

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 25, 2026 (June 15, 2026 – June 21, 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 25 of 2026 (June 15, 2026–June 21, 2026), the number of ARI cases per sentinel site was 48.68 (181,538 cases), representing an increase compared with the previous week. A total of 35 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 0.85 for COVID-19, 0.07 for influenza, 2.48 for group A streptococcal pharyngitis, 0.85 for herpangina, 0.60 for pharyngoconjunctival fever, and 0.40 for RSV infection. A total of 14 new hospital admissions due to influenza were reported, representing an increase of 2 cases compared with the previous week. 140 new hospital admissions due to COVID-19 were reported, representing an increase of 33 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 0–9 years for COVID-19; 1–4 years for RSV infection, pharyngoconjunctival fever, and herpangina and 5–14 years for group A streptococcal pharyngitis.

Among specimens collected in week 25 of 2026 and reported by the time of analysis, 4 specimens tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 2 specimens tested positive for RSV, and no specimens tested positive for influenza A virus or influenza B virus.

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1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

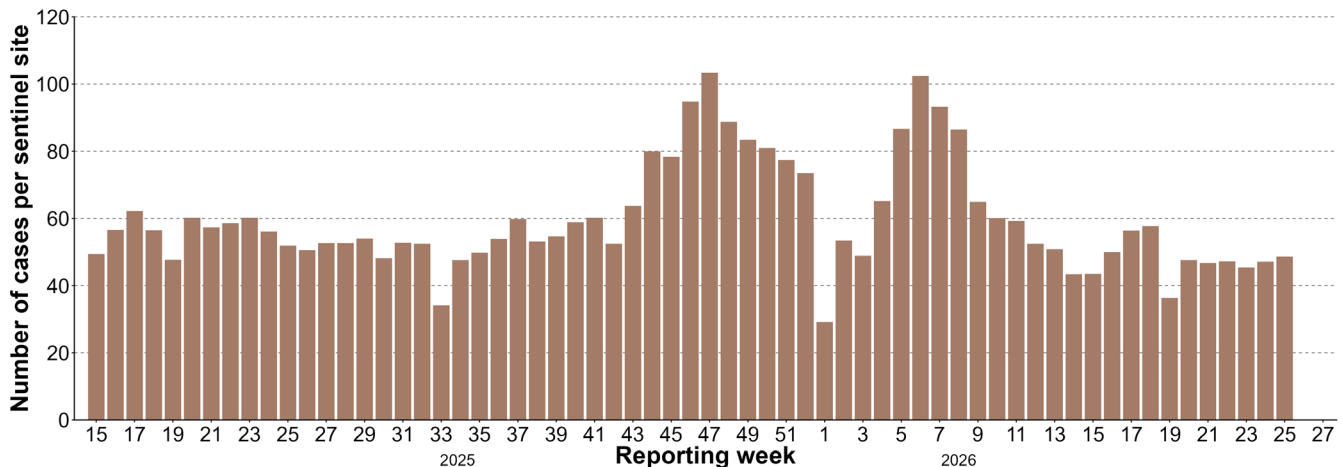
In week 25 of 2026, a total of 3,729 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 48.68 (181,538 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.03 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.07 for influenza (251 cases) and 0.85 for COVID-19 (3,140 cases) (Figure 1A). The number of reporting sentinel sites was 3,687.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.40 for RSV infection (885 cases), 0.60 for pharyngoconjunctival fever (1,344 cases), 0.85 for herpangina (1,897 cases), and 2.48 for group A streptococcal pharyngitis (5,512 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,225.

Regarding recent trends, influenza remained relatively stable, COVID-19 increased for 3 consecutive weeks, RSV infection increased for 2 consecutive weeks, pharyngoconjunctival fever remained relatively stable, herpangina increased for 6 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 24, 2026 (data range: April 7, 2025 – June 21, 2026).

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

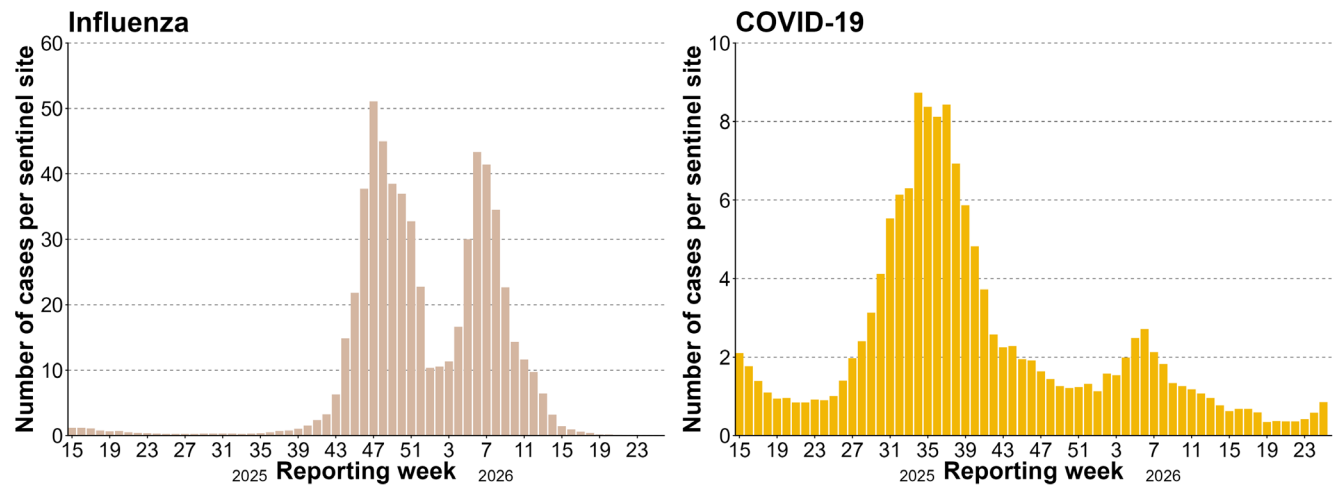
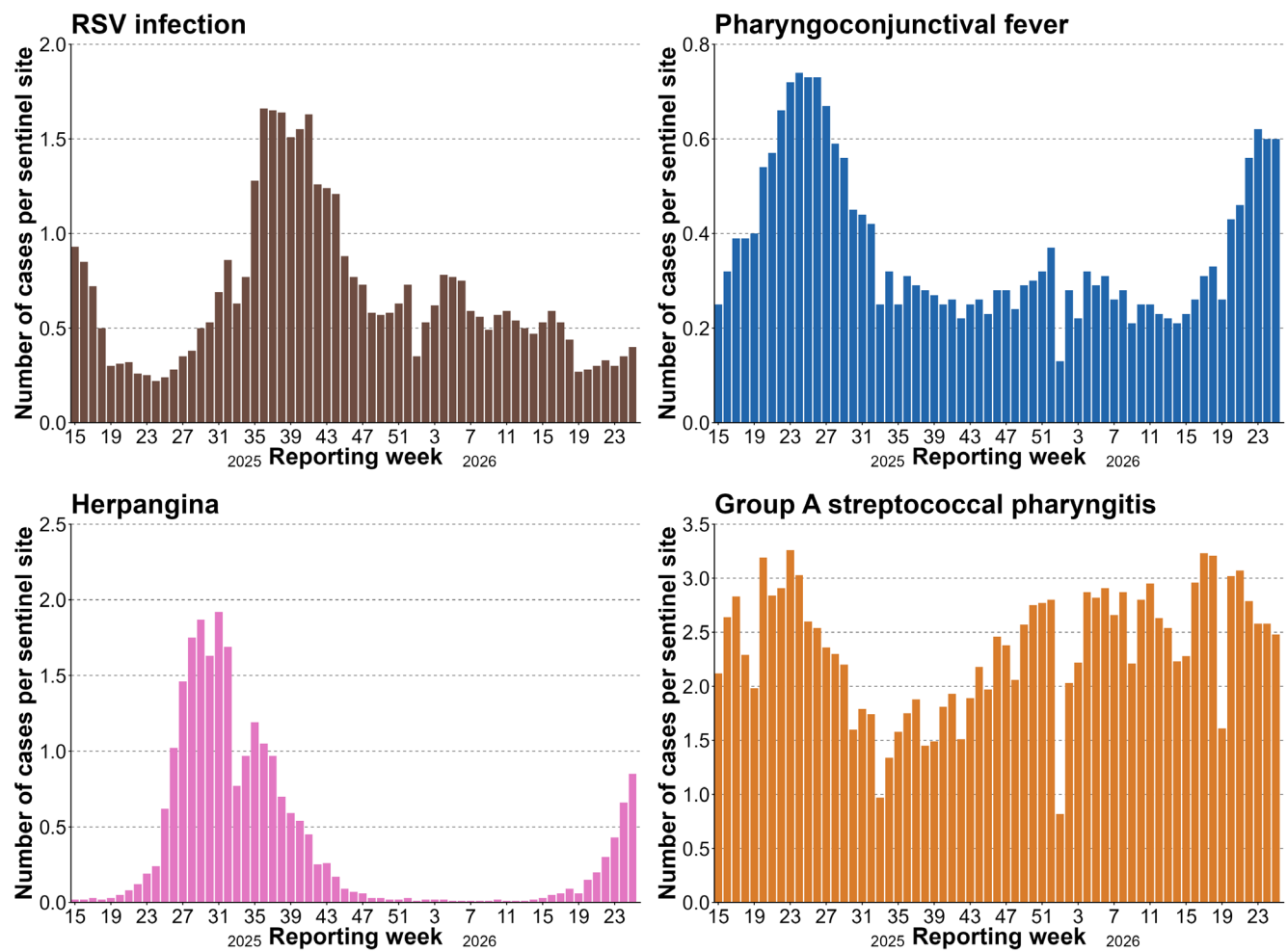


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: April 7, 2025 – June 21, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

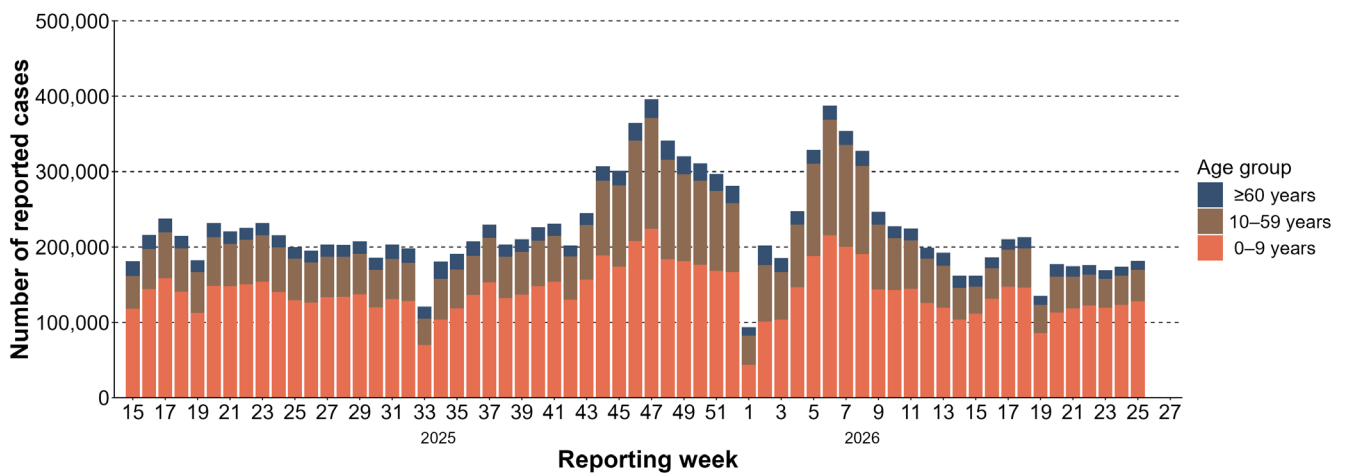
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 25 of 2026, the number of reported cases by age group was 128,026 cases among individuals aged 0–9 years (week-on-week ratio: 1.04), 41,392 cases among individuals aged 10–59 years (week-on-week ratio: 1.05), and 12,120 cases among individuals aged 60 years and older (week-on-week ratio: 1.03) (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, 21 influenza cases and 187 COVID-19 cases were reported among individuals aged 60 years and older; of these, 9 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 24, 2026 (data range: April 7, 2025 – June 21, 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

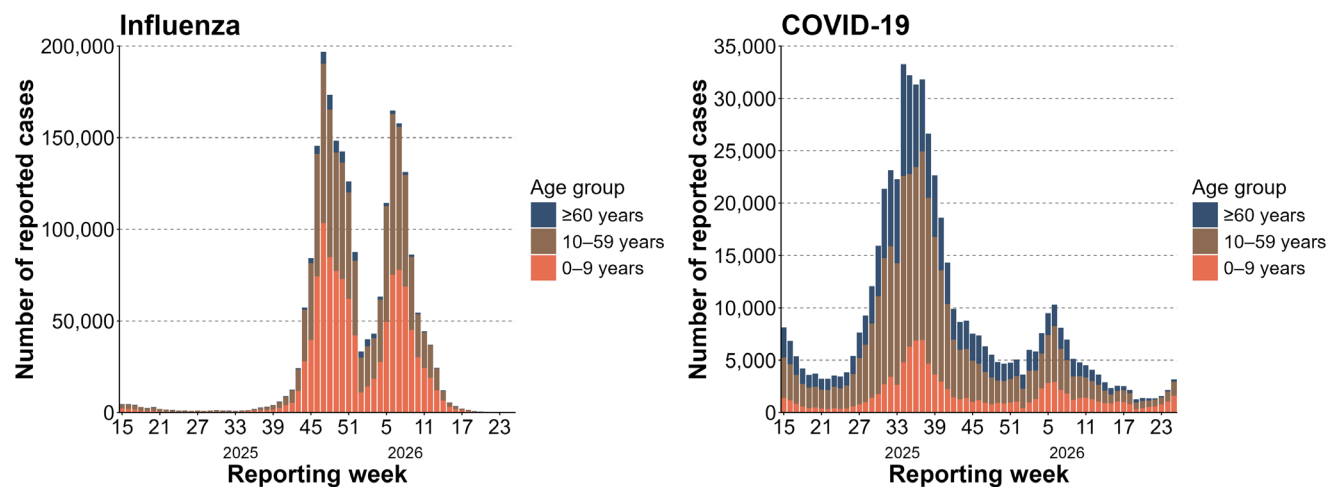
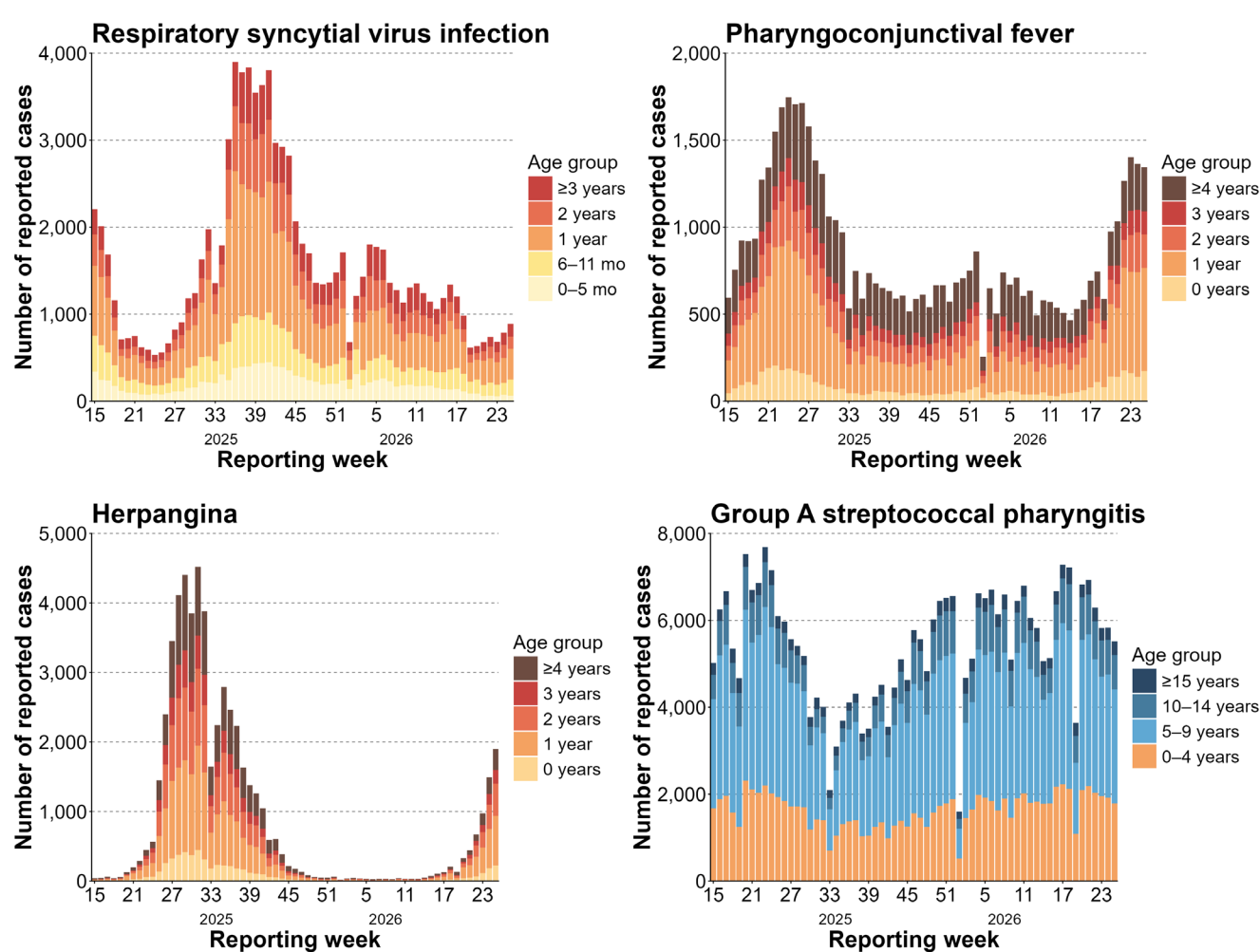


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026
(data range: April 7, 2025 – June 21, 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 25

Age group	Influenza	COVID-19
0–9 years	106 (1.09)	1,608 (1.50)
10–59 years	124 (0.82)	1,345 (1.45)
≥60 years	21 (0.88)	187 (1.23)
Total	251 (0.92)	3,140 (1.46)

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 25

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	246 (1.17)	173 (1.24)	225 (1.21)	40 (0.80)
1-4 years	597 (1.09)	1,005 (0.96)	1,499 (1.29)	1,747 (0.93)
5-14 years	39 (1.30)	151 (0.94)	157 (1.07)	3,416 (0.94)
≥15 years	3 (1.50)	15 (0.83)	16 (3.20)	309 (1.09)
Total	885 (1.12)	1,344 (0.98)	1,897 (1.27)	5,512 (0.94)

Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: June 15, 2026 – June 21, 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 25 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma(69.36), Saitama (67.36), and Iwate(62.88) (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 35 (Table 2). Across all prefectures, the number of cases per sentinel site ranged from 27.64 to 69.36 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 25

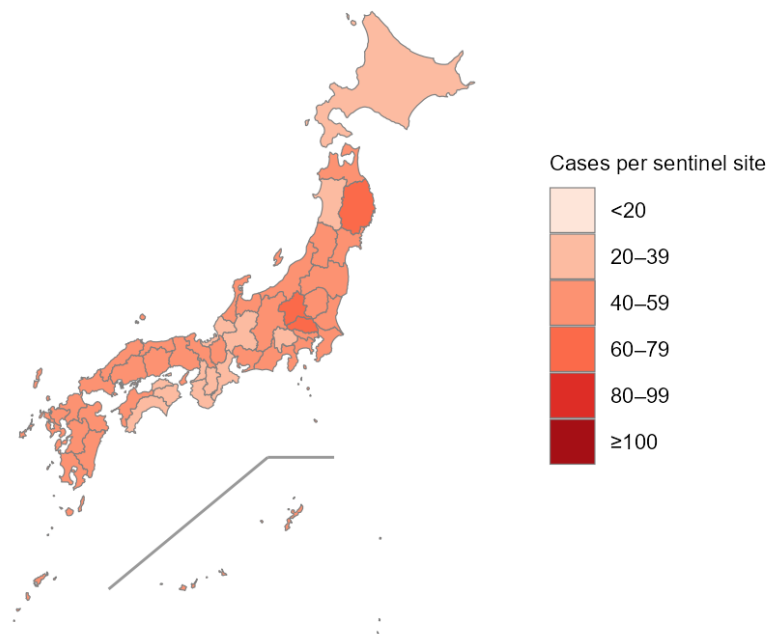
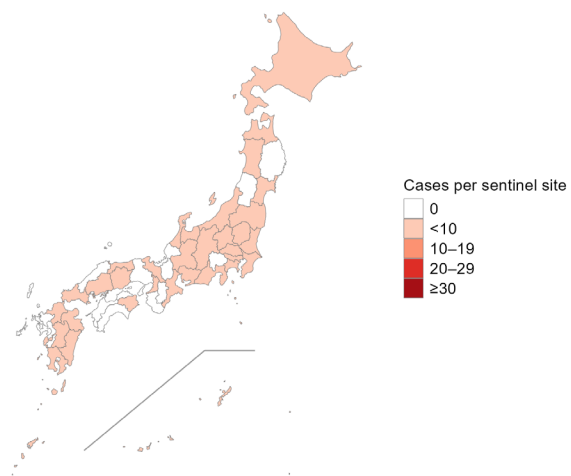
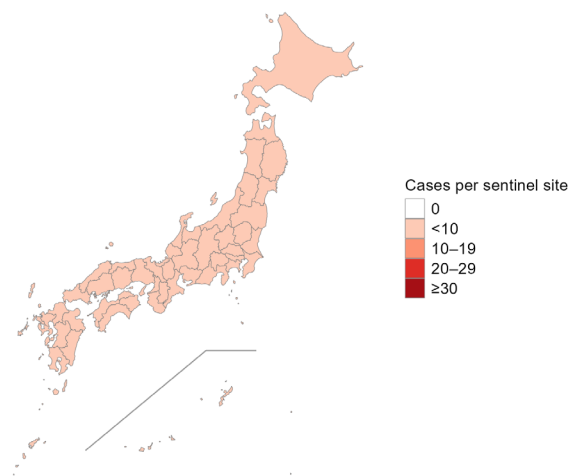


