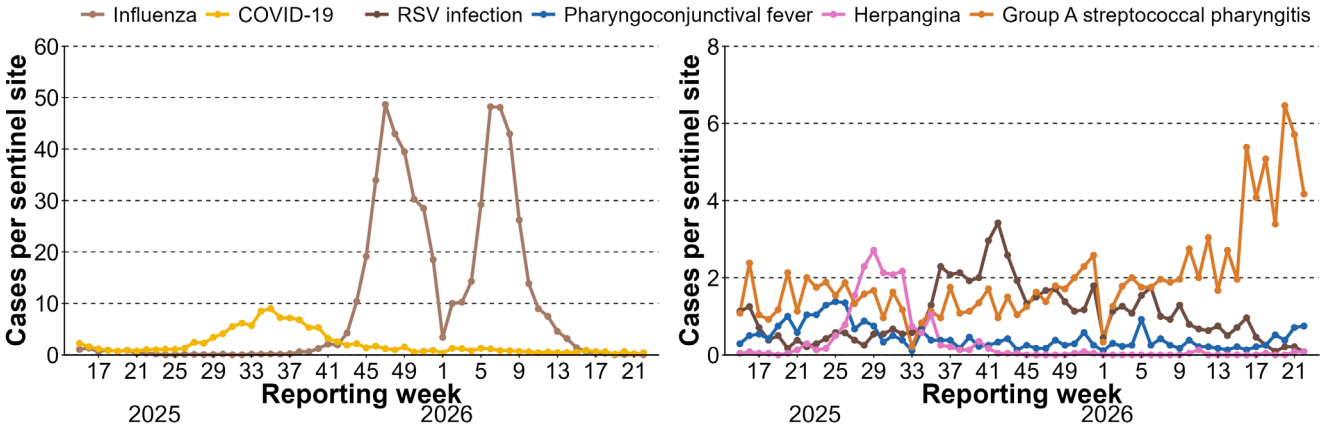

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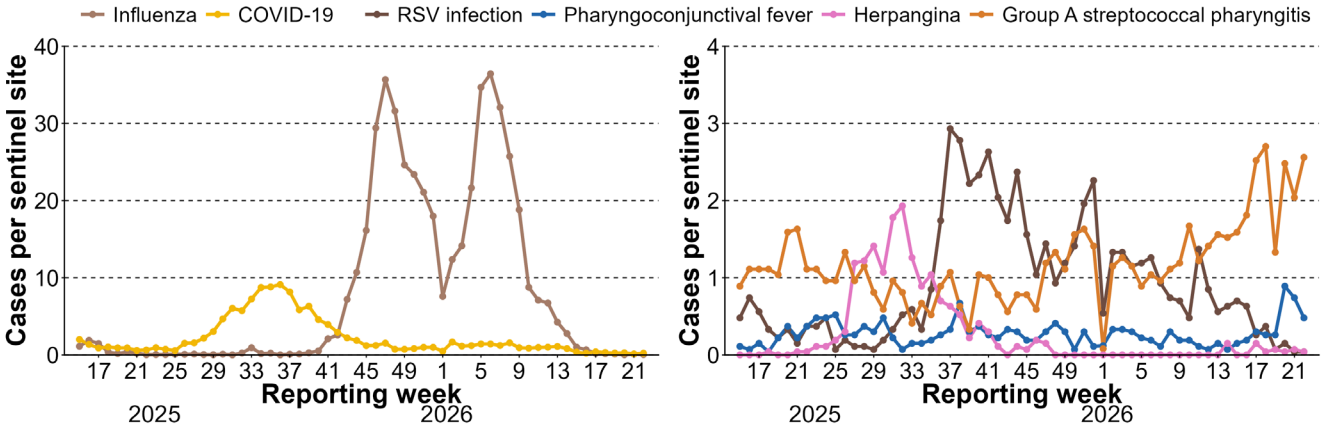