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 25

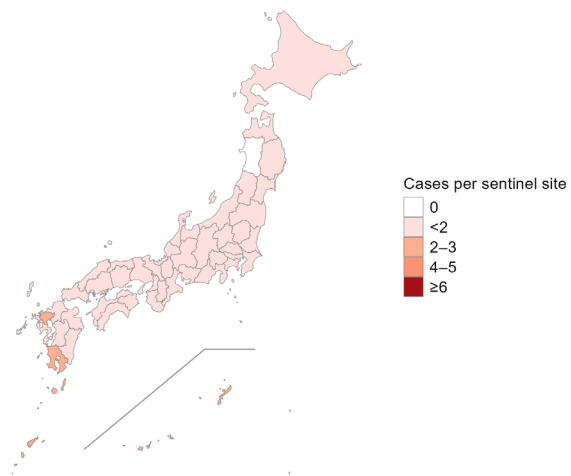
Influenza



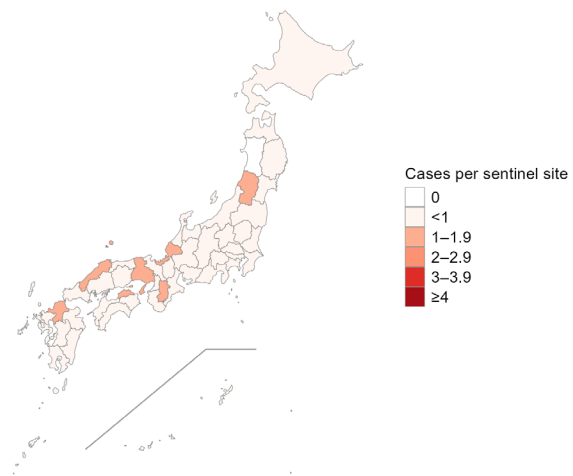
COVID-19



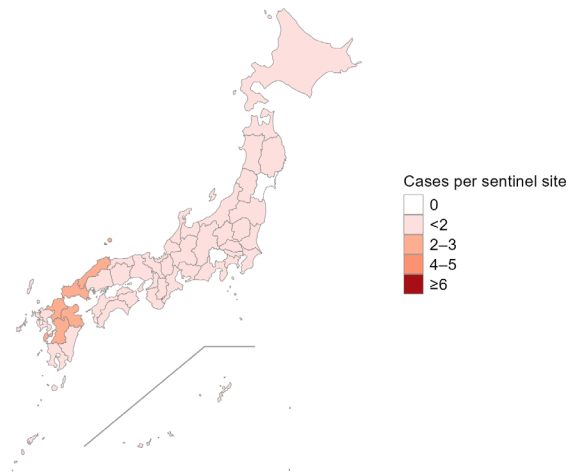
RSV infection



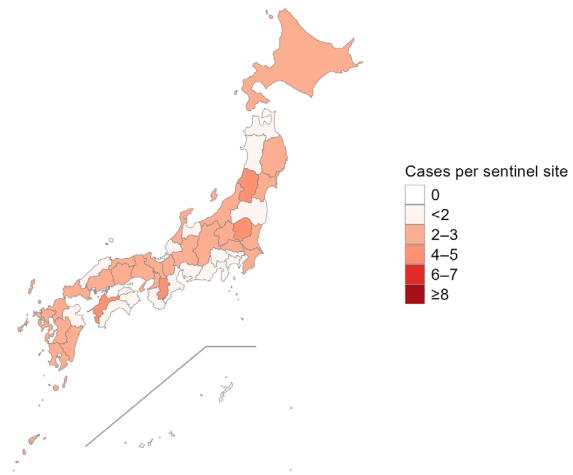
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026
(data range: June 15, 2026 – June 21, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 25

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	6,566	39.79	0.94
Aomori	2,428	46.69	1.06
Iwate	2,641	62.88	0.94
Miyagi	3,179	57.80	0.92
Akita	793	31.72	0.98
Yamagata	1,835	49.59	0.91
Fukushima	2,823	58.81	1.05
Ibaraki	3,788	55.71	1.02
Tochigi	2,701	57.47	0.97
Gunma	3,121	69.36	1.02
Saitama	11,720	67.36	1.05
Chiba	9,845	55.31	1.02
Tokyo	20,120	48.13	1.05
Kanagawa	14,126	57.89	1.06
Niigata	2,219	42.67	1.08
Toyama	2,696	56.17	0.96
Ishikawa	2,210	47.02	1.00
Fukui	1,078	27.64	1.06
Yamanashi	1,062	30.34	1.12
Nagano	2,729	54.58	0.99
Gifu	1,553	34.51	0.99
Shizuoka	4,387	40.62	1.41
Aichi	9,304	57.08	1.08

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,360	34.20	1.08
Shiga	1,674	42.92	1.05
Kyoto	3,075	48.81	1.10
Osaka	10,014	35.14	1.05
Hyogo	7,201	44.45	1.04
Nara	1,557	37.07	1.05
Wakayama	1,613	35.84	1.08
Tottori	1,288	44.41	1.05
Shimane	904	45.20	1.07
Okayama	2,399	47.98	1.04
Hiroshima	4,001	43.02	1.03
Yamaguchi	3,514	57.61	1.13
Tokushima	1,009	30.58	1.11
Kagawa	854	37.13	1.17
Ehime	2,246	59.11	1.01
Kochi	1,185	32.03	1.16
Fukuoka	6,393	52.40	1.04
Saga	1,115	46.46	0.97
Nagasaki	2,875	56.37	1.00
Kumamoto	4,136	58.25	1.02
Oita	2,852	49.17	1.09
Miyazaki	1,175	41.96	1.18
Kagoshima	2,996	52.56	1.08
Okinawa	2,178	49.50	1.05

Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026
(data range: June 15, 2026 – June 21, 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 “–”.

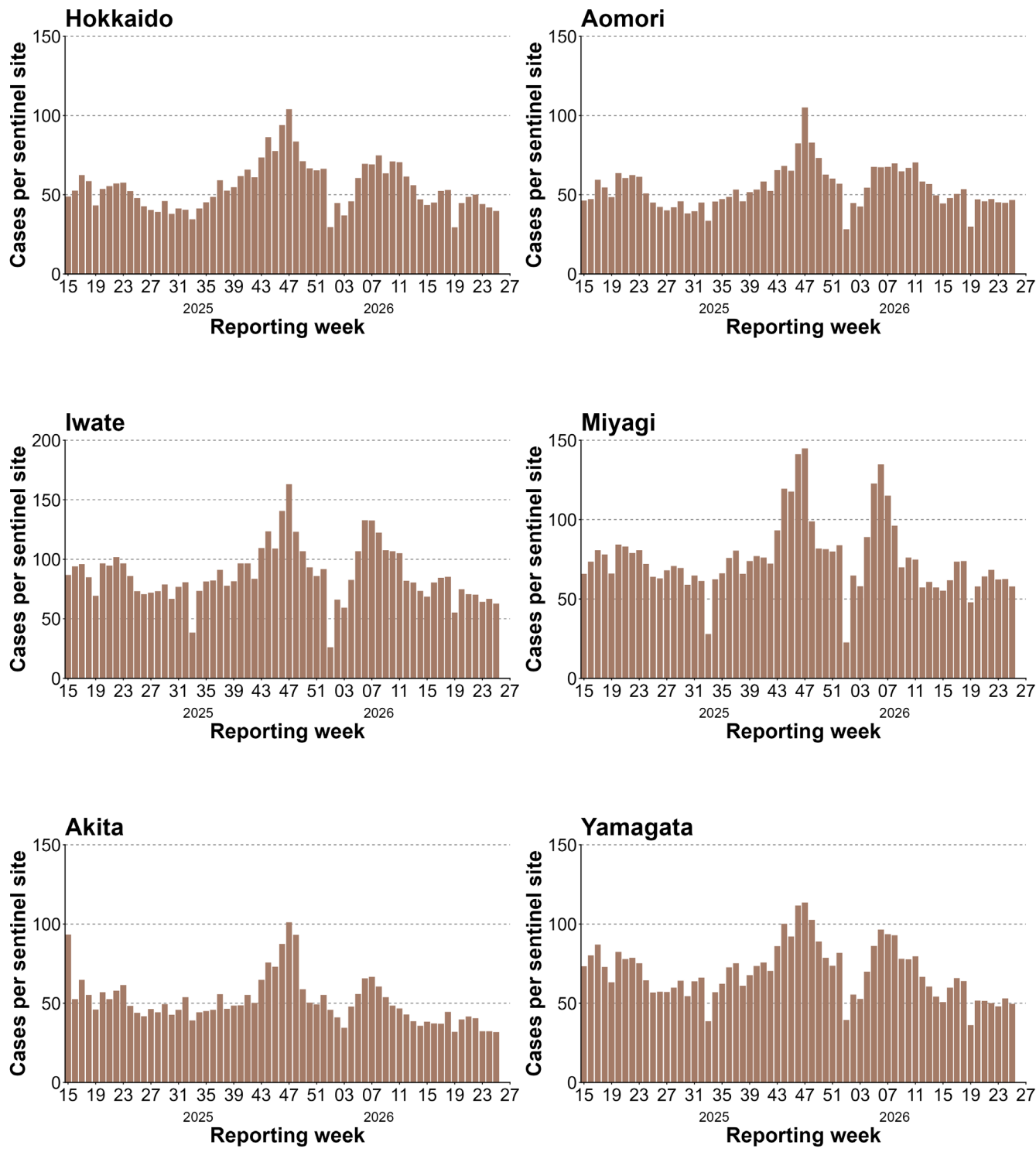
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 25

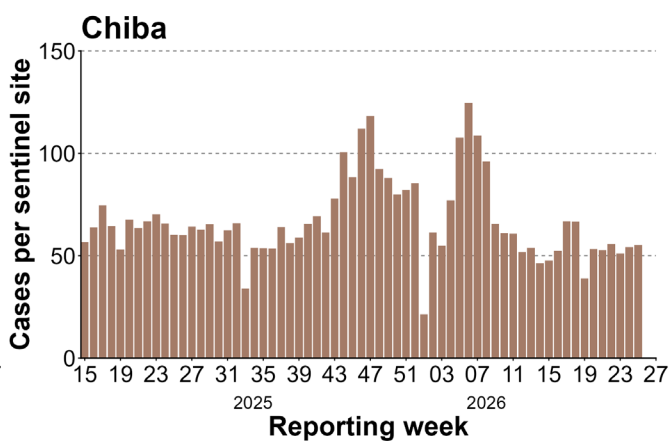
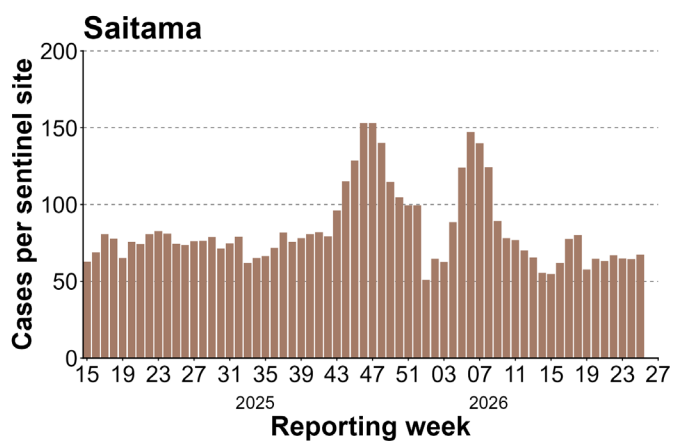
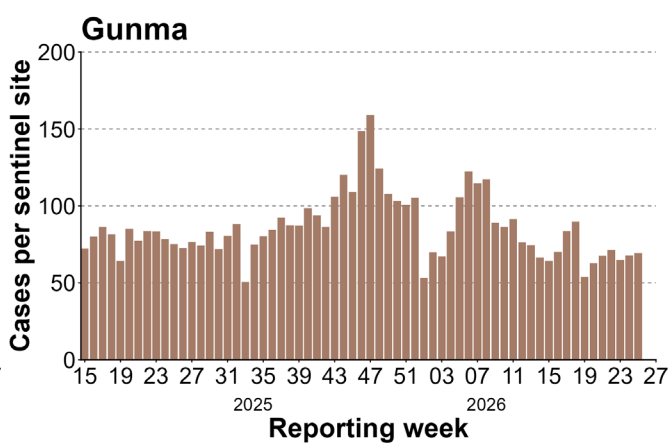
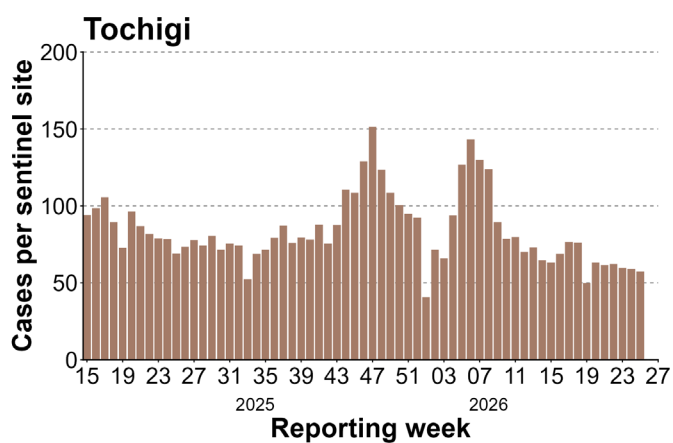
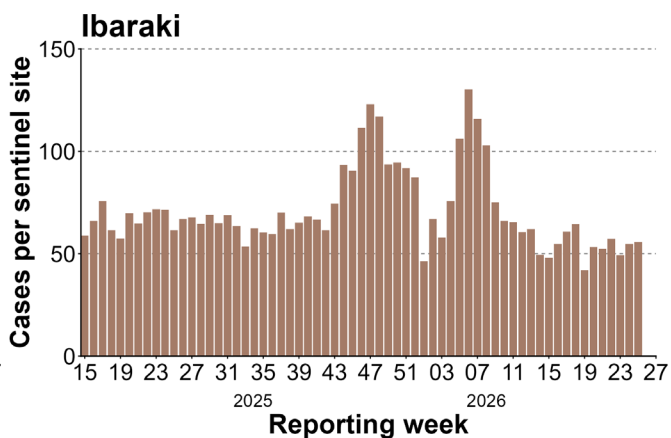
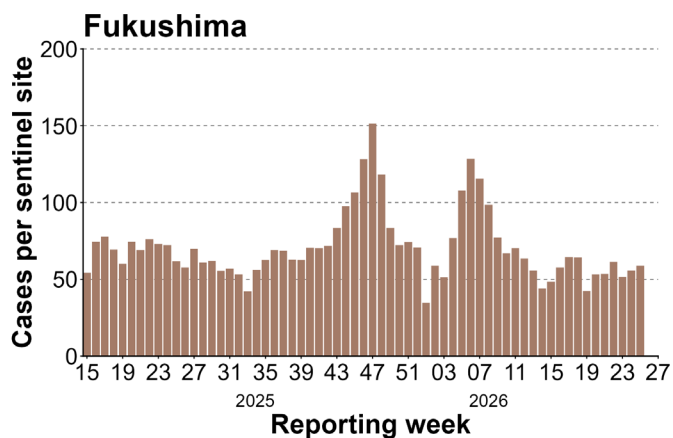
Infectious diseases	Prefectures		
Influenza	Okinawa (0.43)	Chiba (0.29)	Akita (0.24)
COVID-19	Miyazaki (6.36)	Ehime (5.37)	Kagoshima (4.91)
RSV infection	Okinawa (3.67)	Saga (2.83)	Kagoshima (2.29)
Pharyngoconjunctival fever	Yamagata (1.54)	Nara (1.17)	Fukuoka (1.10)
Herpangina	Fukuoka (2.84)	Yamaguchi (2.76)	Shimane (2.45)
Group A streptococcal pharyngitis	Ehime (5.62)	Yamagata (5.50)	Nara (4.38)

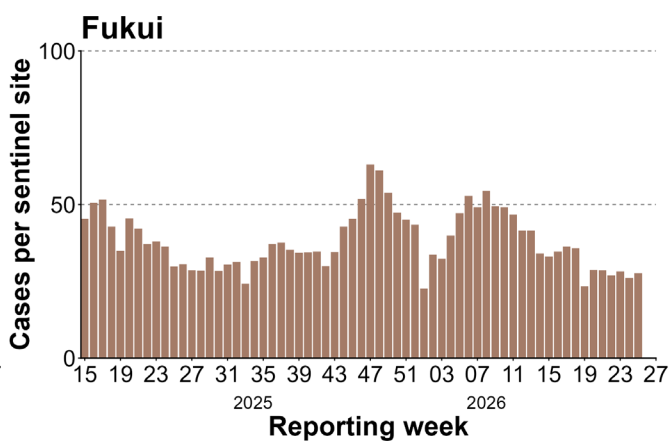
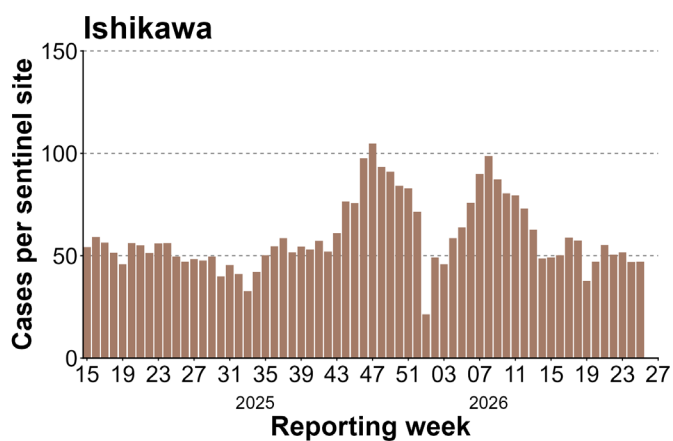
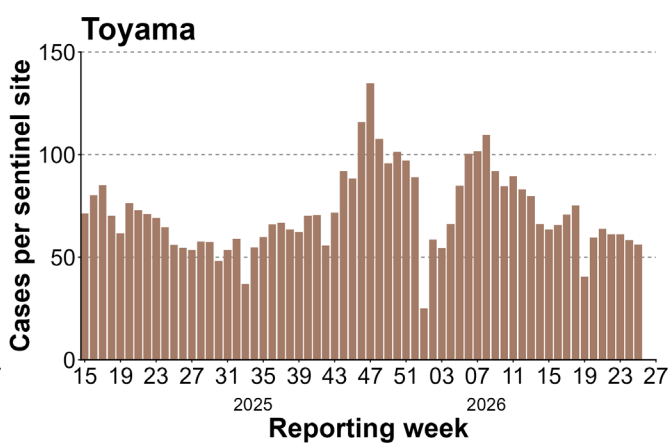
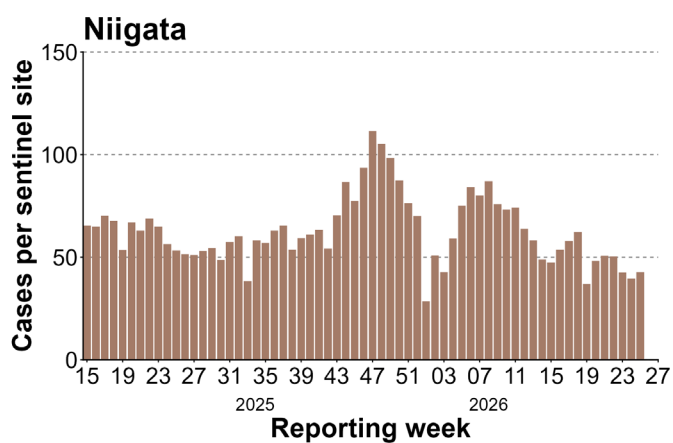
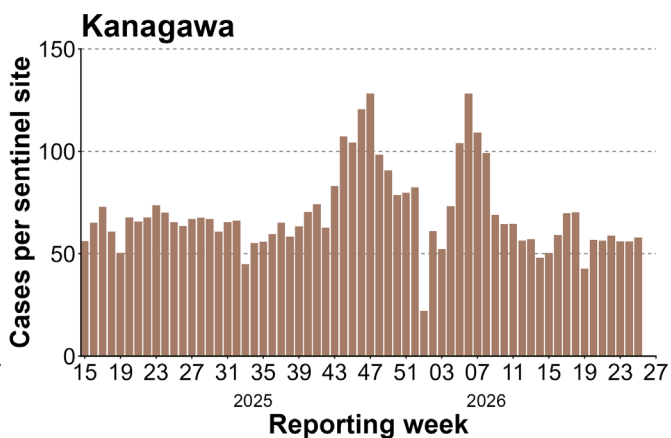
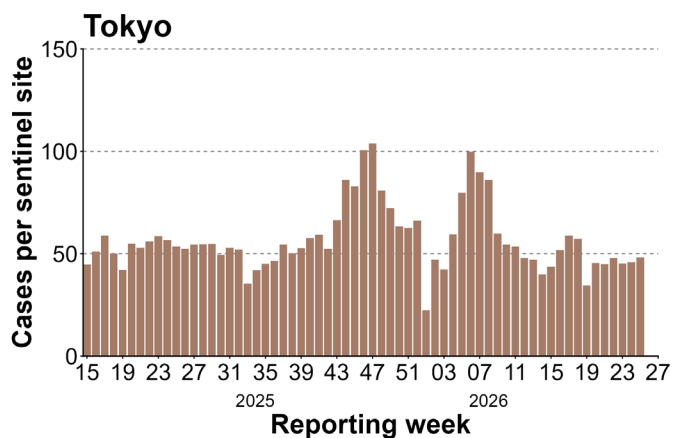
Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: June 15, 2026 – June 21, 2026)