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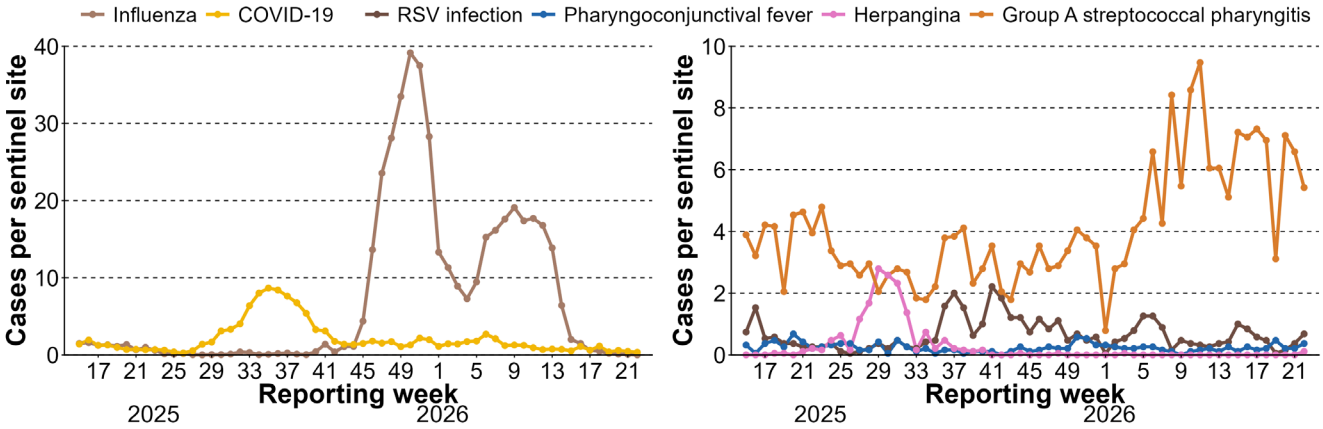

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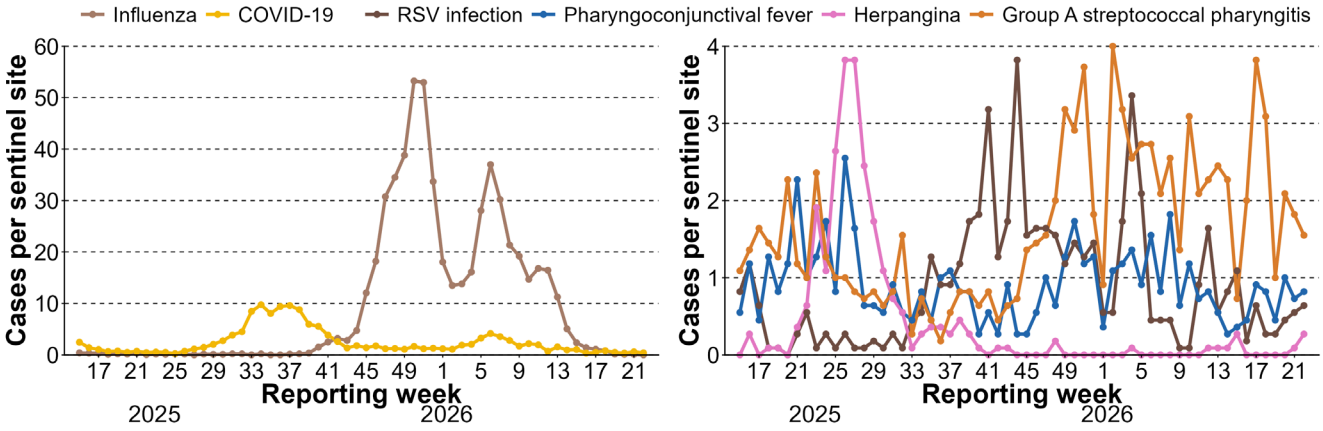

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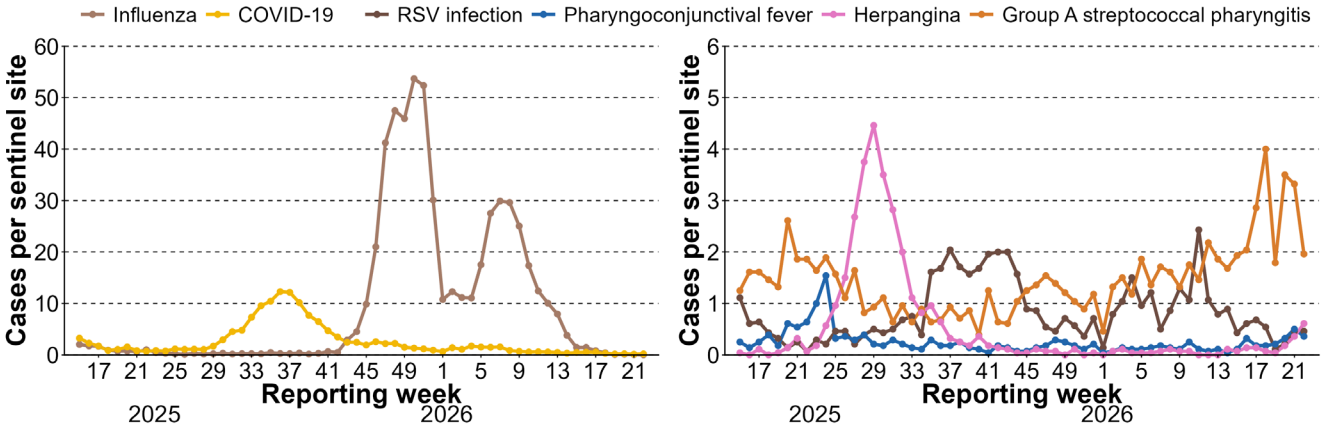