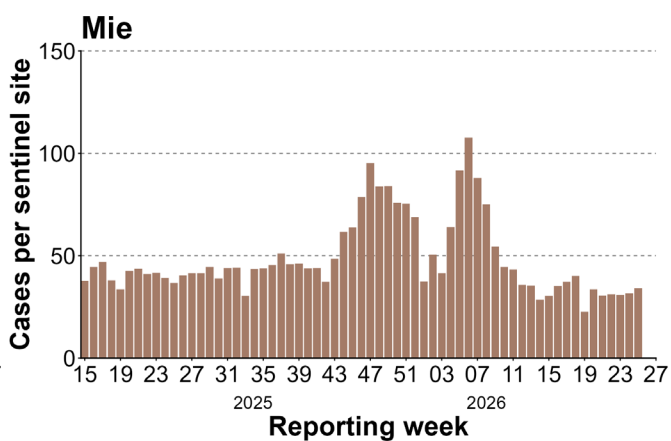
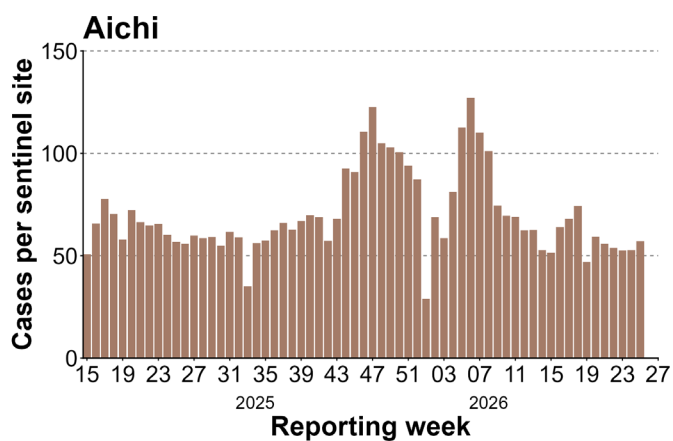
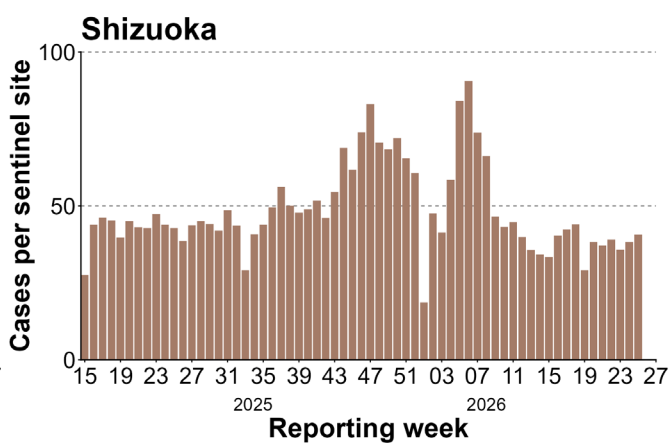
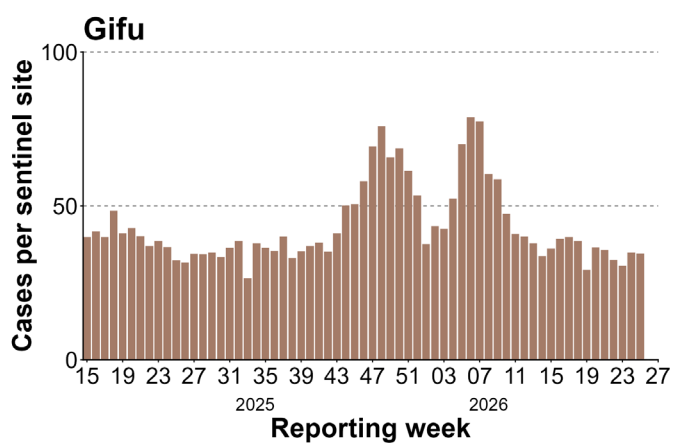
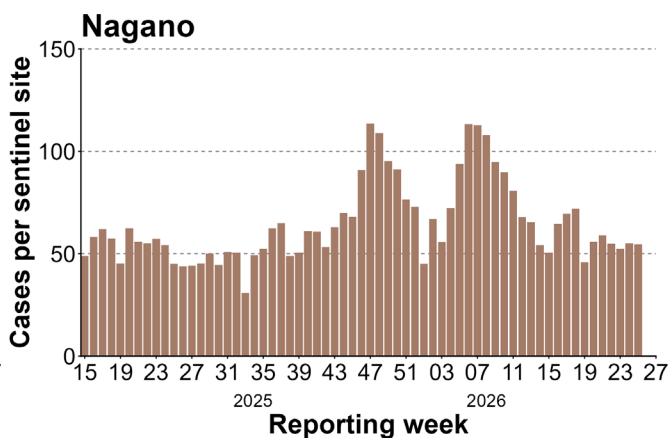
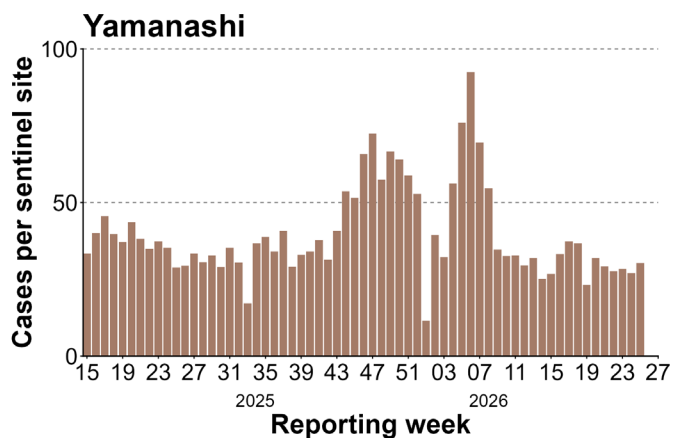
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

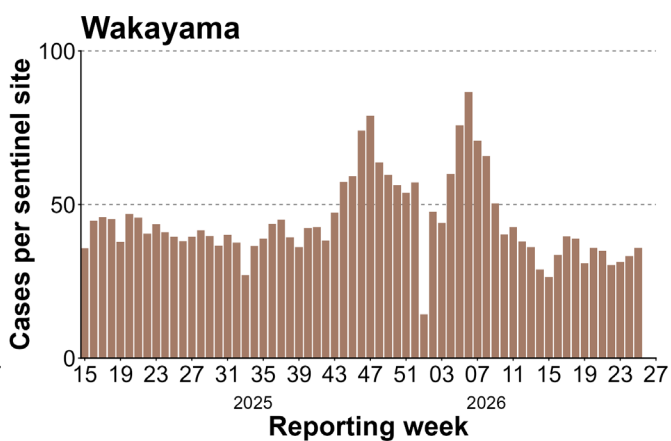
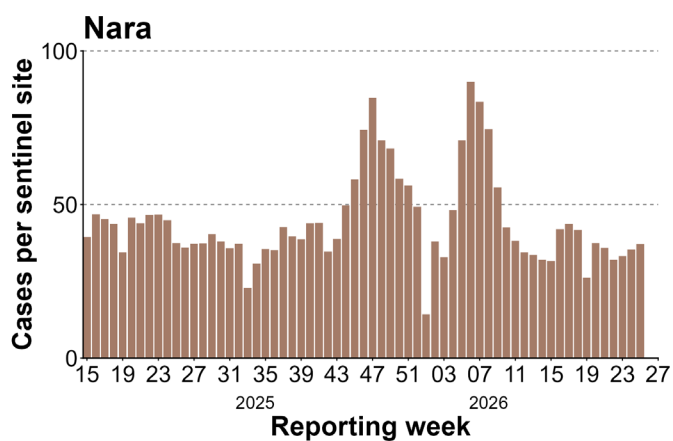
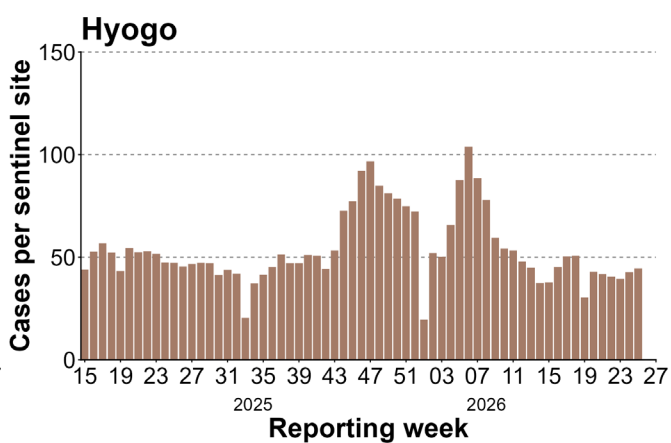
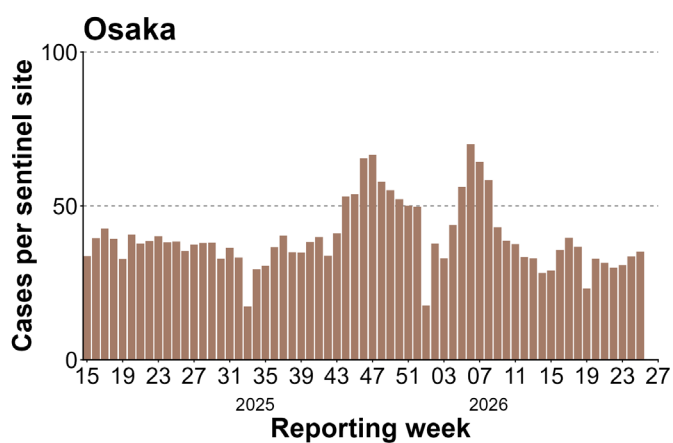
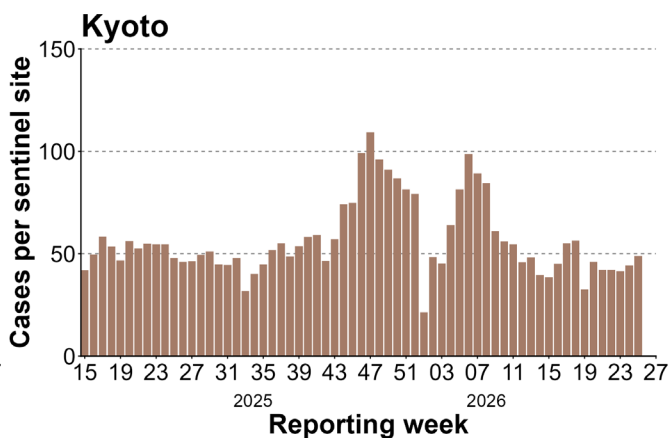
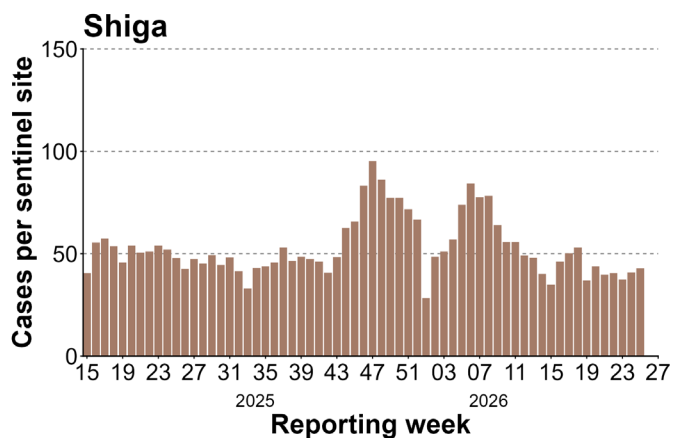
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

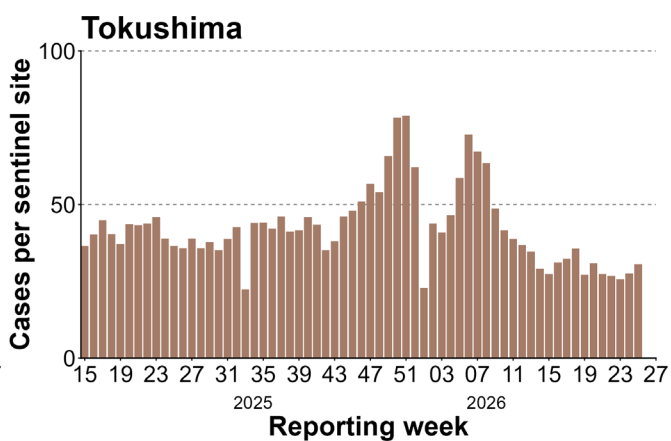
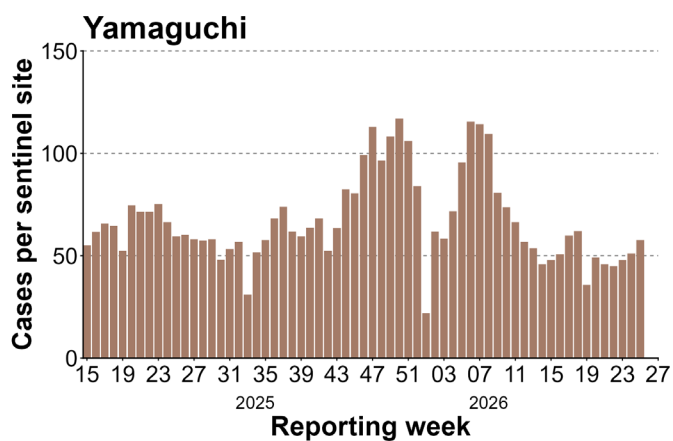
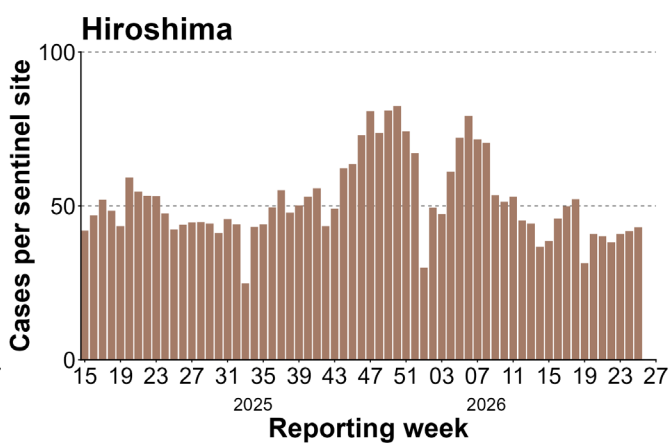
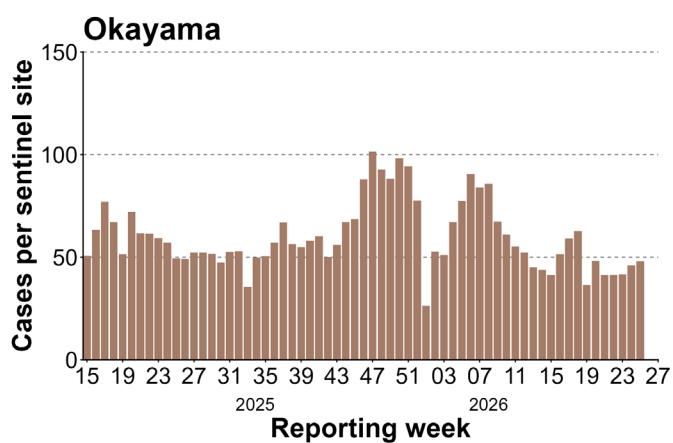
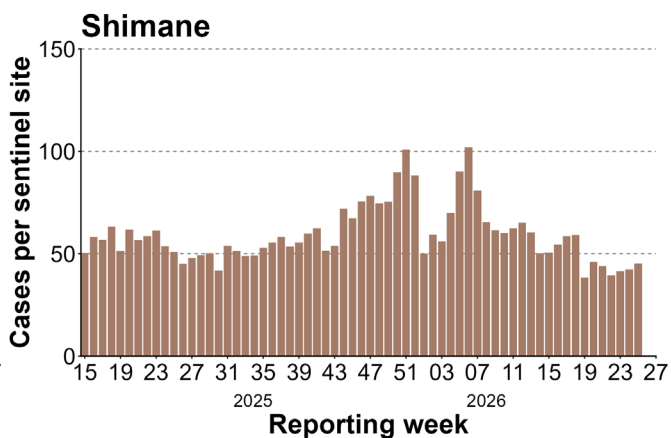
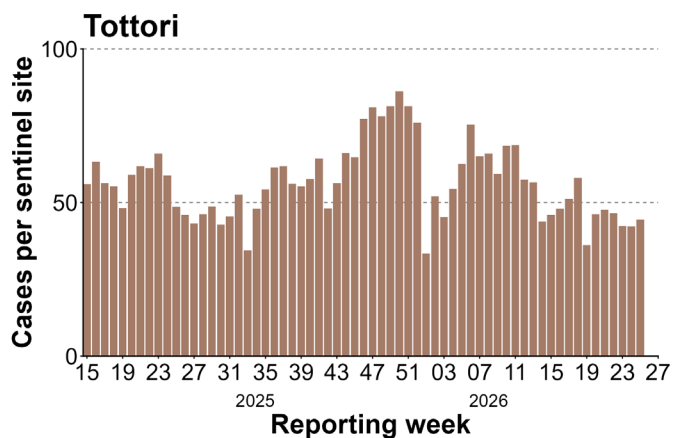


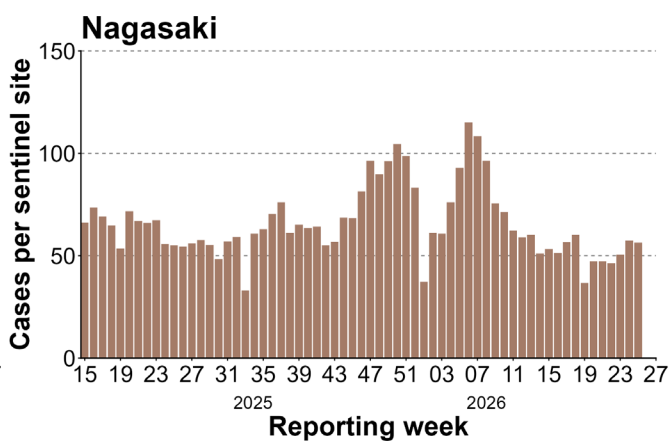
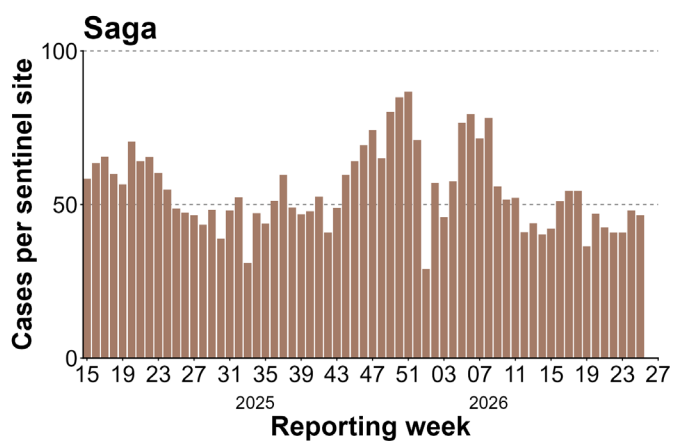
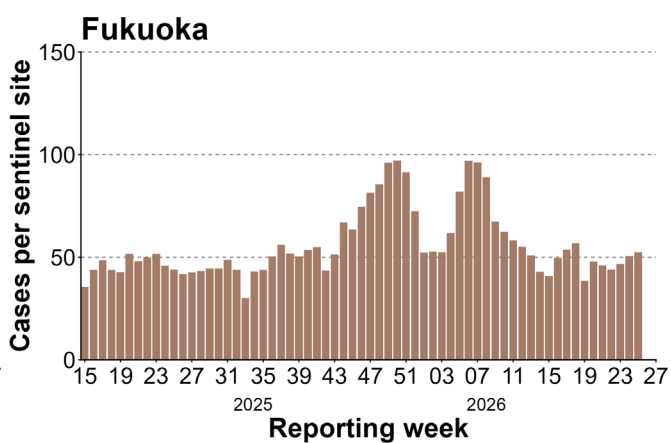
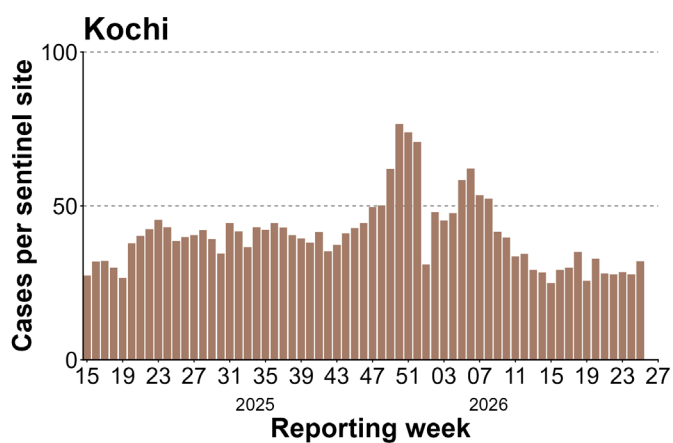
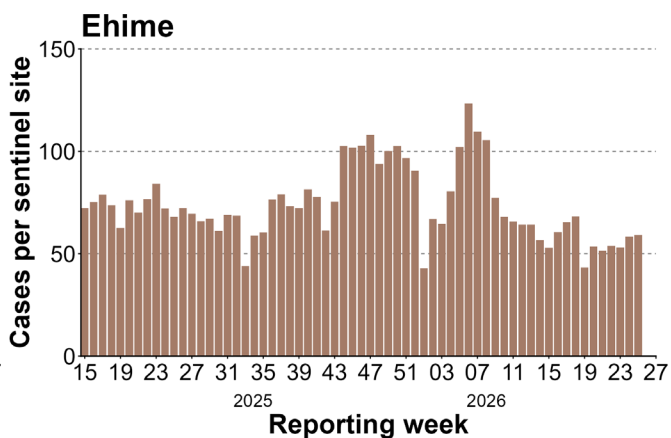
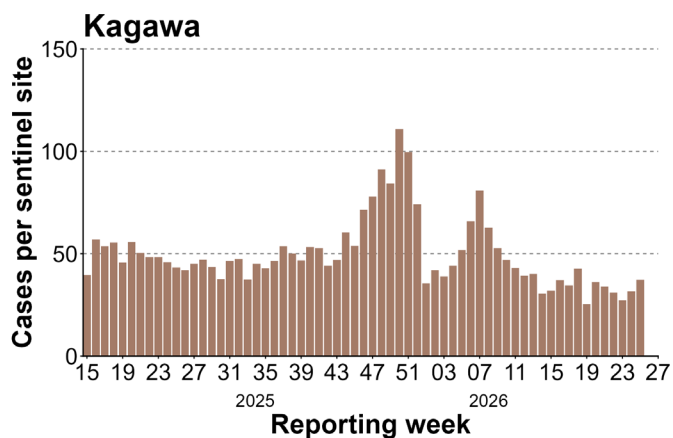