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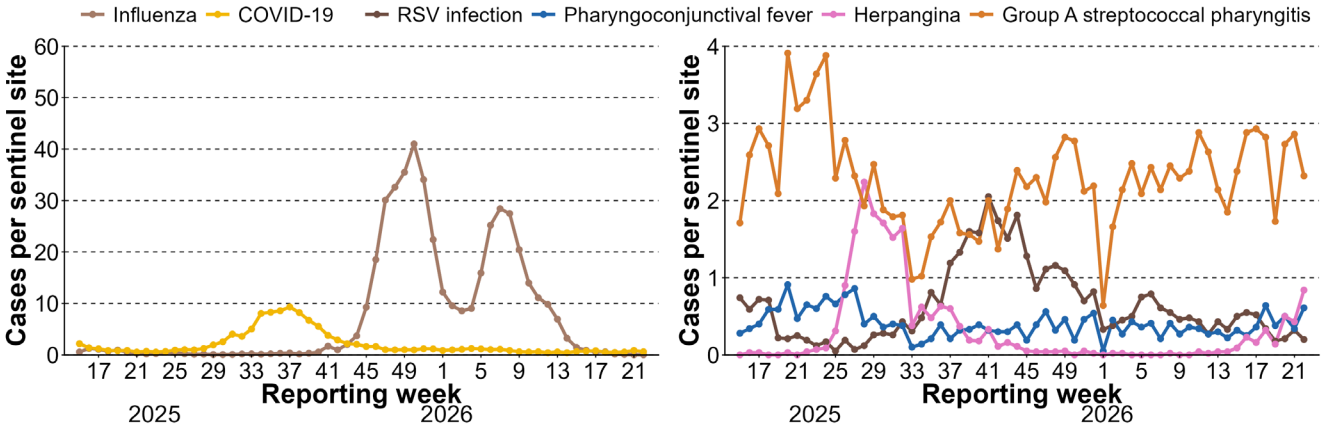
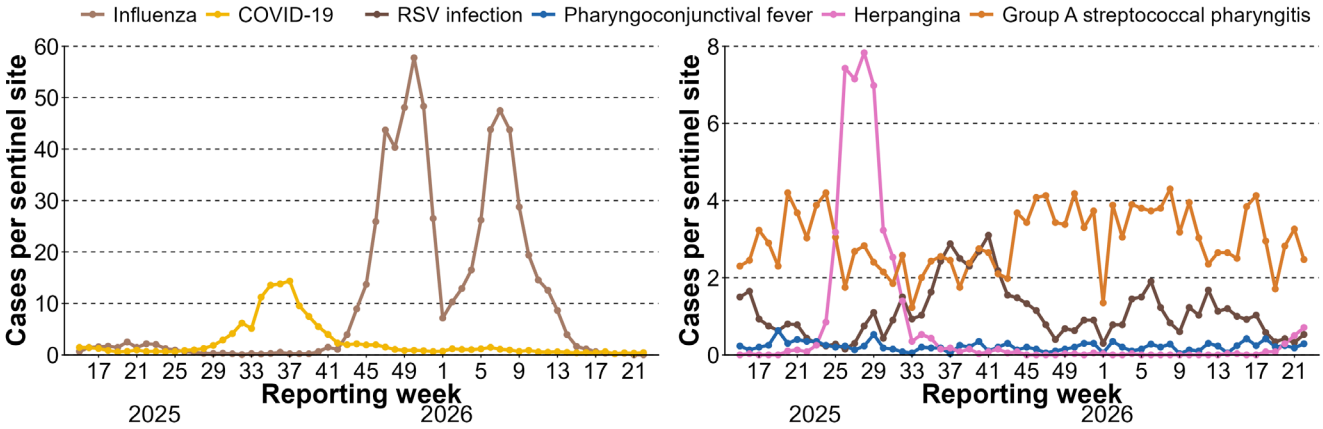


Yamaguchi



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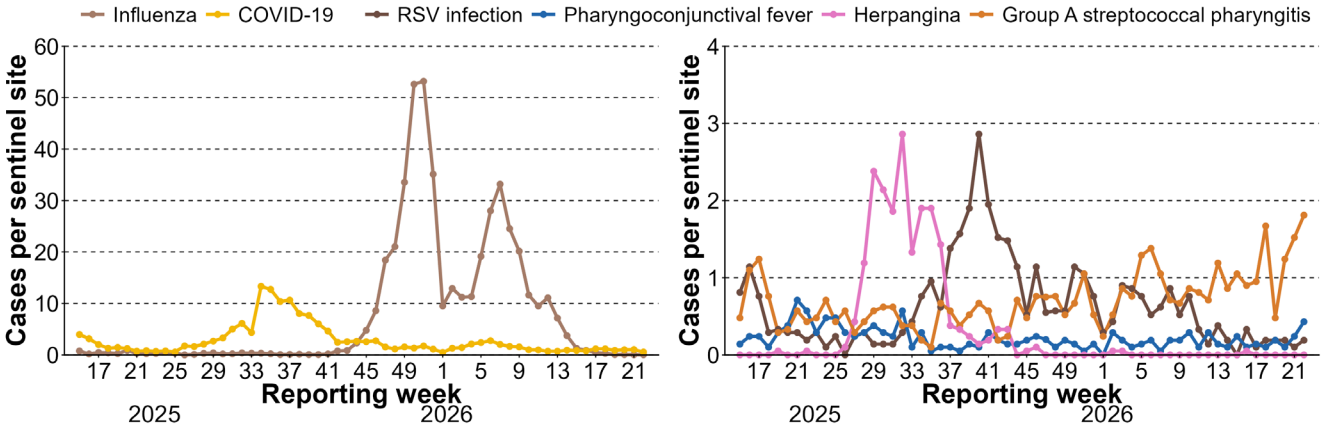

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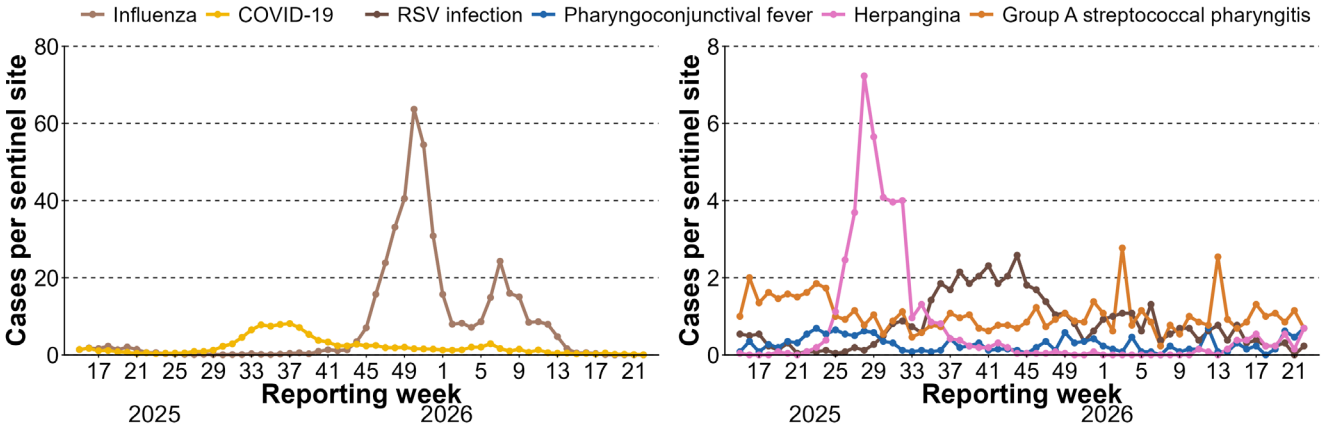