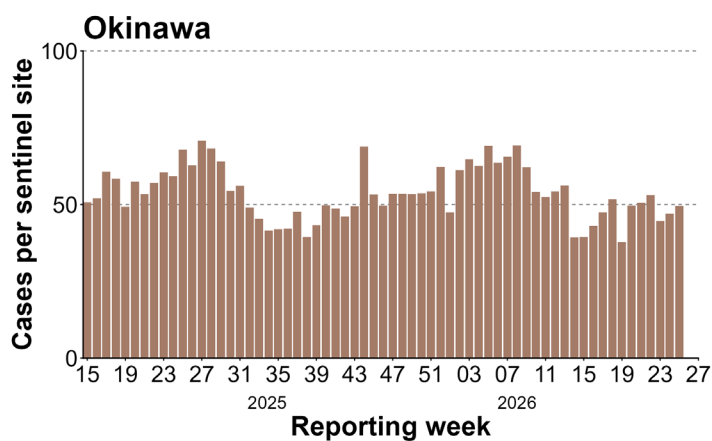
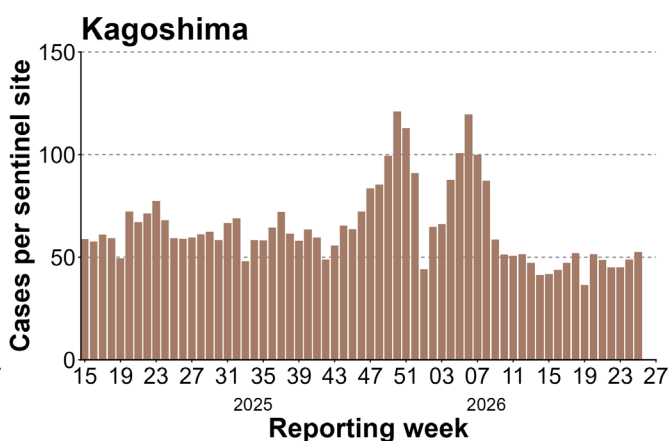
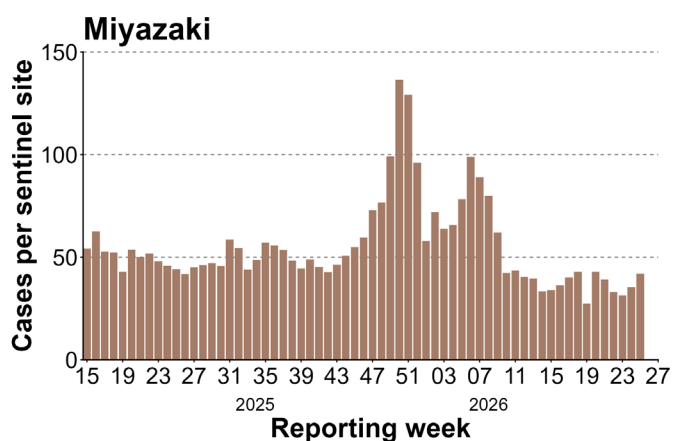
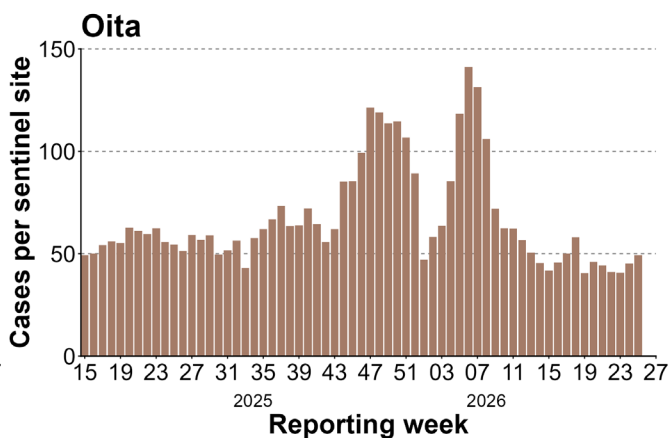
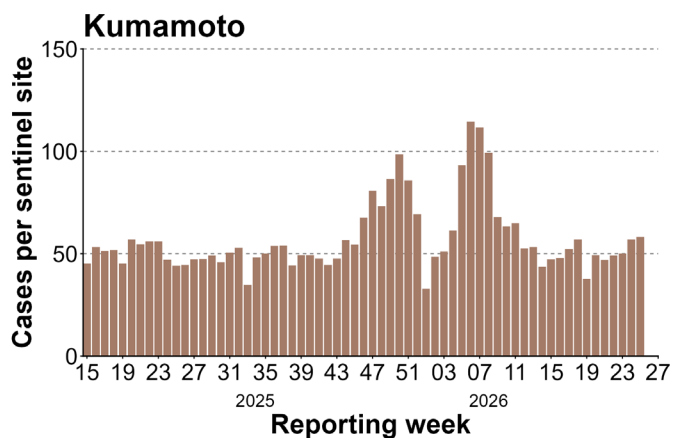












Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026
(data range: April 7, 2025 – June 21, 2026)

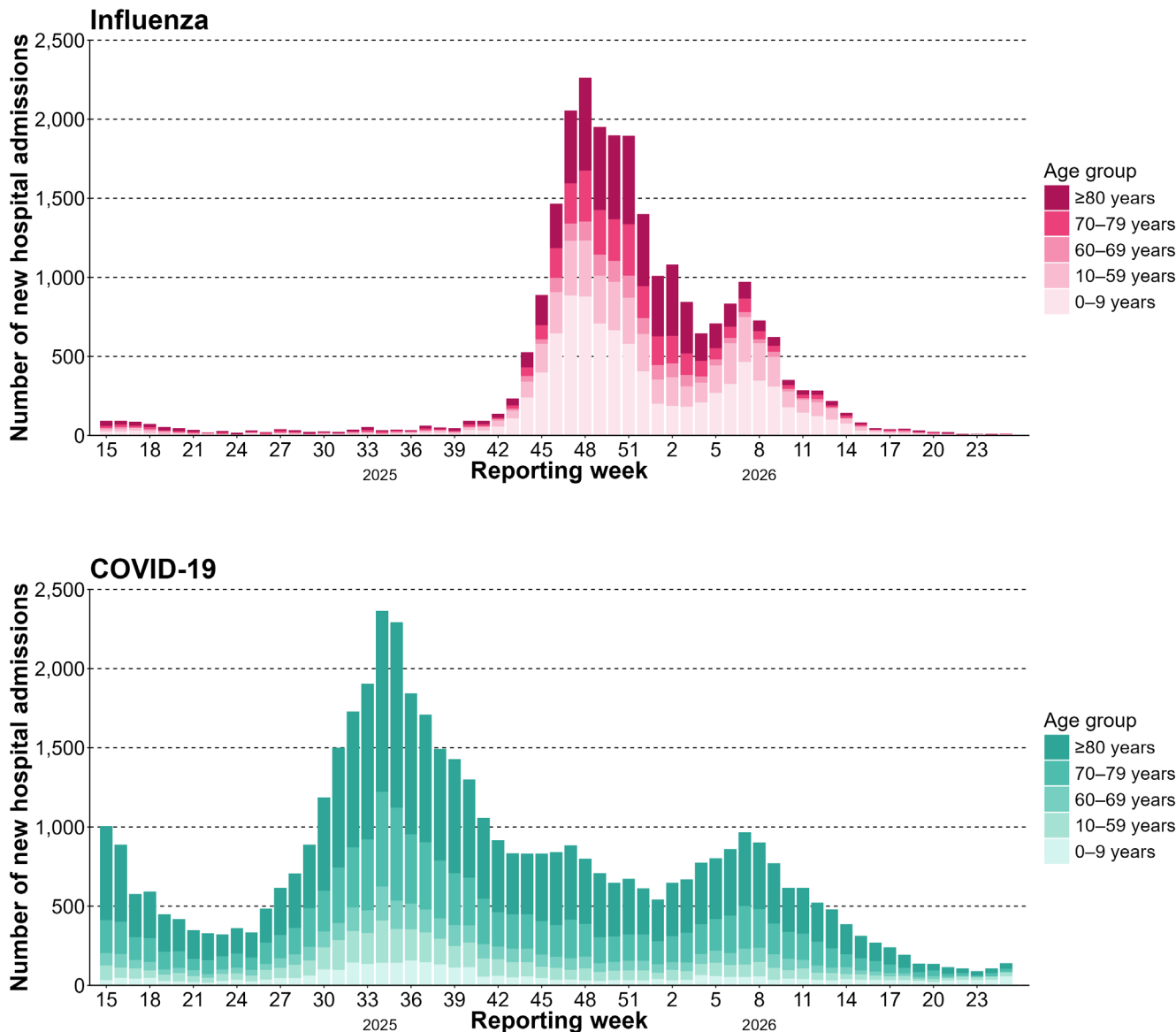
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 25 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 14 new hospital admissions due to influenza were reported, representing an increase of 2 cases compared with the previous week. 140 new hospital admissions due to COVID-19 were reported, representing an increase of 33 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 24, 2026 (data range: April 7, 2025 – June 21, 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 25

Age group	Influenza	COVID-19
0–9 years	3 (1.00)	57 (1.54)
10–59 years	5 (—)	25 (1.39)
60–69 years	1 (0.50)	5 (1.00)
70–79 years	4 (1.00)	18 (1.00)
≥80 years	1 (0.33)	35 (1.21)
Total	14 (1.17)	140 (1.31)

Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: June 15, 2026 – June 21, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

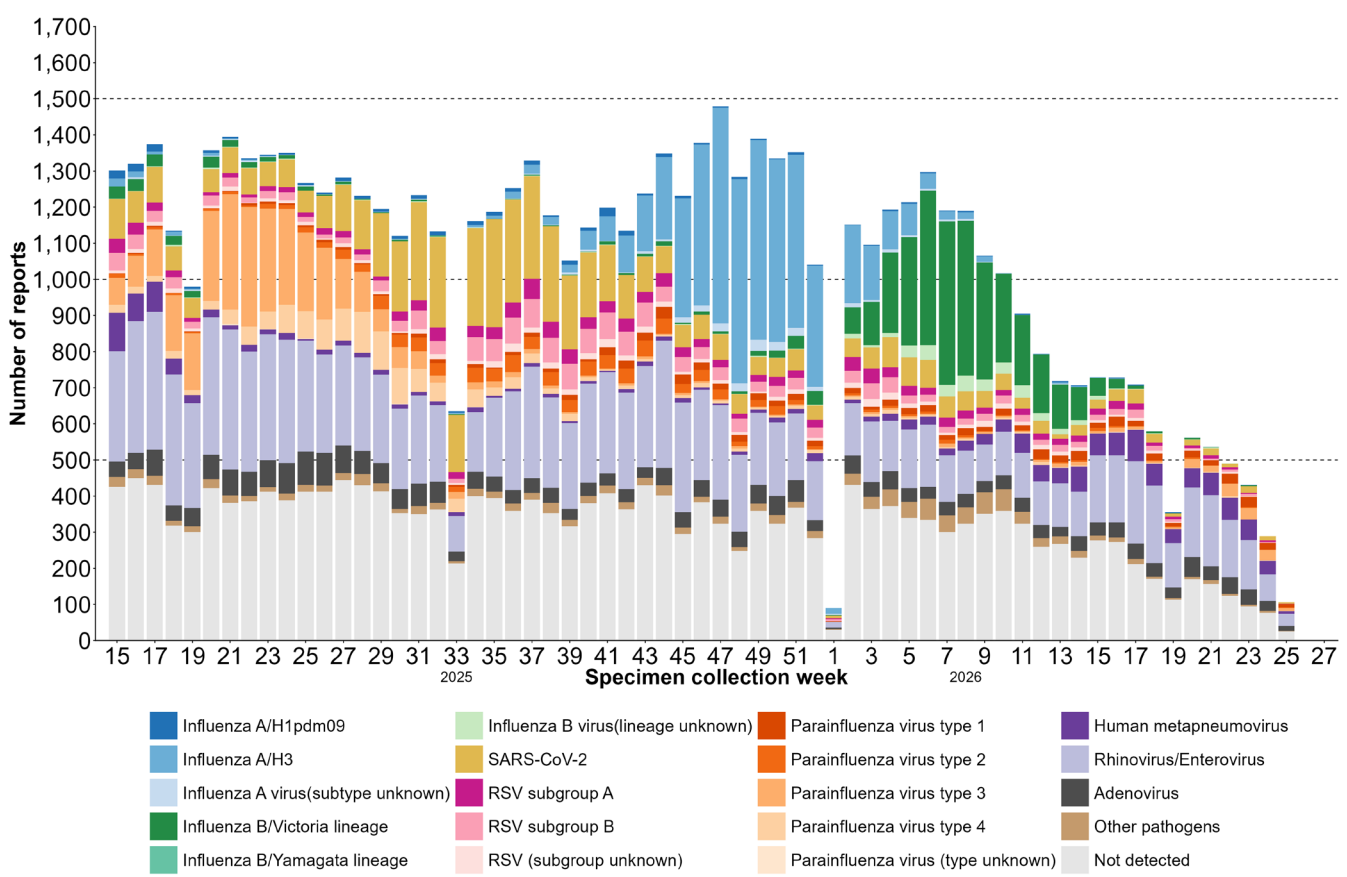
Among specimens collected at ARI pathogen sentinel sites in week 25 of 2026 and reported by the time of analysis, a total of 89 specimens were reported. Of these, no specimens were positive for influenza A virus or influenza B virus, 4 specimens were positive for SARS-CoV-2, and 2 specimens were positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza A virus and influenza B virus, 2.2% for RSV, and 4.5% for SARS-CoV-2 (Figure 7).

Specimens collected in week 20 (May 11–17) 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 25, 1 specimen of SARS-CoV-2 were reported.

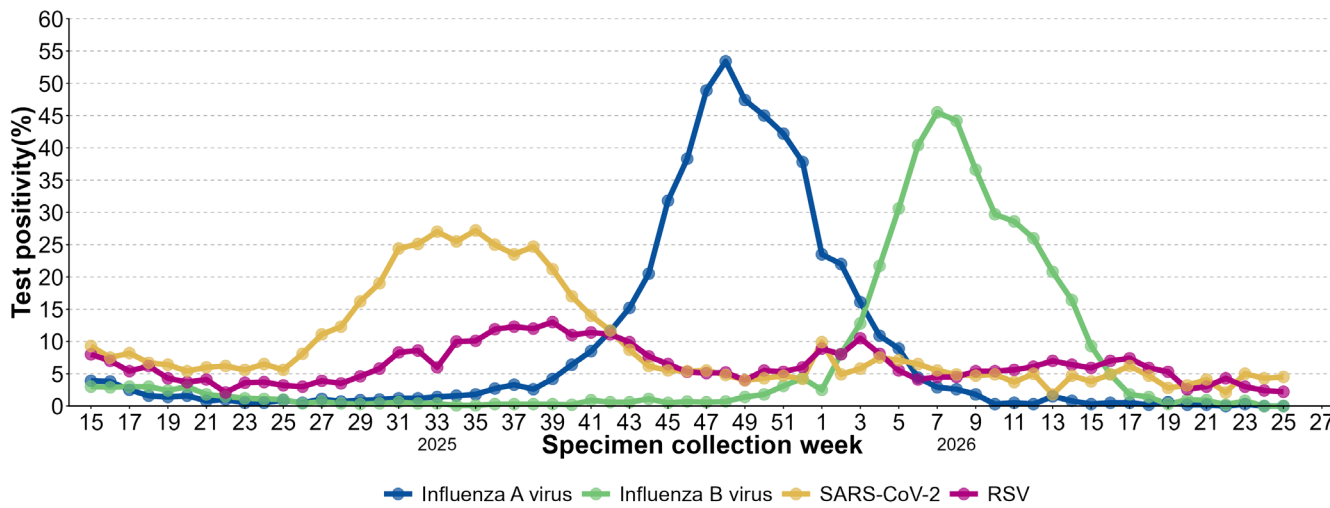
Figure 6. Weekly number of detected pathogens based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: April 7, 2025 – June 21, 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.

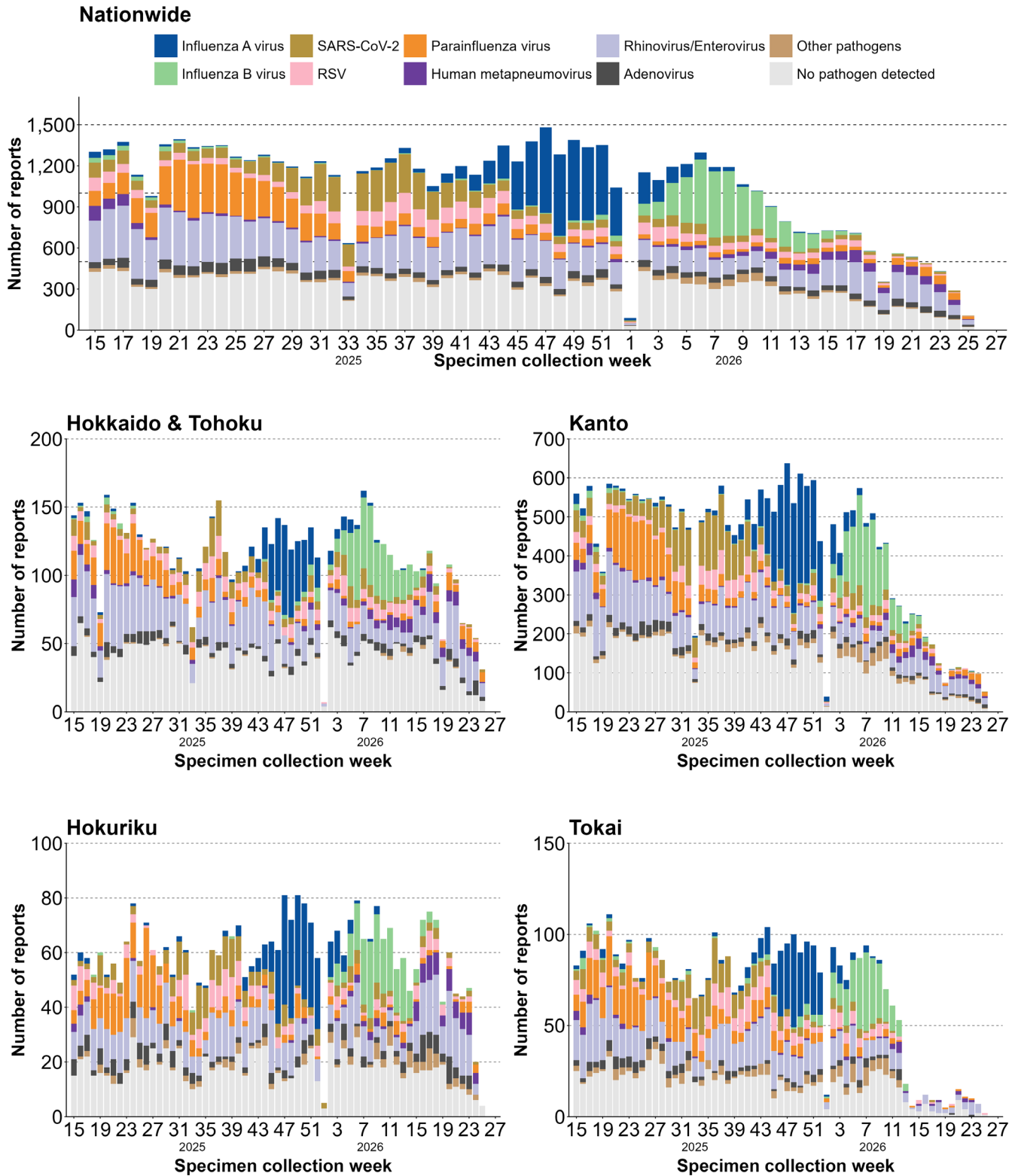
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week

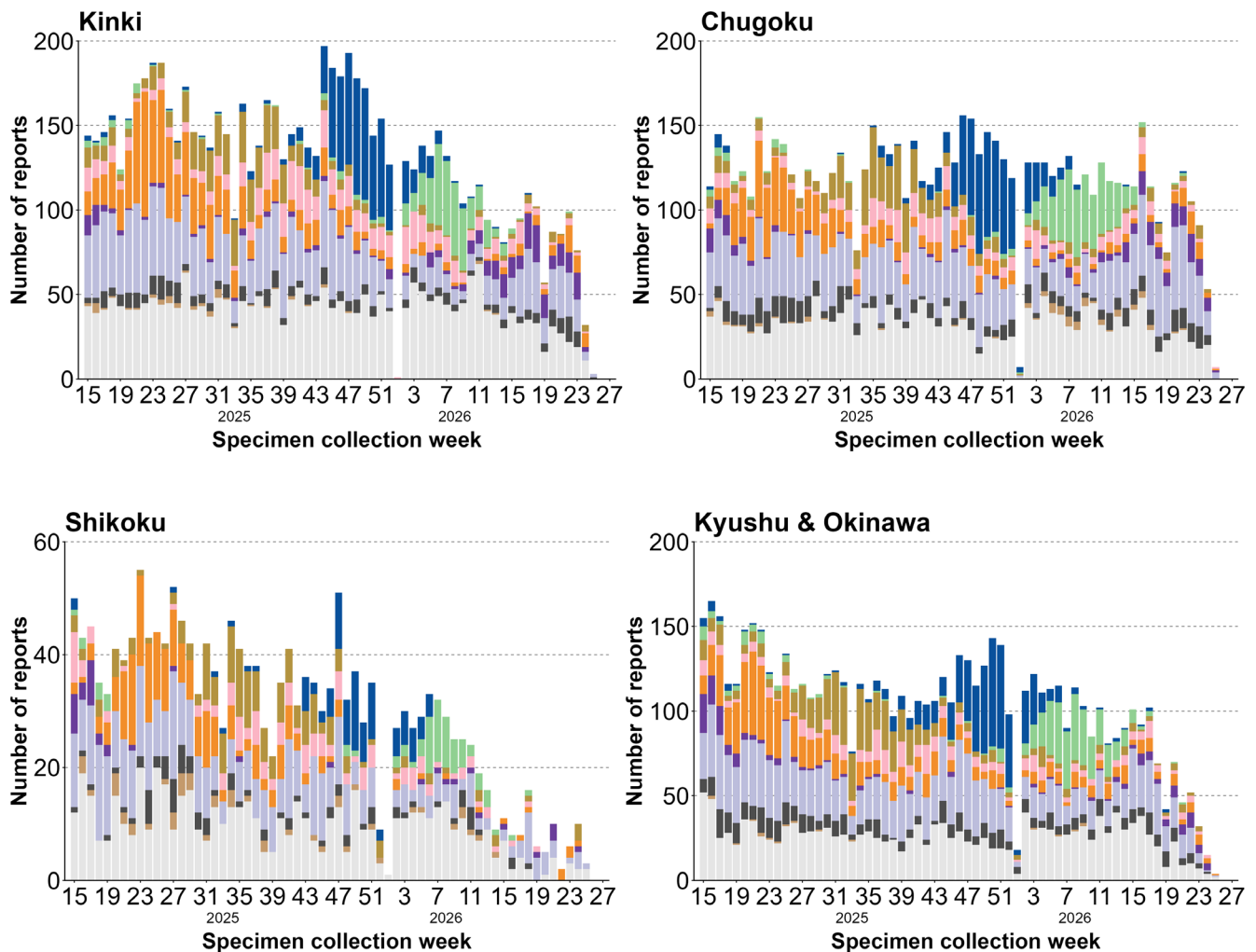


Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: April 7, 2025 – June 21, 2026).

Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: $(\text{number positive} / \text{number tested}) \times 100$. Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports.

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





Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: April 7, 2025 – June 21, 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 20 (May 11–17)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	99	Rhinovirus/Enterovirus
Kanto	103	Rhinovirus/Enterovirus
Hokuriku	47	Rhinovirus/Enterovirus
Tokai	6	Rhinovirus/Enterovirus
Kinki	77	Rhinovirus/Enterovirus
Chugoku	97	Rhinovirus/Enterovirus
Shikoku	5	Rhinovirus/Enterovirus
Kyushu & Okinawa	60	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of June 24, 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_iryoku/kenkou/kekkaku-kansenshou/infuenza/index.html
 - COVID-19
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html
 - RSV infection
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 - Pharyngoconjunctival fever
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 - Herpangina
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryoku/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>

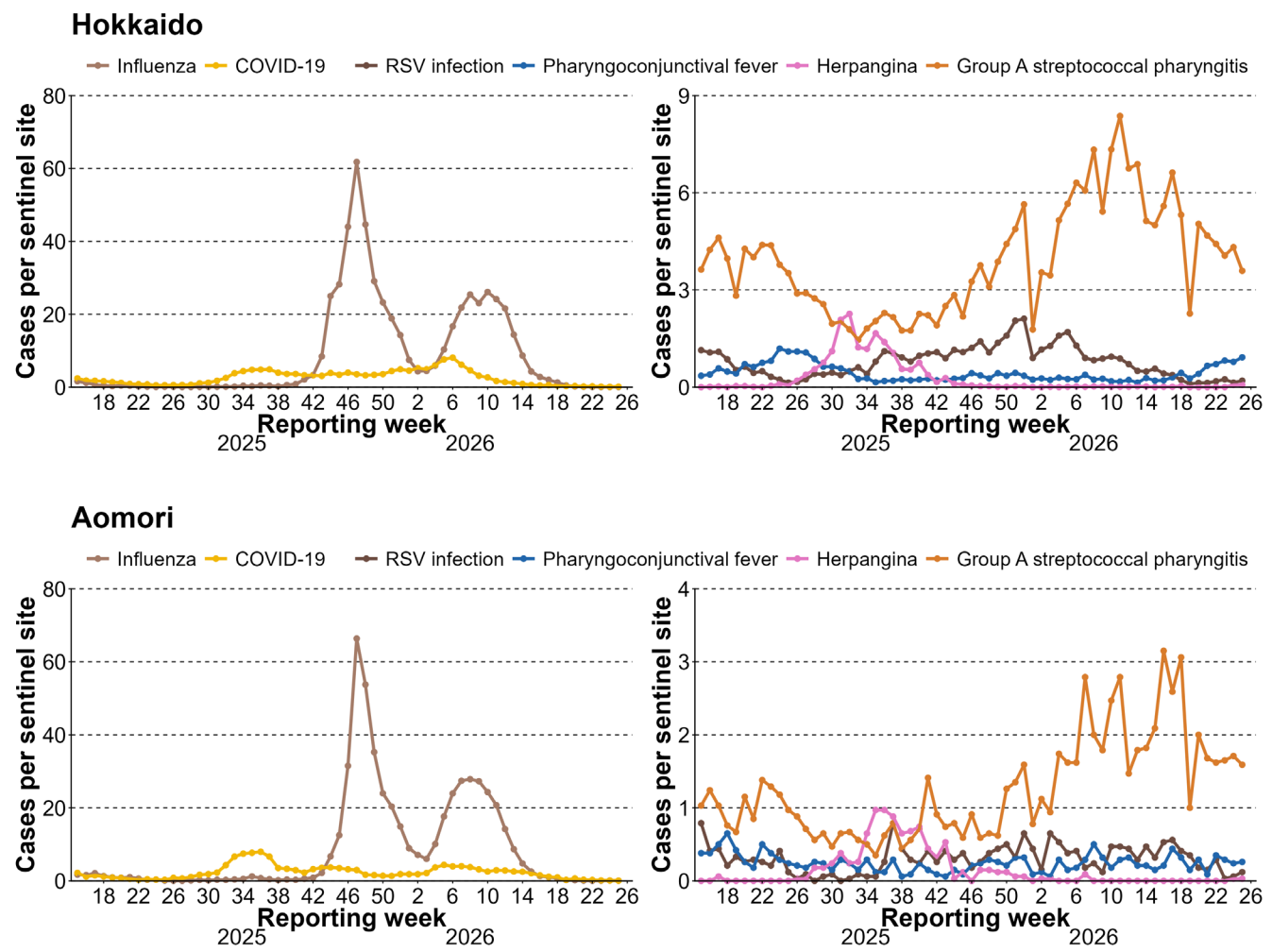
Supplementary information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

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.

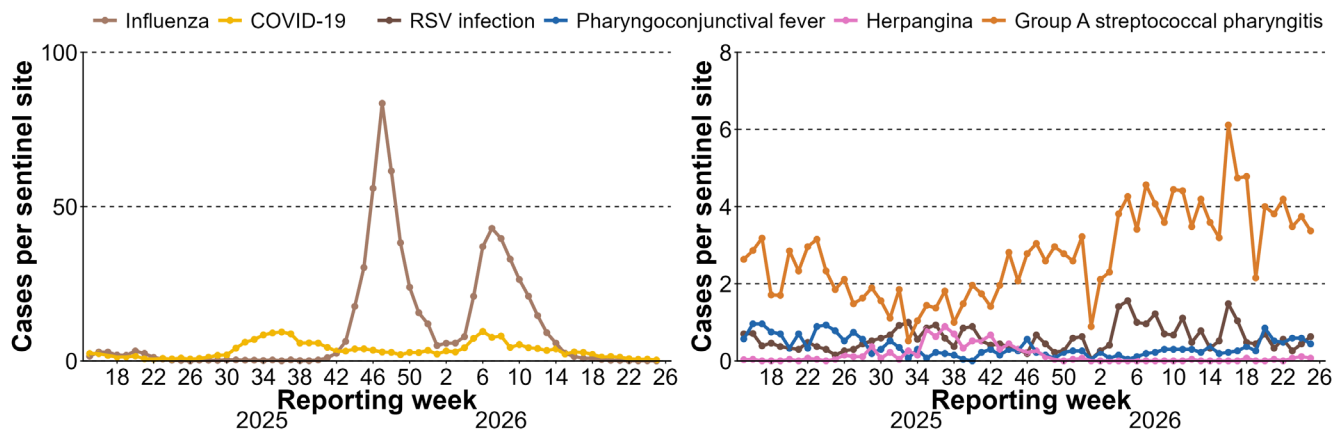
Pathogen	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25
Influenza A/H1	0	0	0	0	0	0
Influenza A/H1pdm09	0	0	0	0	0	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	0	0	0	0	0	0
Influenza B virus	0	0	0	0	0	0
SARS-CoV-2	1	1	0	0	1	1
RSV	3	2	0	0	0	0
Parainfluenza virus 1	1	0	0	0	0	0
Parainfluenza virus 2	0	0	0	0	0	0
Parainfluenza virus 3	0	0	1	0	0	0
Parainfluenza virus 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	0	0	0	0	0	0
Rhinovirus/Enterovirus	9	9	5	8	3	0
Human metapneumovirus	5	6	5	2	0	0
Adenovirus	1	2	0	3	0	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	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	1	0	0

Source: Infectious Disease Surveillance in Japan; data as of June 24, 2026 (data range: May 11, 2026 to June 21, 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 15 medical institutions participated between weeks 20–25.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

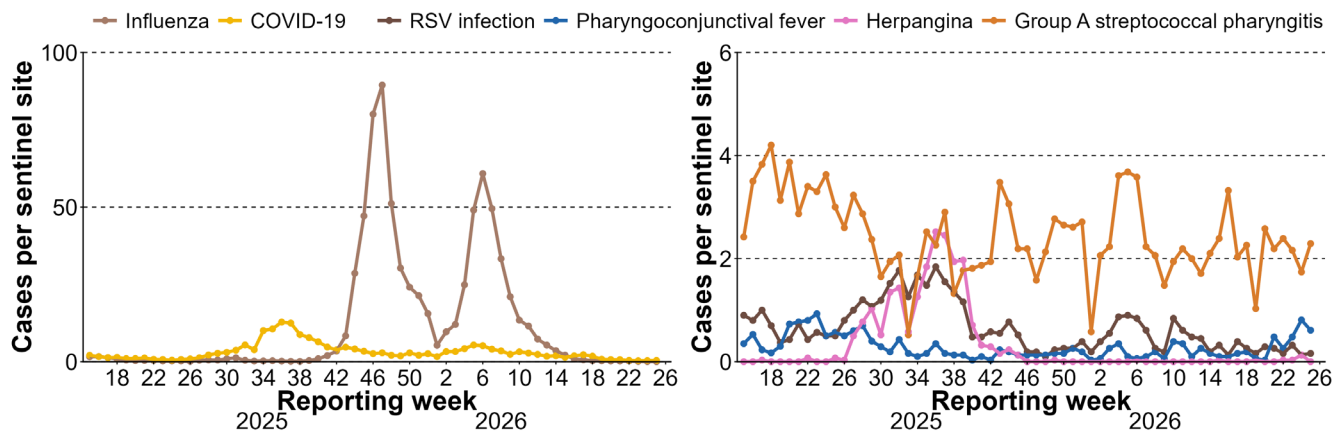
Supplementary information 2. Weekly cases per sentinel site by prefecture for each disease