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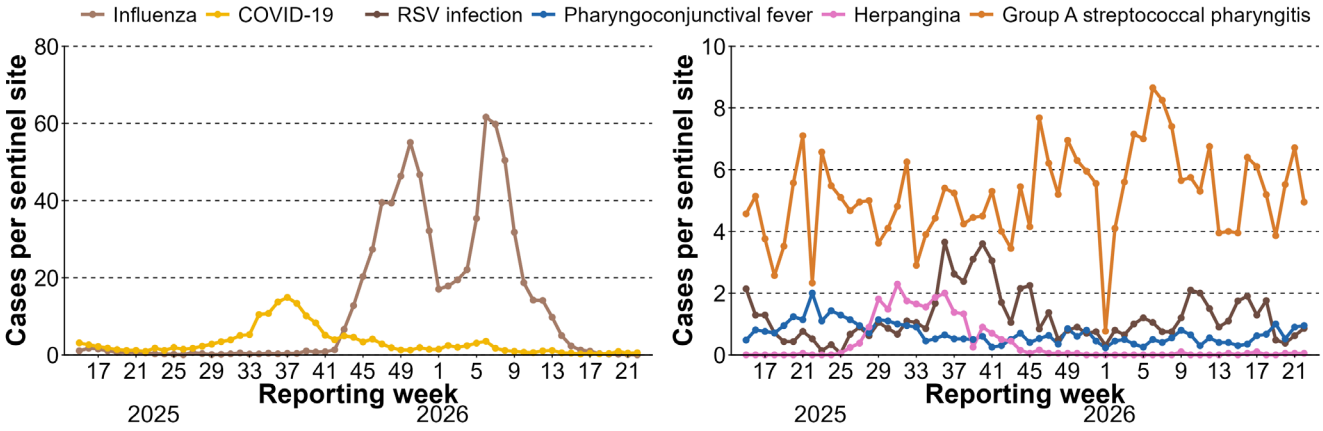

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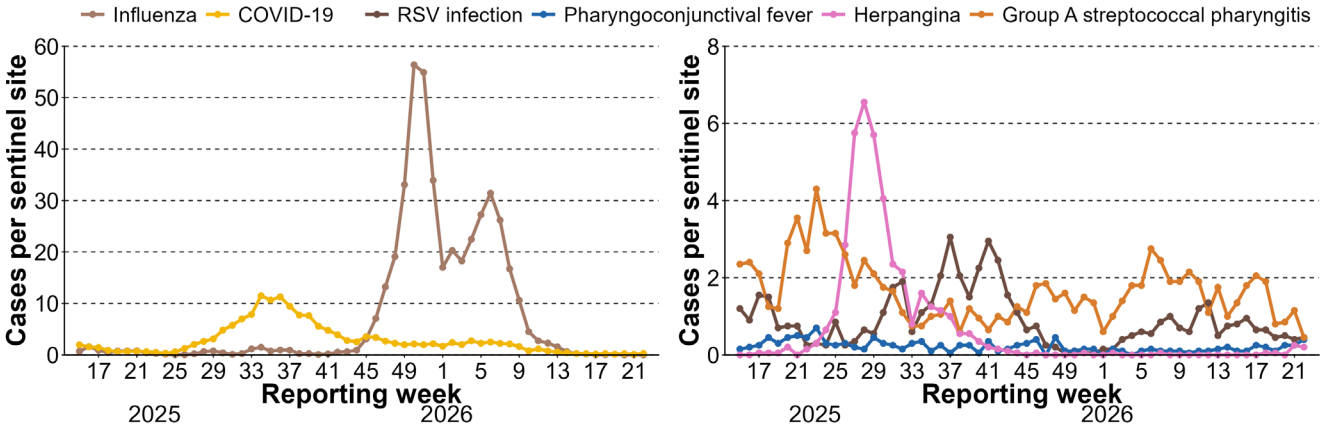

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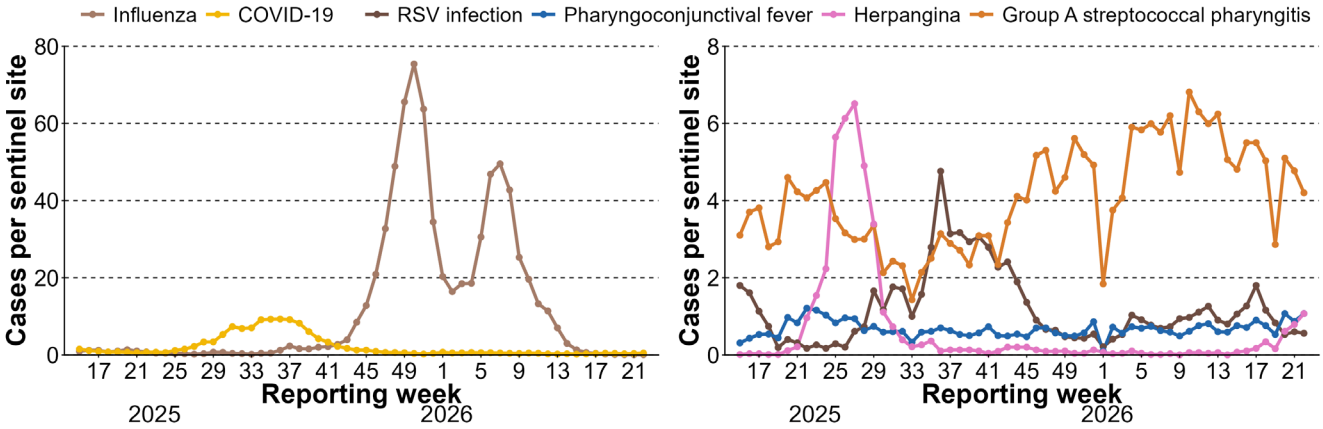

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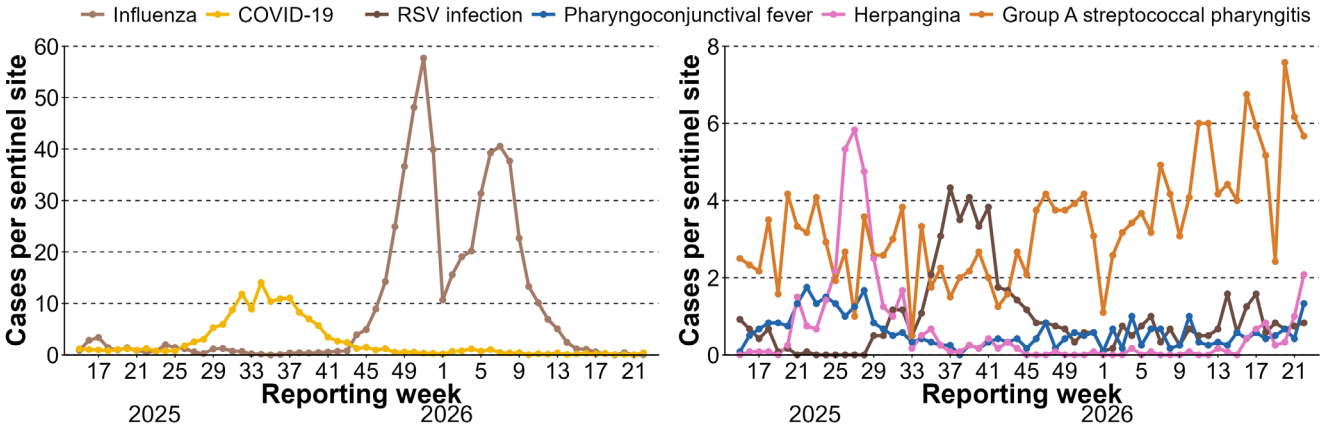

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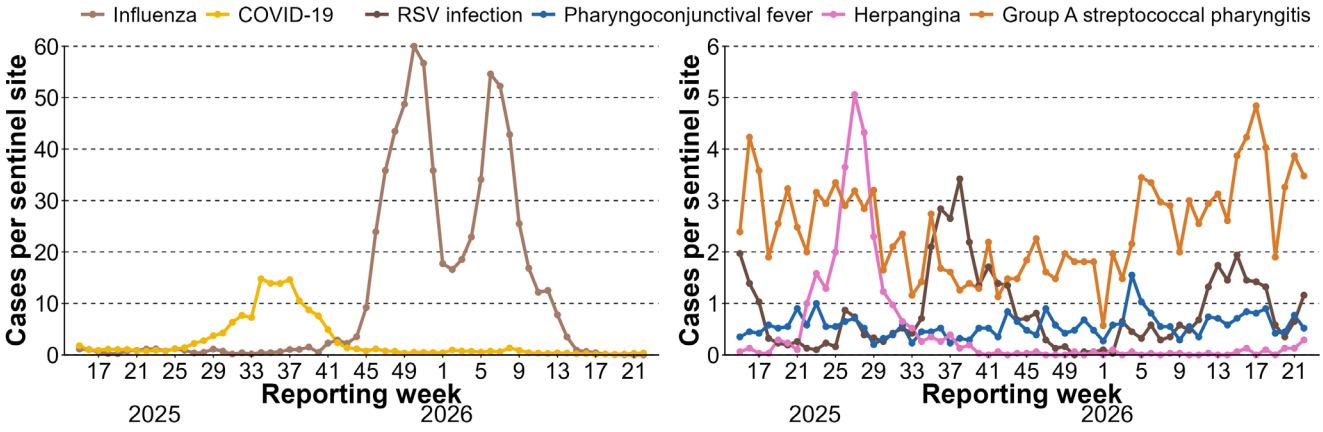