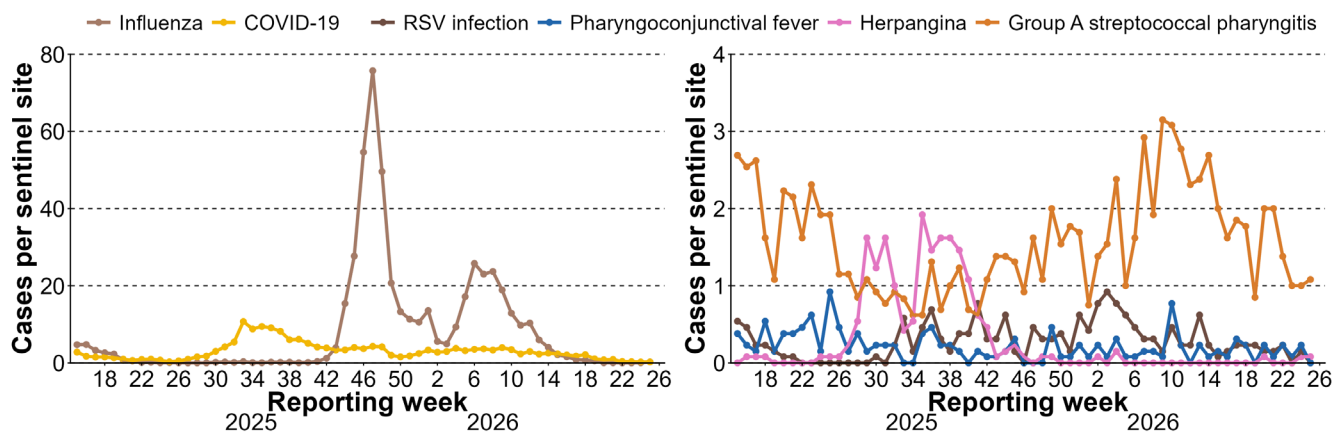
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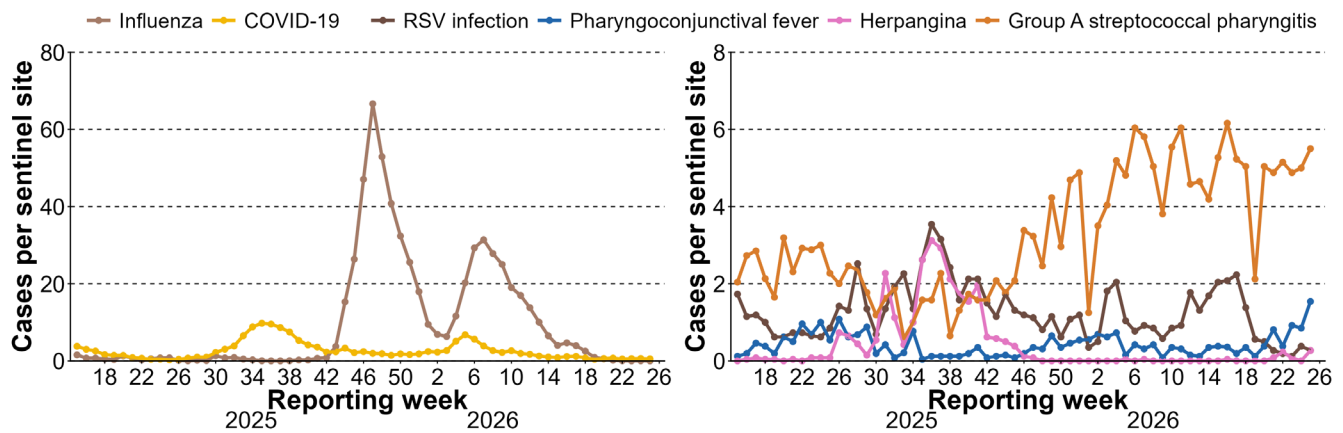
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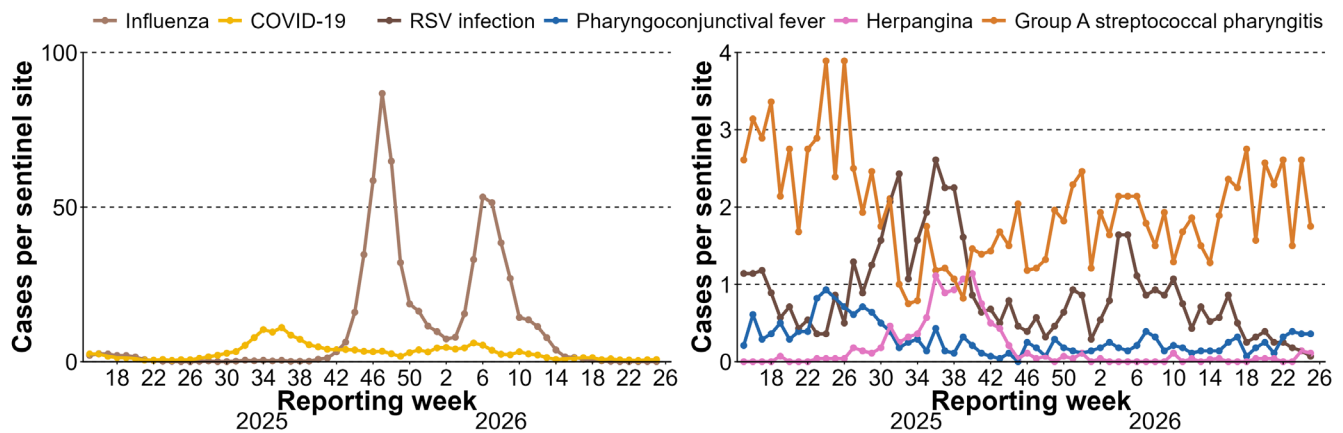
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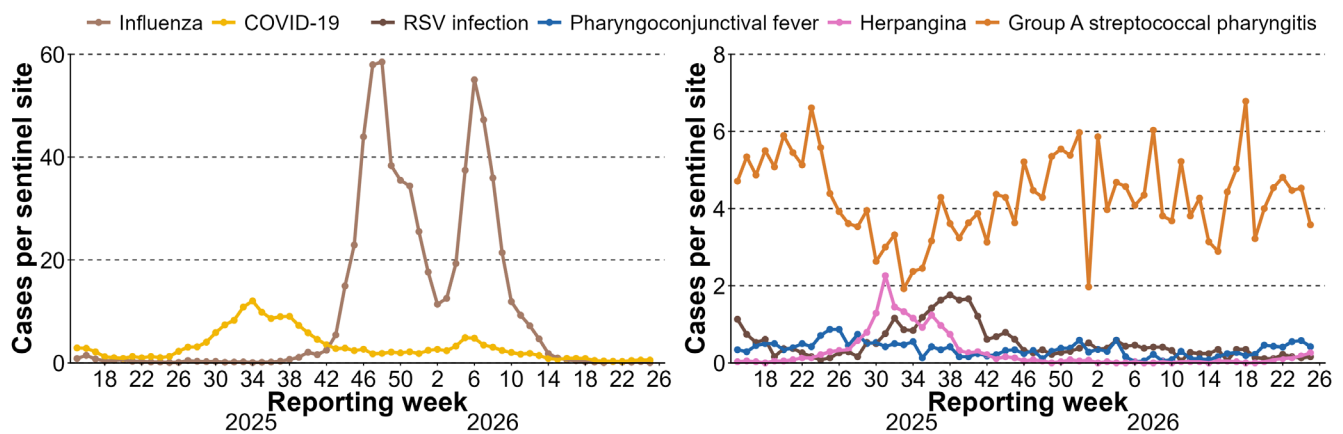
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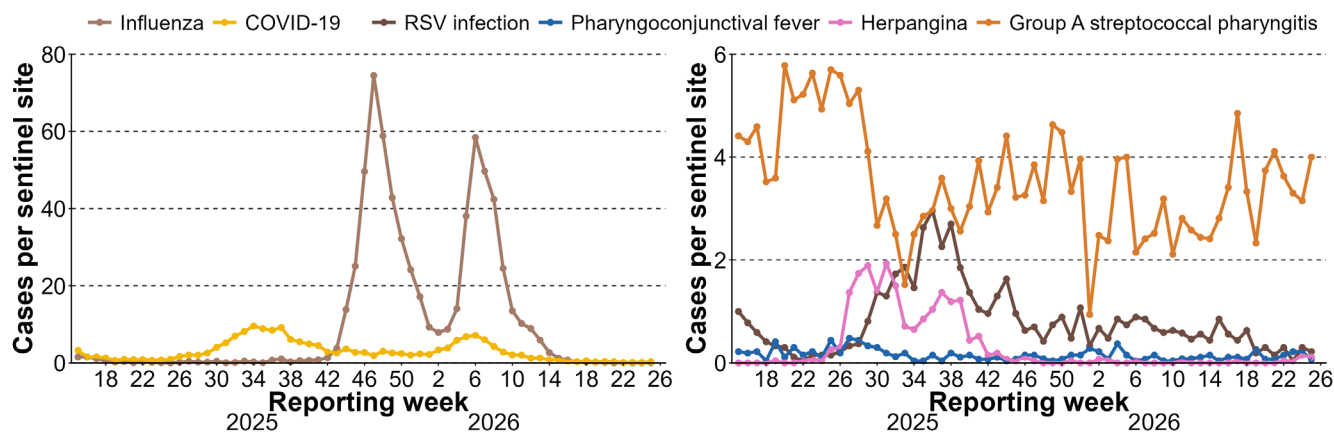
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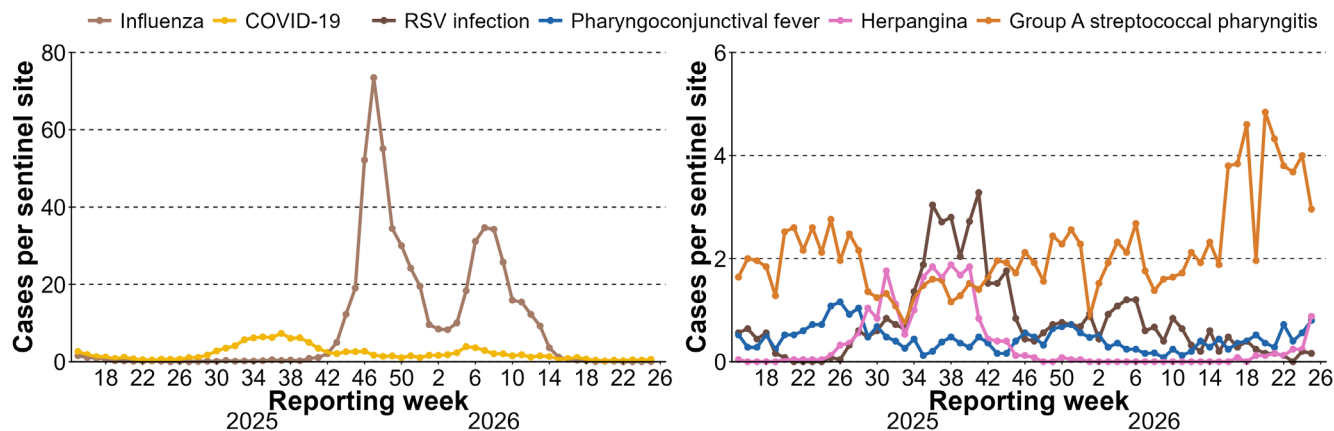
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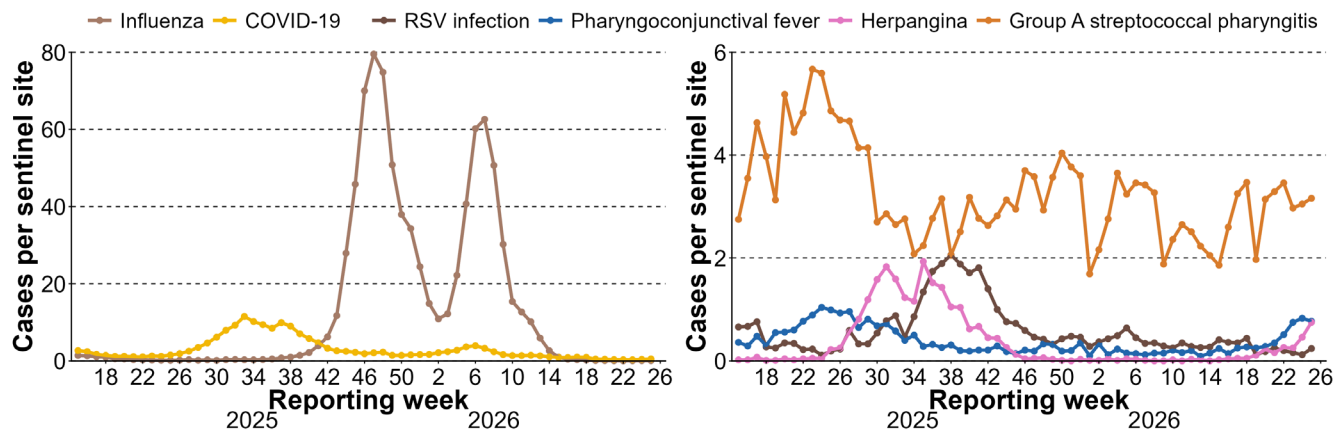
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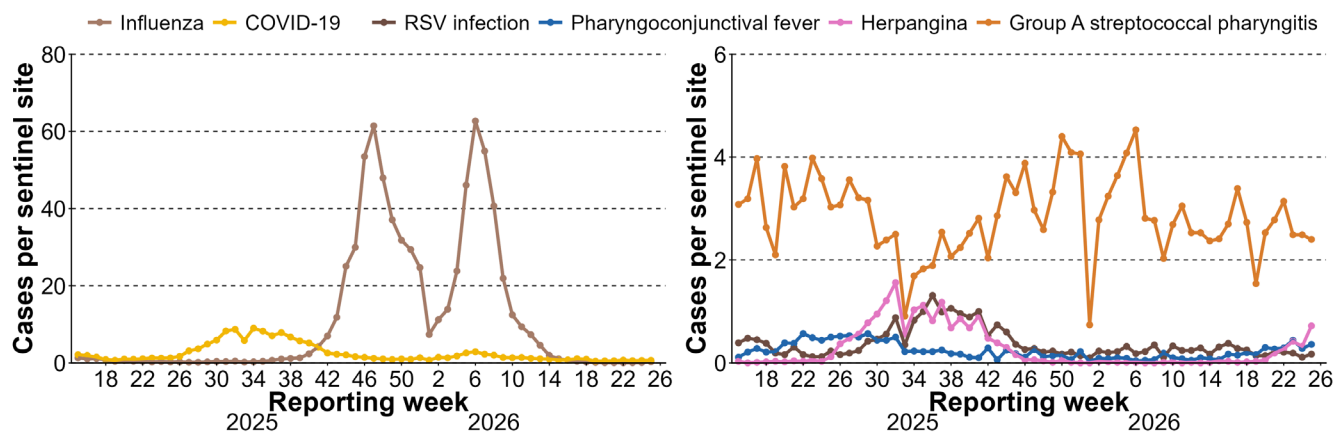
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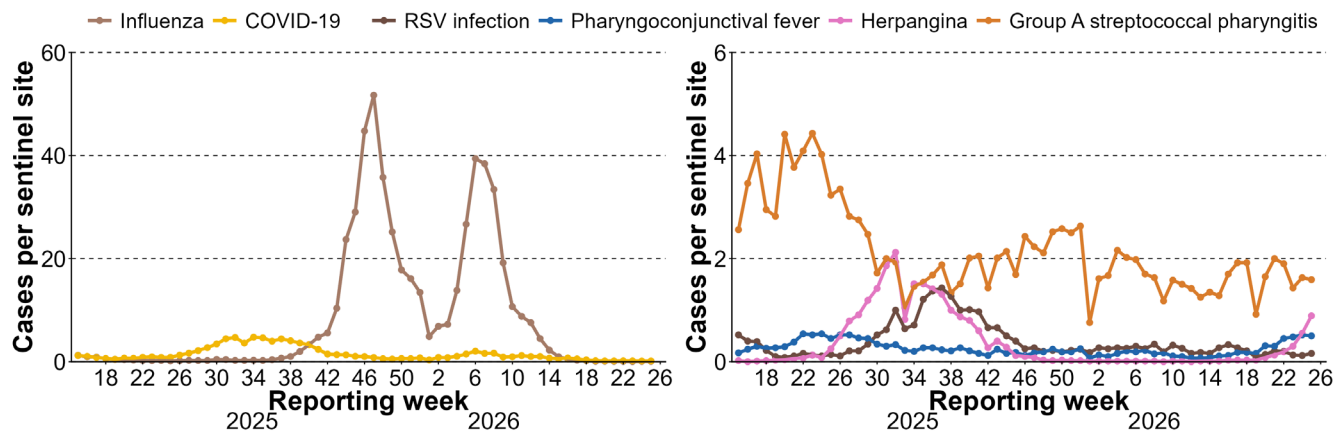
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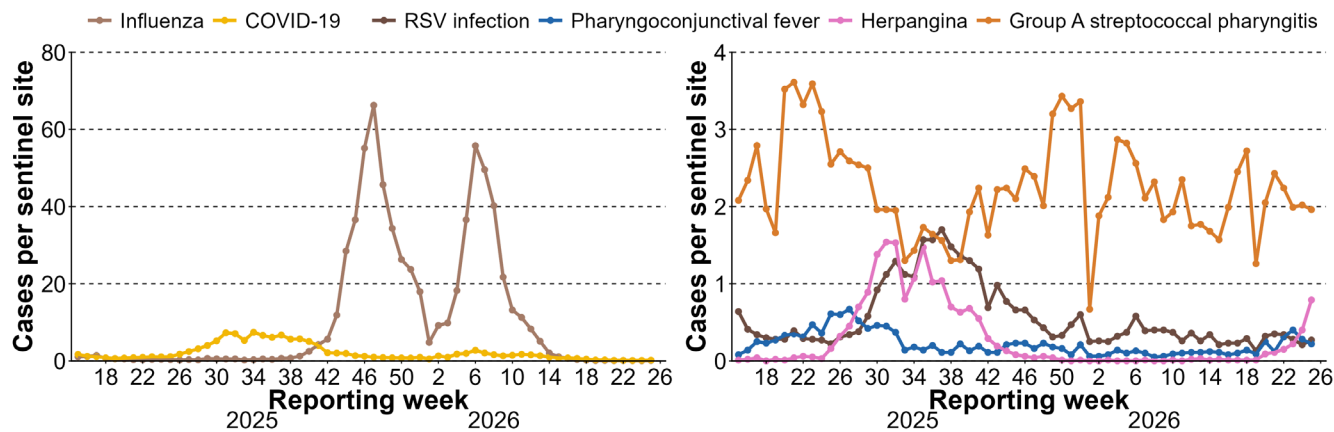
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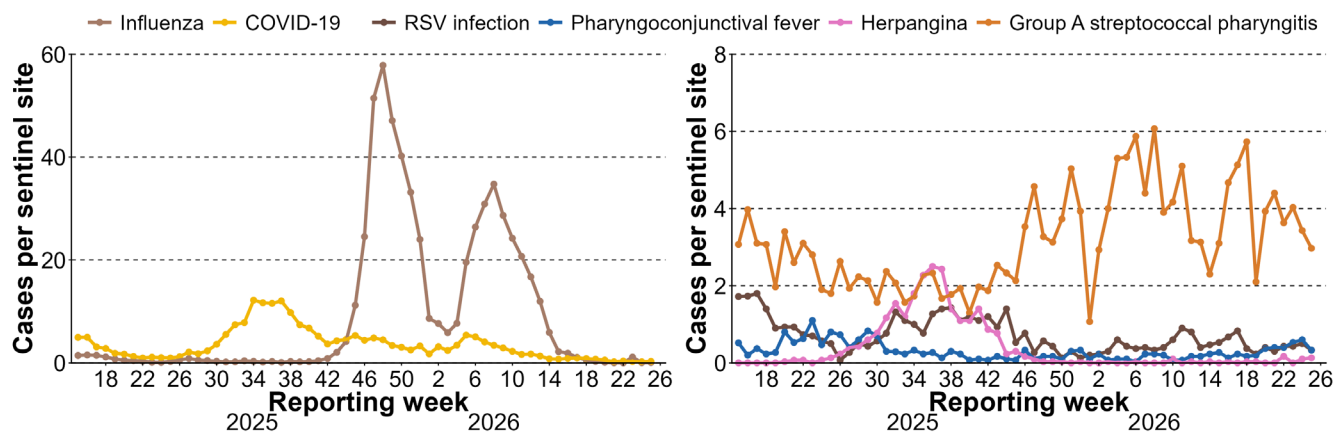
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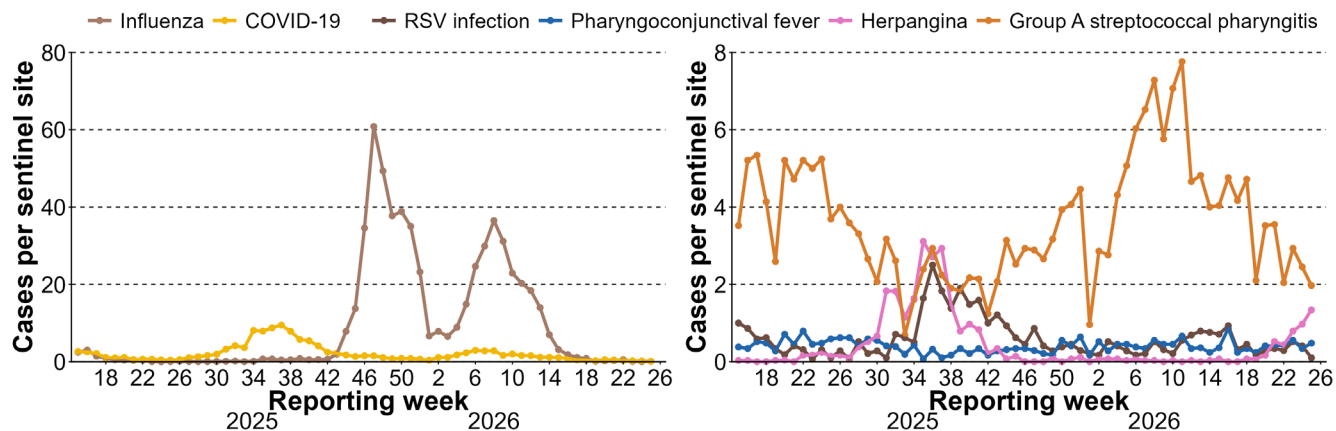
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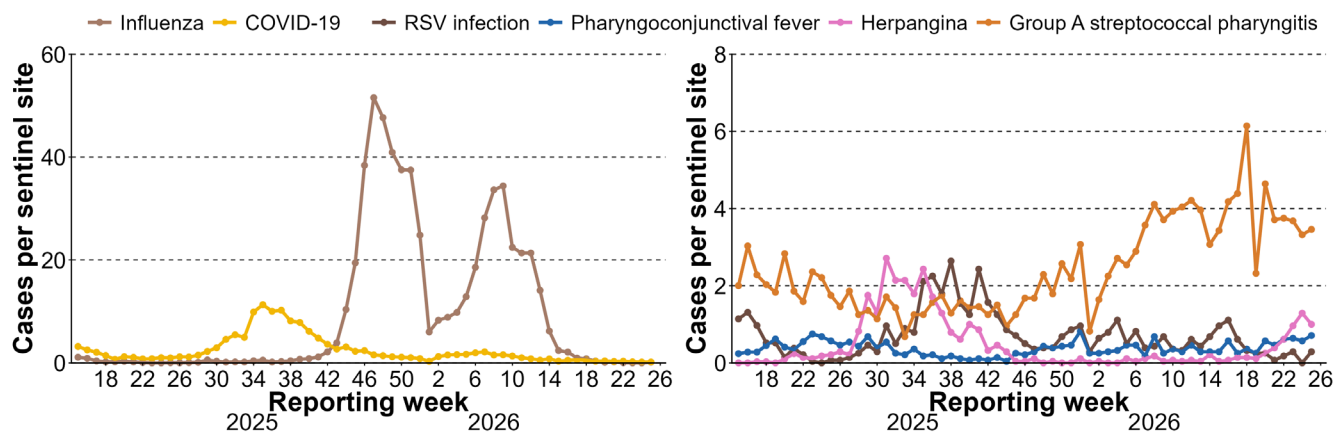
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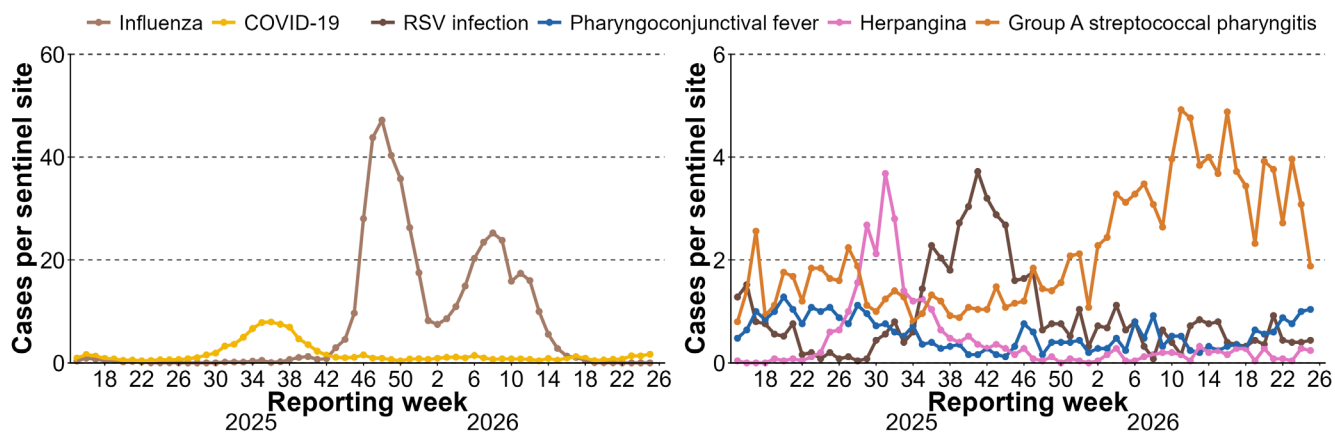
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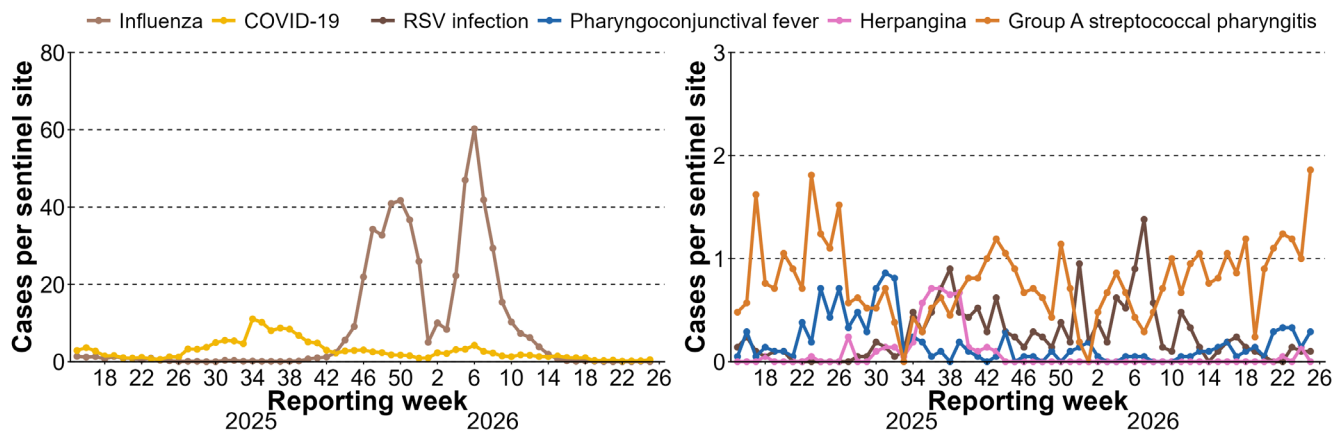