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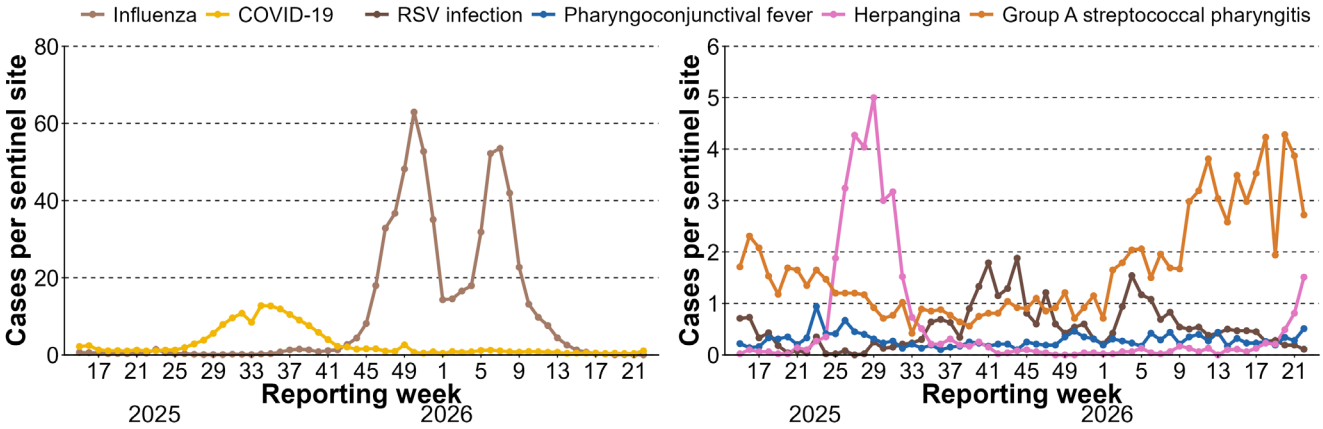

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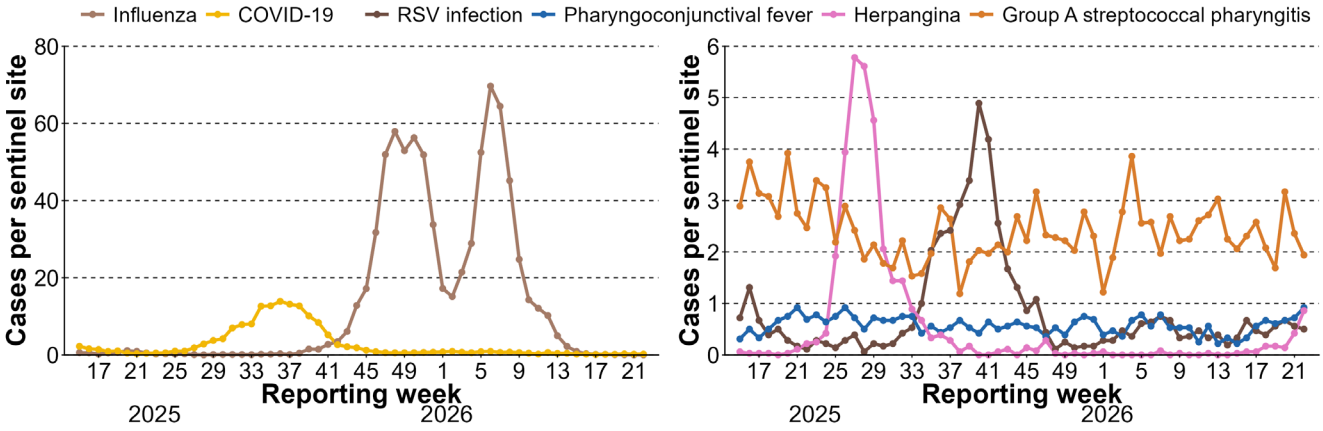