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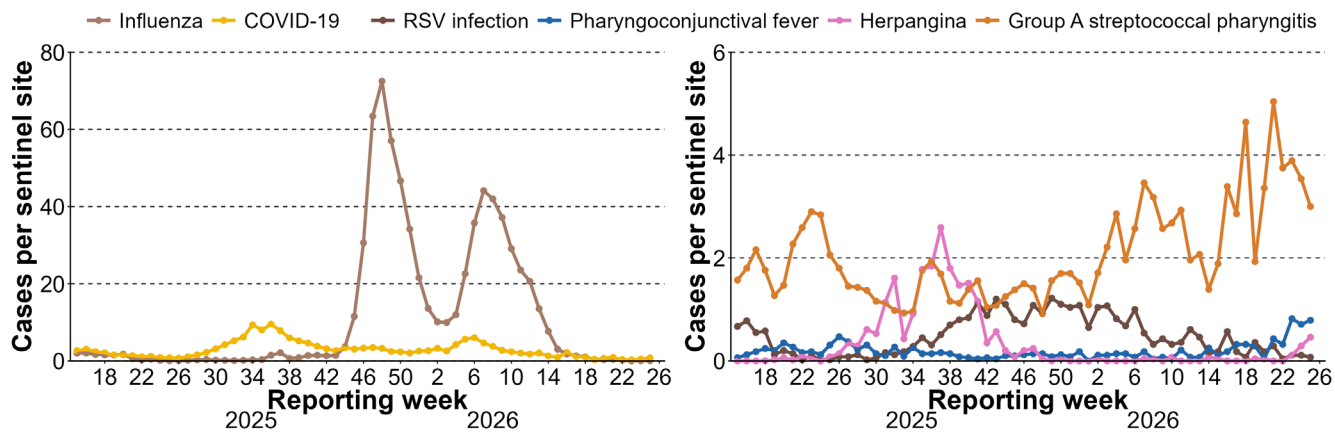
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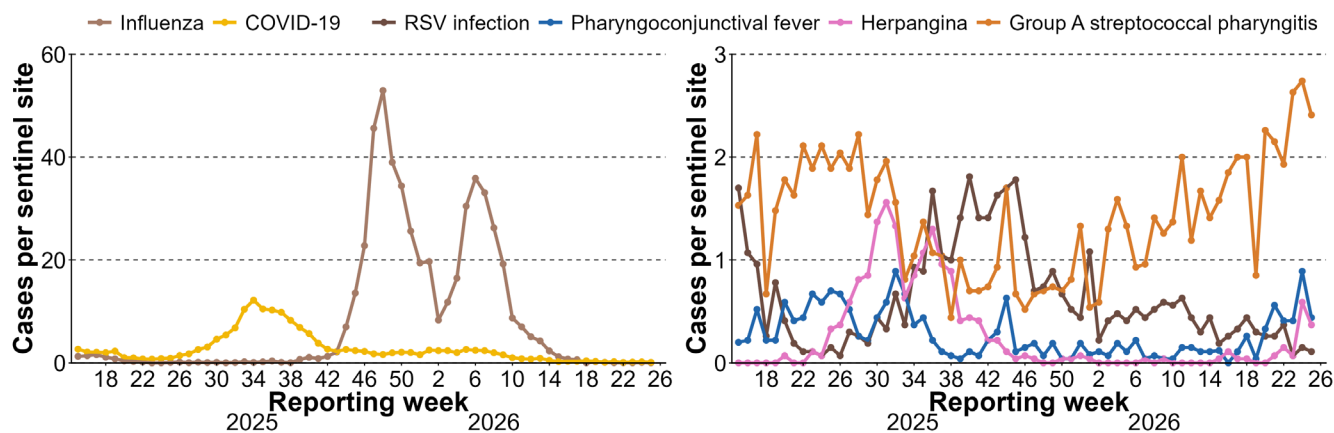
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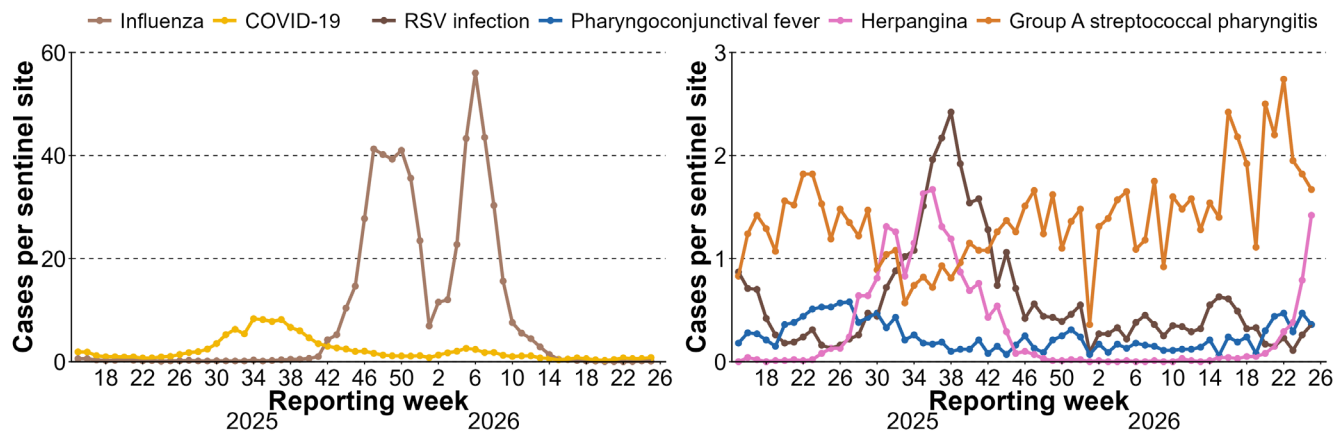
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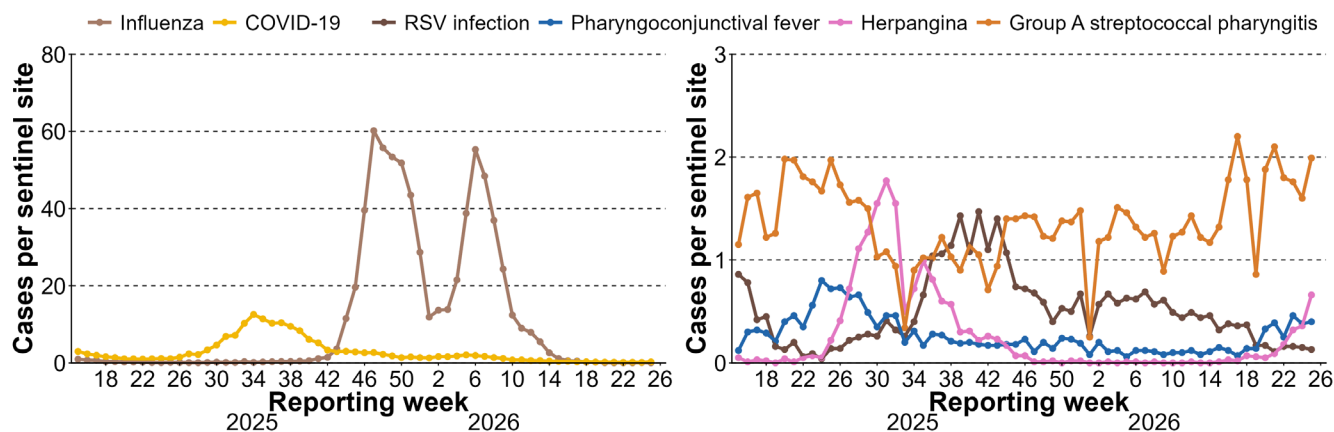
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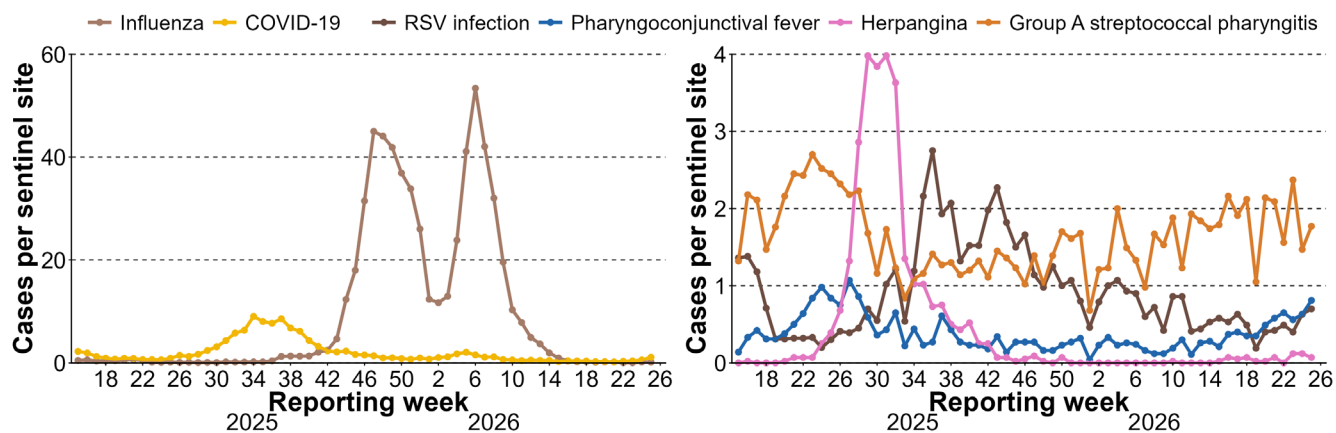
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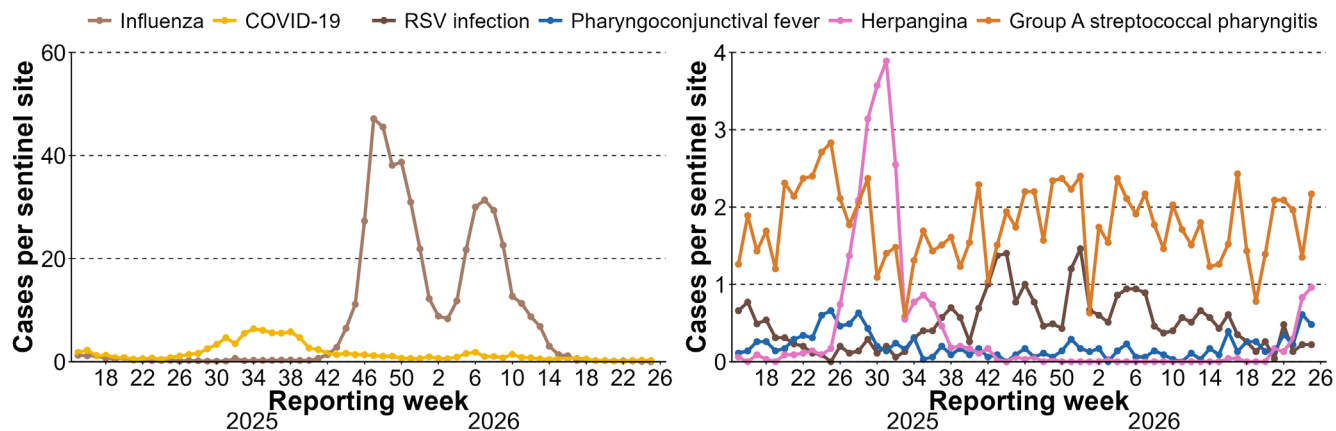
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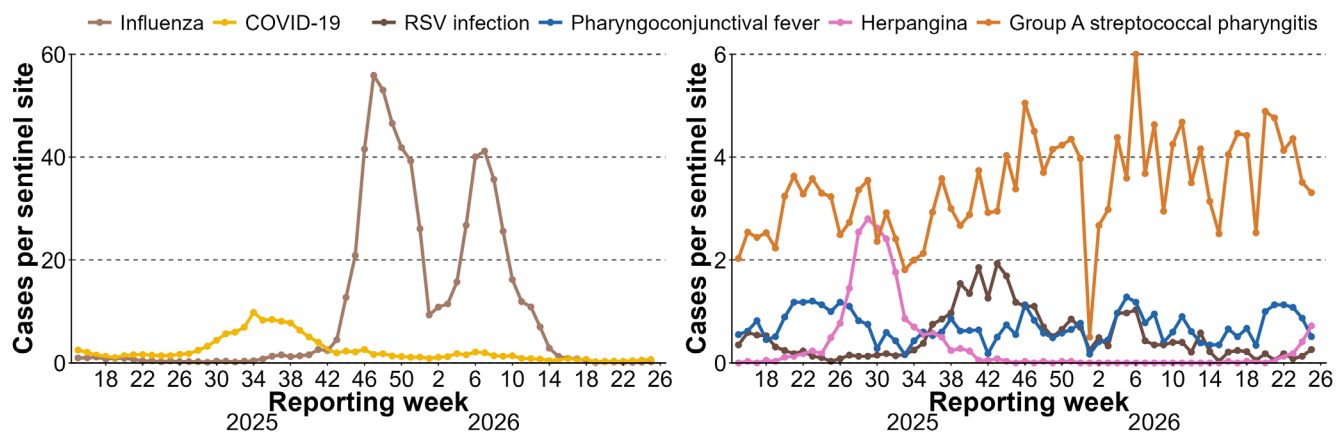
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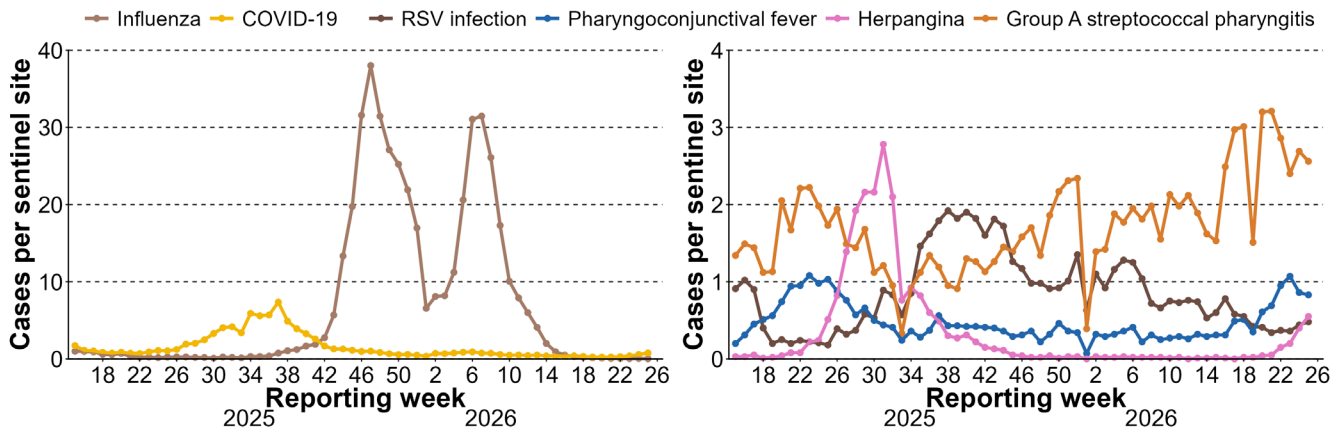
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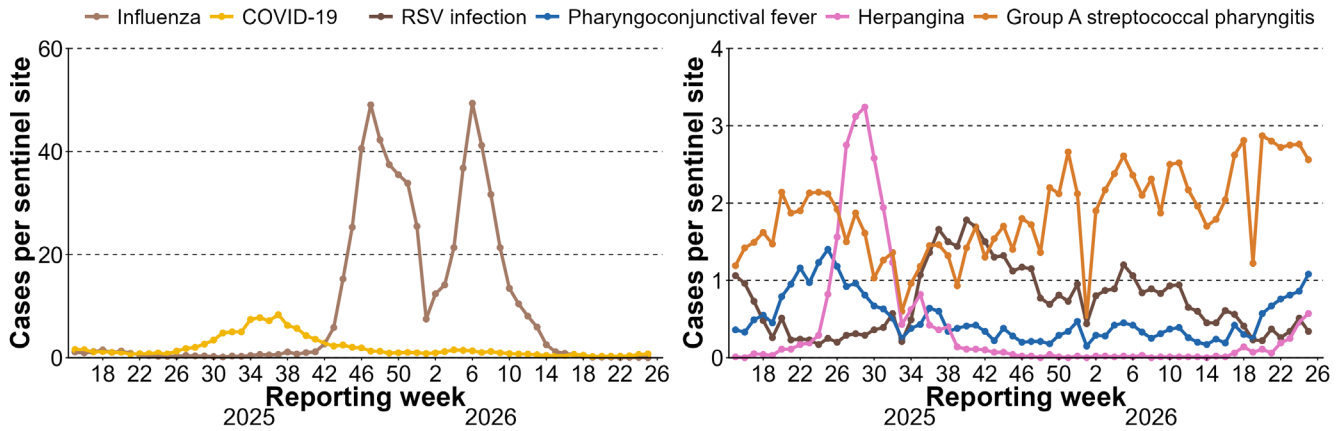
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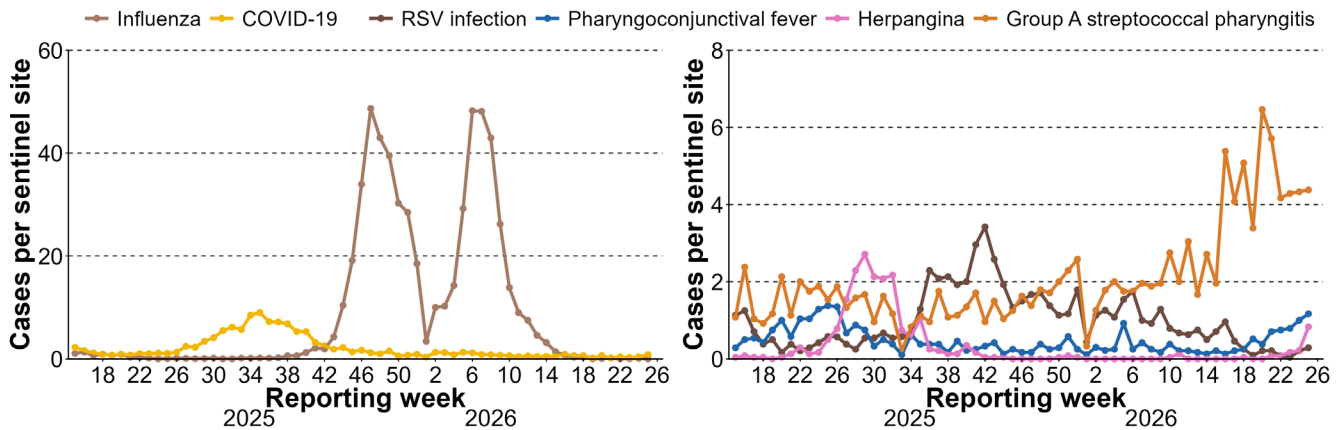
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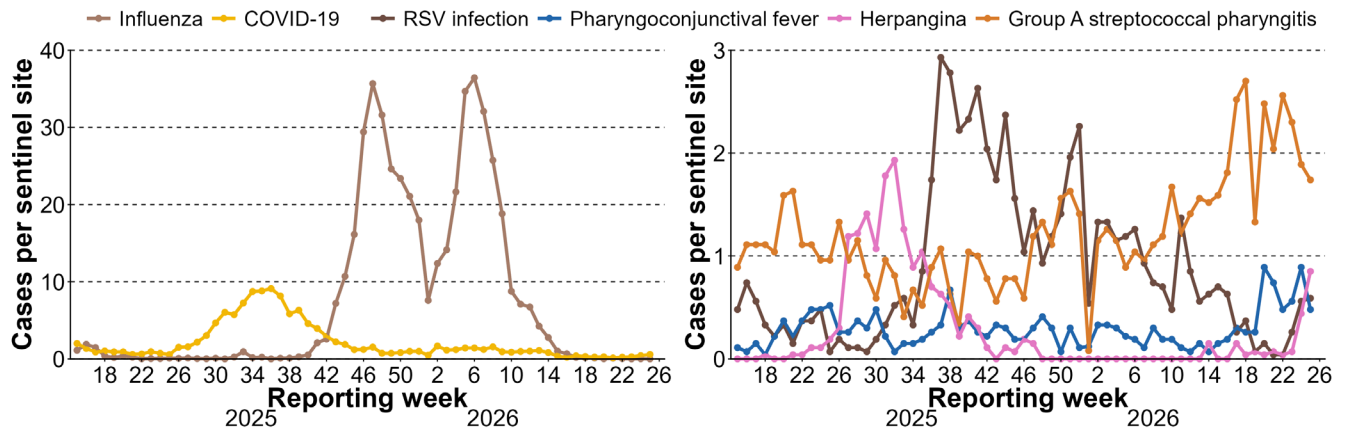
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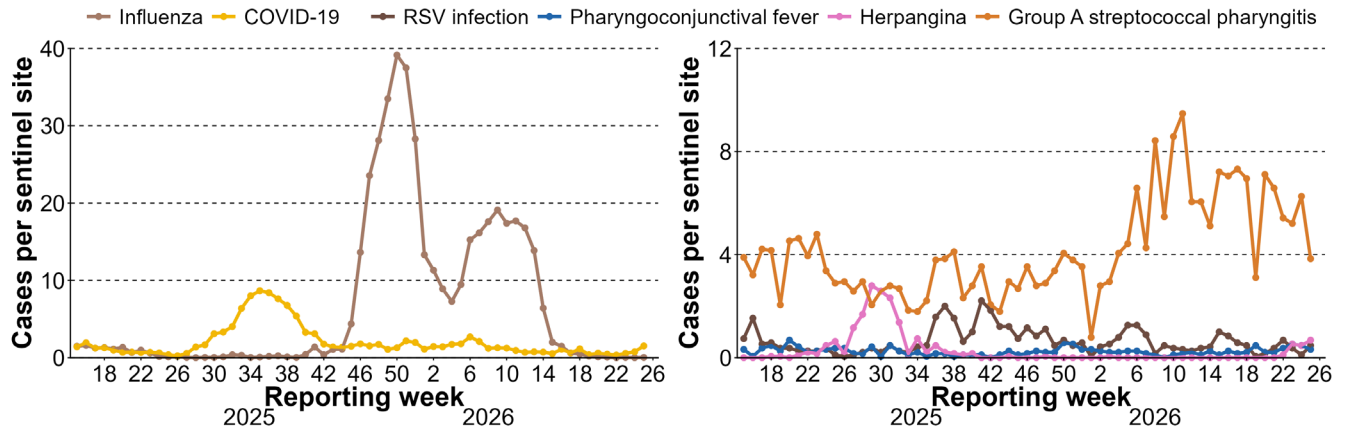
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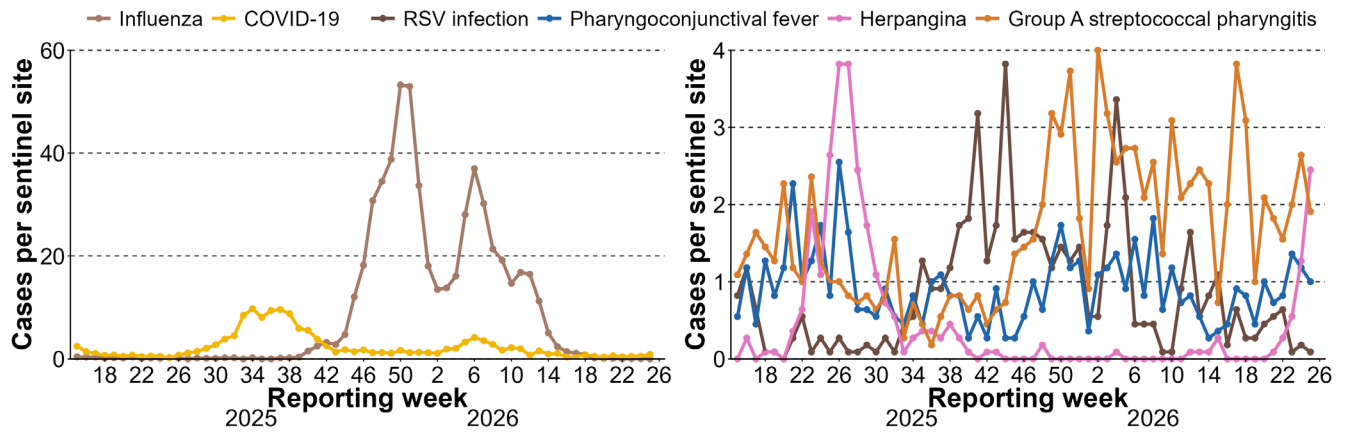
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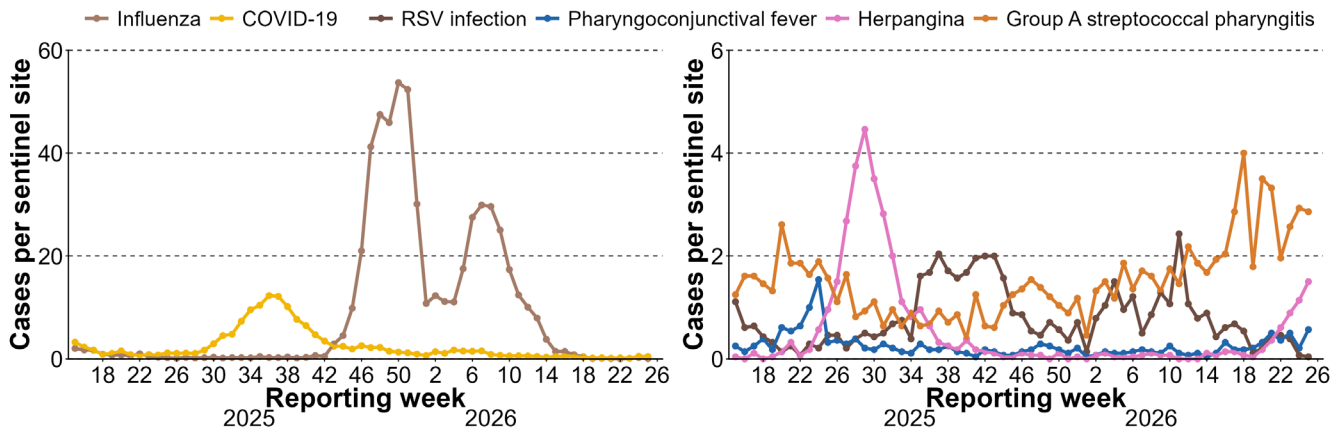
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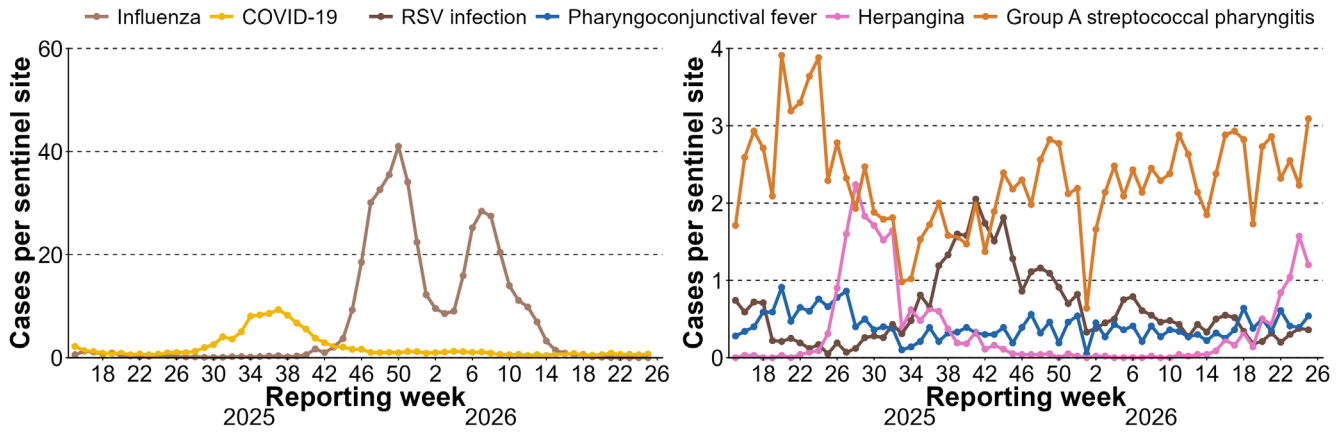