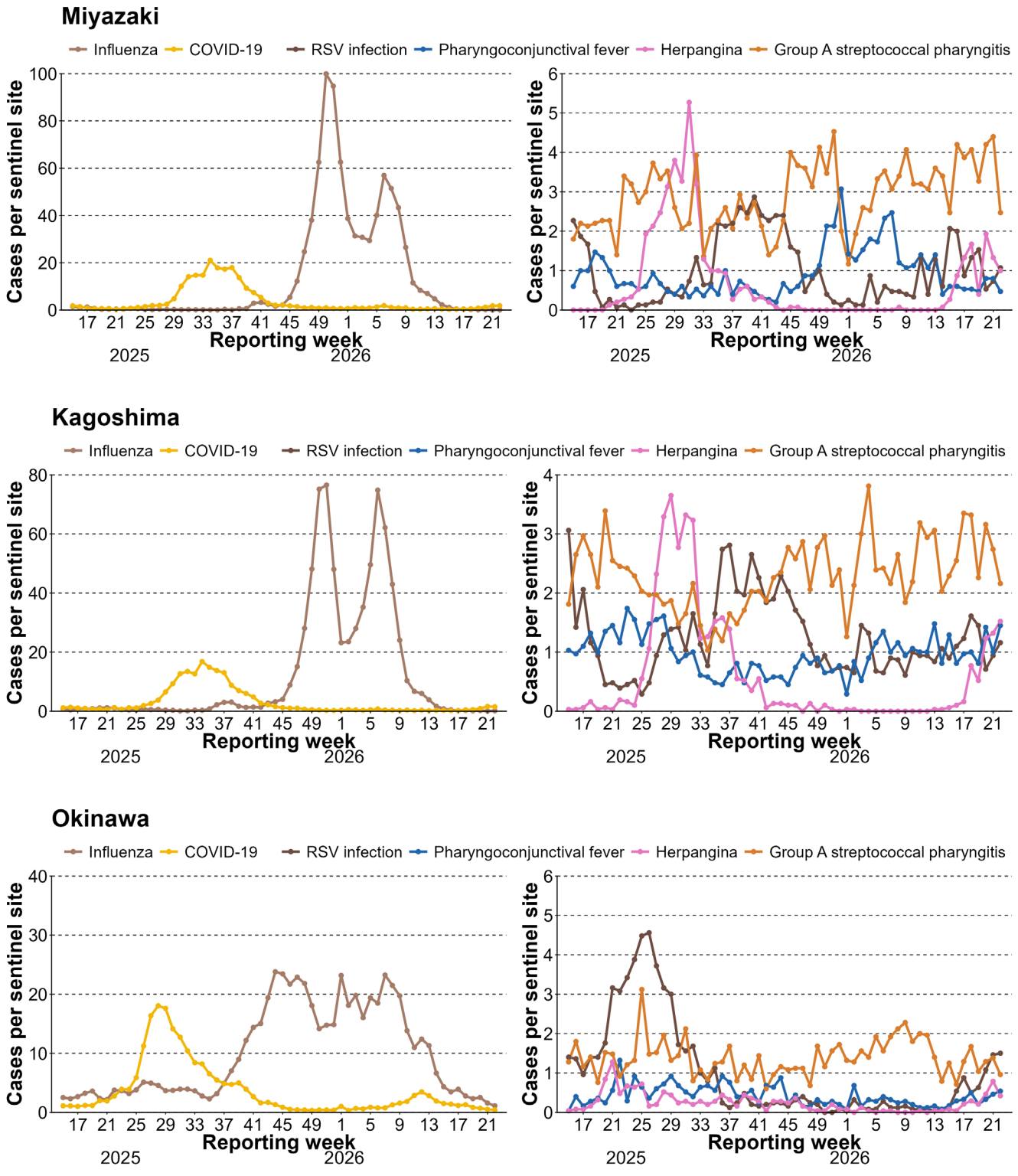

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026 (data range: April 7, 2025 – May 31, 2026)

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

	Number of reports
Pathogen detected	1,420
No pathogen detected	851

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

Pathogen	Number of tests	Number of positives	Pathogen positivity(%)
Influenza A virus	2,271	7	0.3%
Influenza B virus	2,271	122	5.4%
SARS-CoV-2	2,271	111	4.9%
RSV	2,271	158	7.0%
Parainfluenza virus	2,271	120	5.3%
Human metapneumovirus	2,271	246	10.8%
Rhinovirus/Enterovirus	2,271	737	32.5%
Adenovirus	2,271	156	6.9%

Data source: Infectious Disease Surveillance in Japan; data as of June 3, 2026(data range: April 1, 2026 to April 30, 2026)
Note: The number of reported pathogens is calculated based on the presence or absence of detected pathogens.
The number of tests for each pathogen is calculated based on positive and negative results, excluding those not tested.
Data are aggregated by specimen collection month, not by reporting month. The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports.
When multiple pathogens are detected from a single specimen, all detected pathogens are counted.
“Rhinovirus/Enterovirus” indicates that either rhinovirus or enterovirus was detected.