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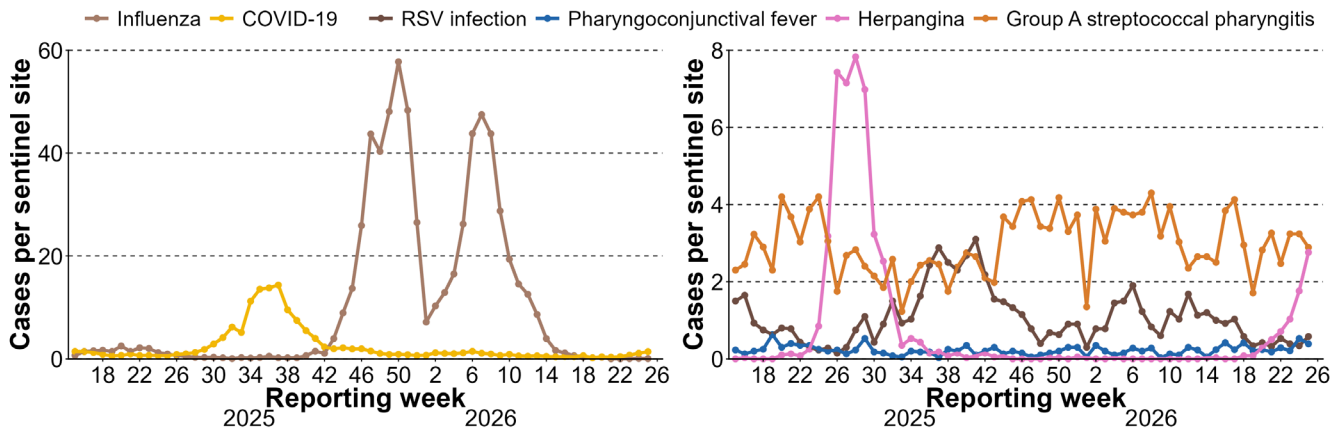
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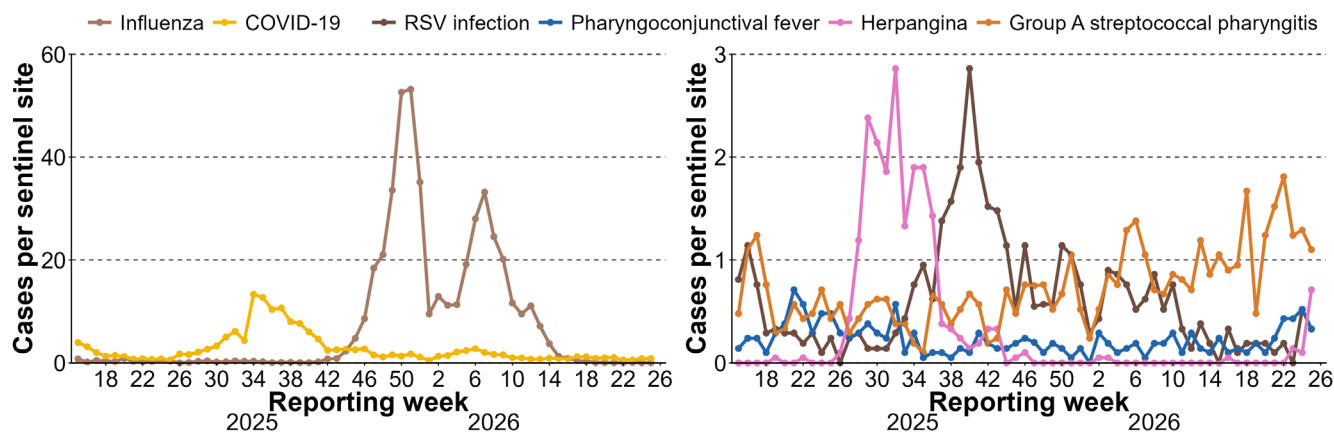
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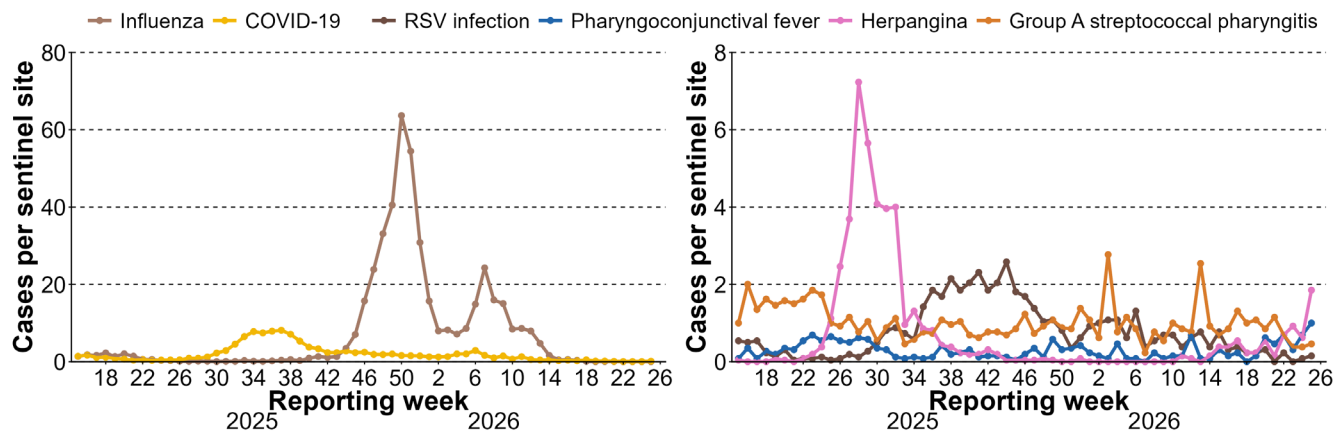
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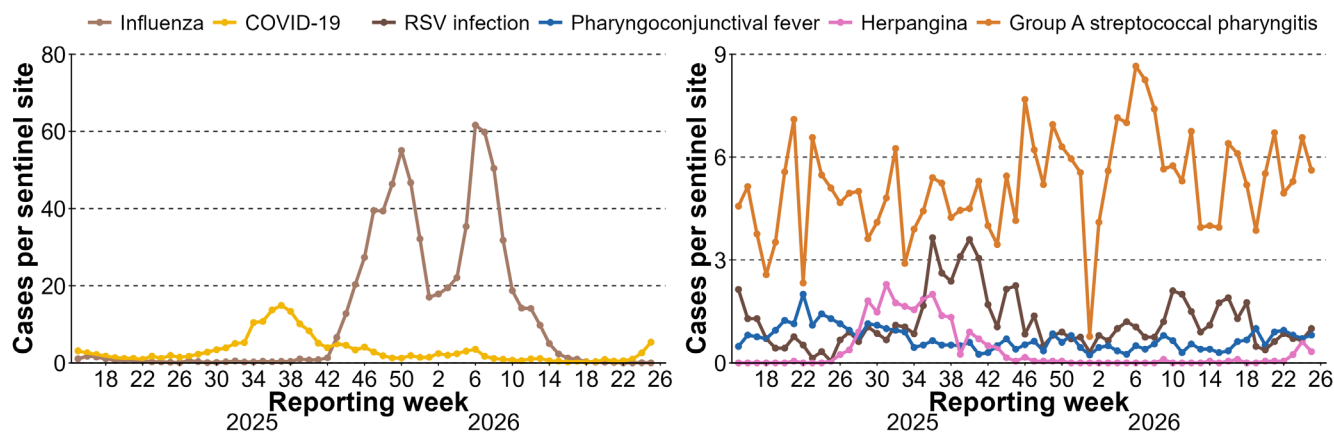
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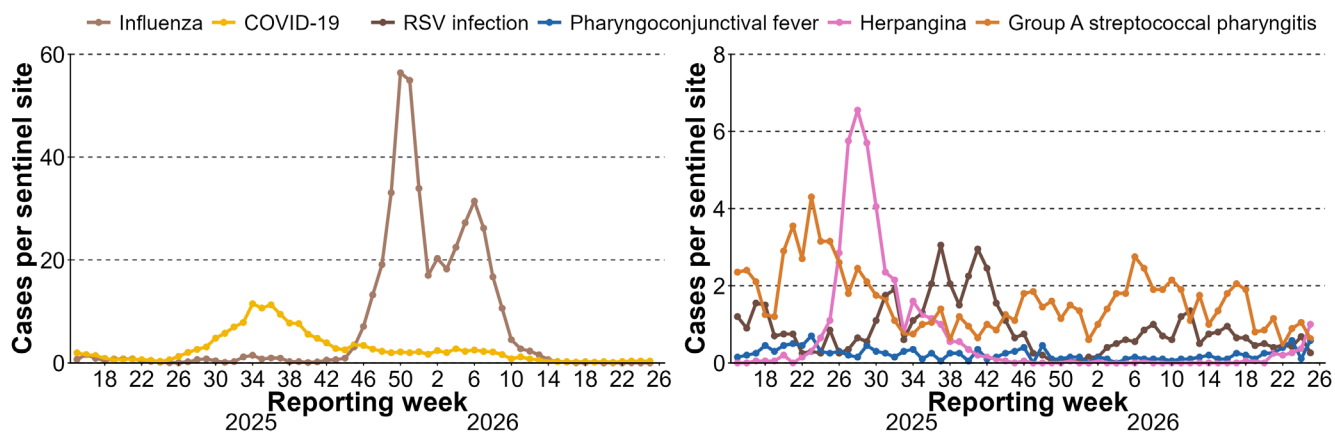
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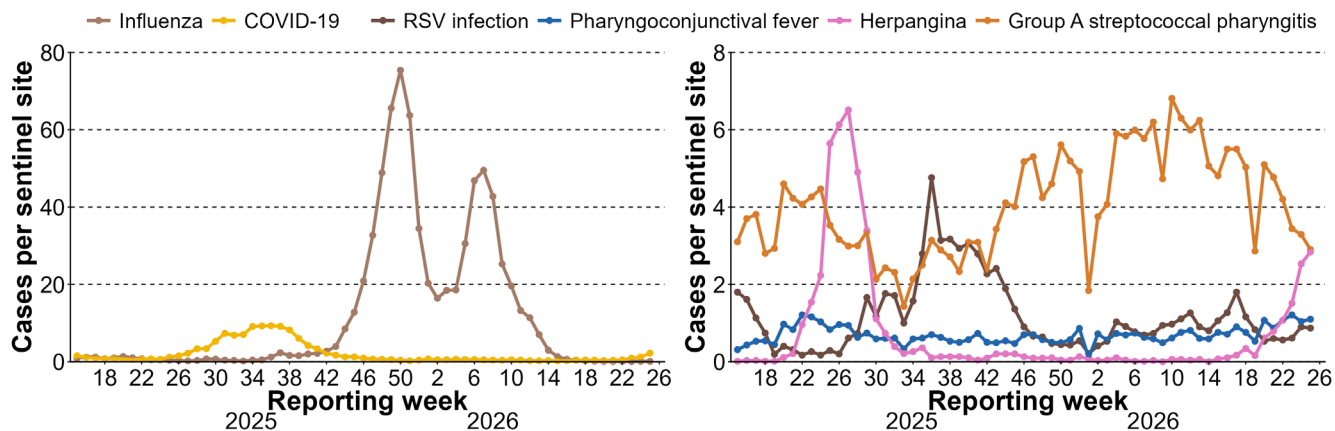
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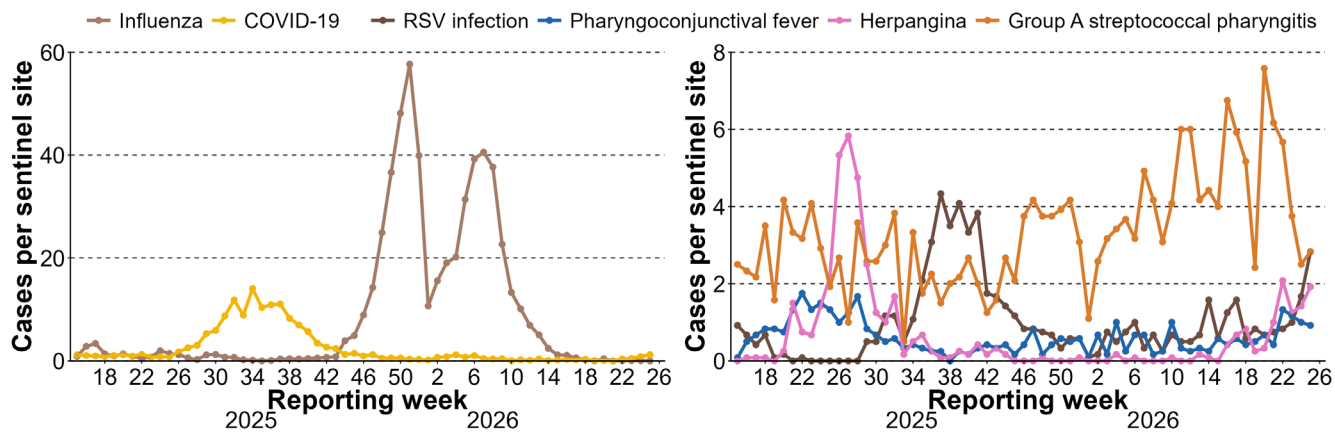
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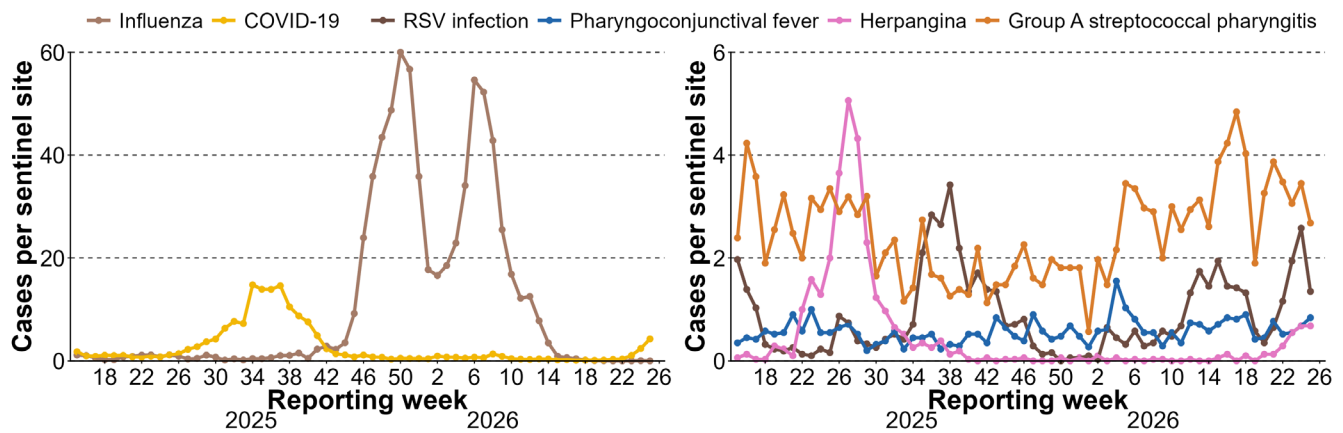
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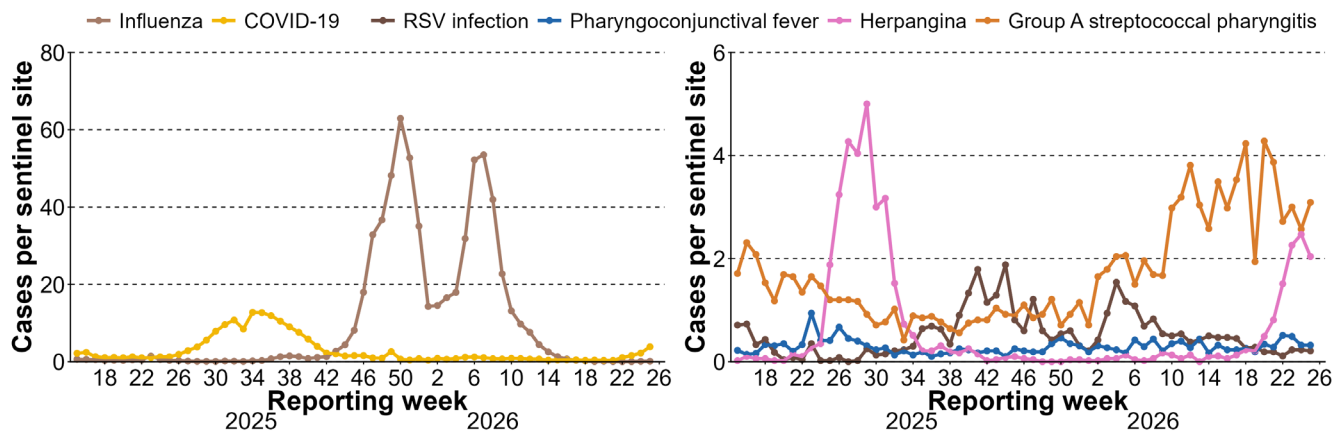
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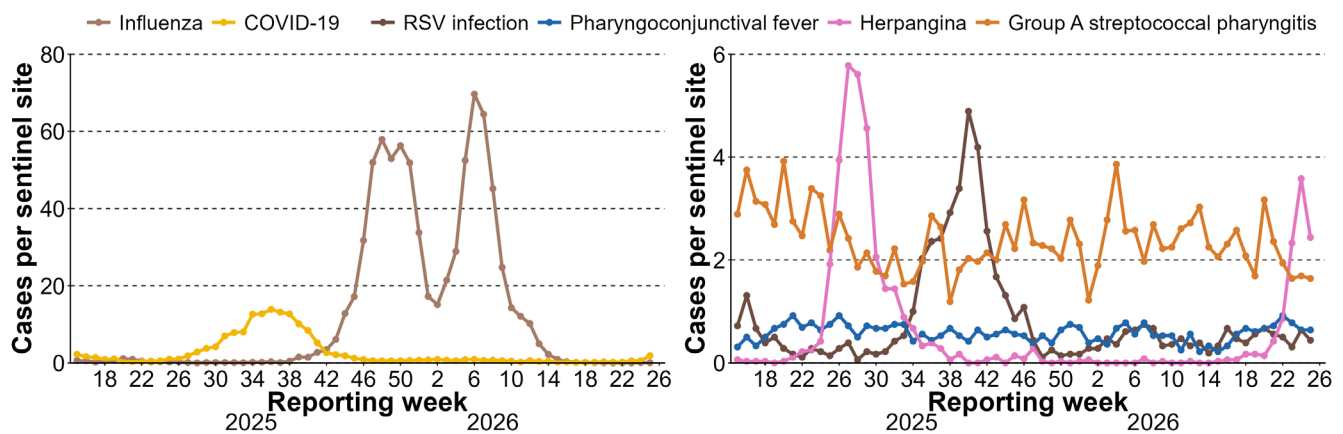
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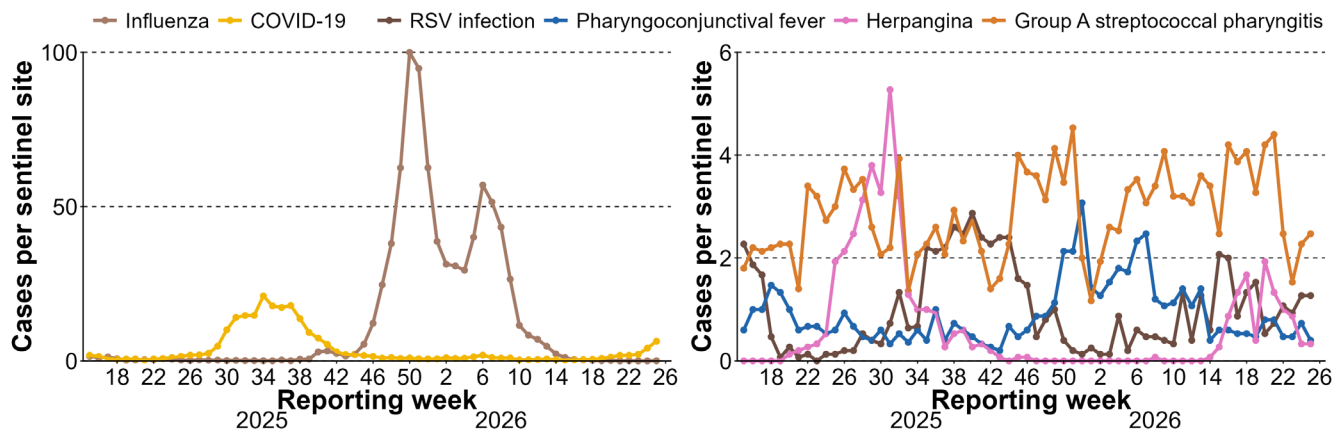
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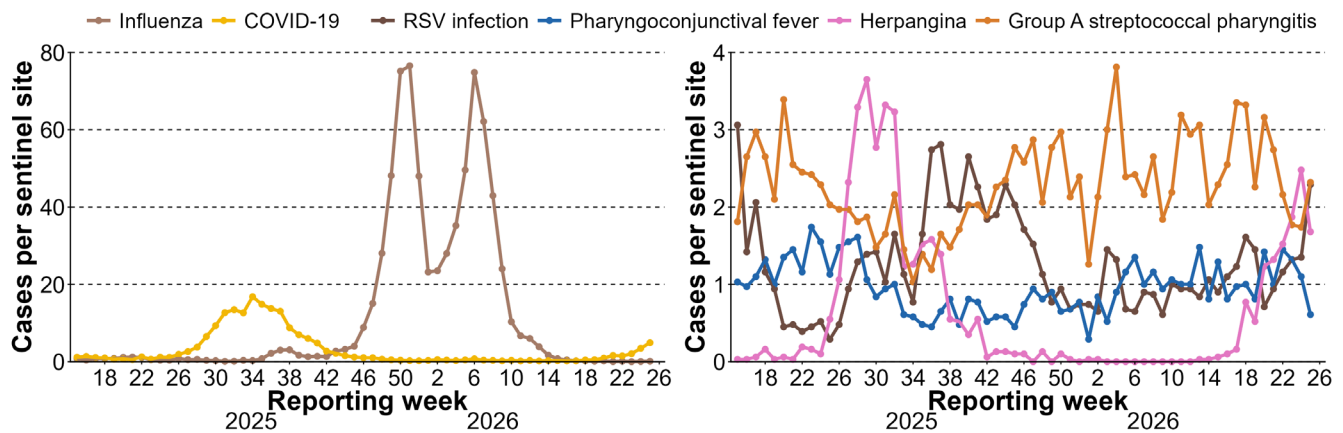
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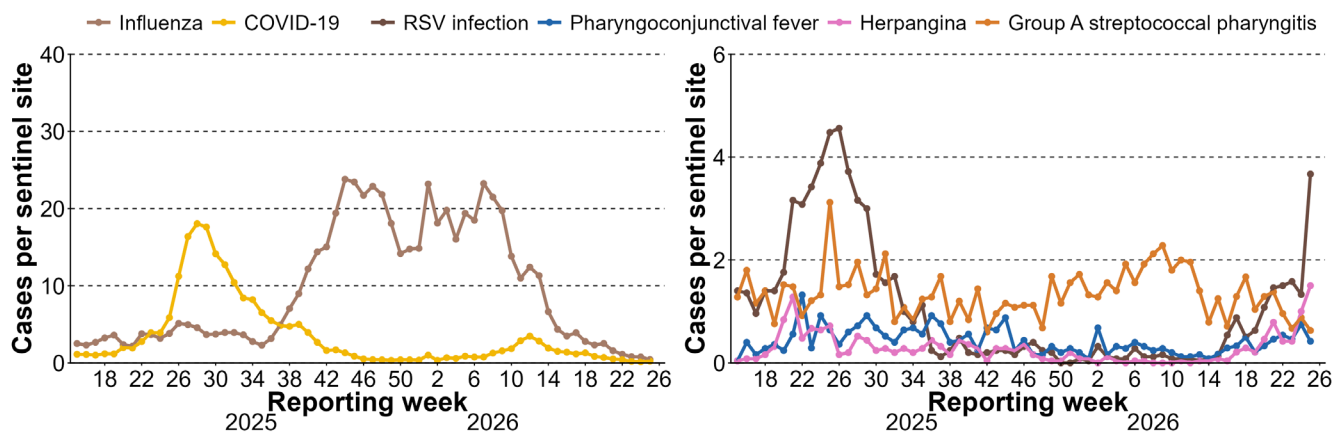
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Okinawa



Data source: Infectious Disease Surveillance in Japan; data as of June 24, 2026
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