

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 29, 2026 (July 13, 2026 – July 19, 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 29 of 2026 (July 13, 2026–July 19, 2026), the number of ARI cases per sentinel site was 51.89 (193,016 cases), representing a slight decrease compared with the previous week. A total of 25 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 2.12 for COVID-19, 0.20 for influenza, 2.30 for herpangina, 1.75 for group A streptococcal pharyngitis, 0.48 for RSV infection, and 0.34 for pharyngoconjunctival fever. A total of 28 new hospital admissions due to influenza were reported, representing an increase of 5 cases compared with the previous week. 196 new hospital admissions due to COVID-19 were reported, representing an increase of 36 cases from the previous week.

By age group, the highest number of reported cases was observed among individuals aged 0–9 years for influenza and 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 29 of 2026 and reported by the time of analysis, 3 specimens tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 1 specimen tested positive for RSV, and no specimens tested positive for influenza A virus and influenza B virus.

Contents

Weekly Situation Overview	2
1. Patient Surveillance.....	4
1.1. Nationwide Cases per Sentinel Site.....	4
1.2. Nationwide Reported Cases by Age Group	6
1.3. Cases per Sentinel Site by Prefecture.....	10
1.4. Nationwide New Hospital Admissions for Influenza and COVID-19	23
2. Laboratory Surveillance	24
2.1. Nationwide Reported Cases by Pathogen.....	24
Definition of Region.....	29
Interpretive Notes.....	29
References	30
Supplementary Information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire.....	31
Supplementary Information 2. Weekly cases per sentinel site by prefecture for each disease	32

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

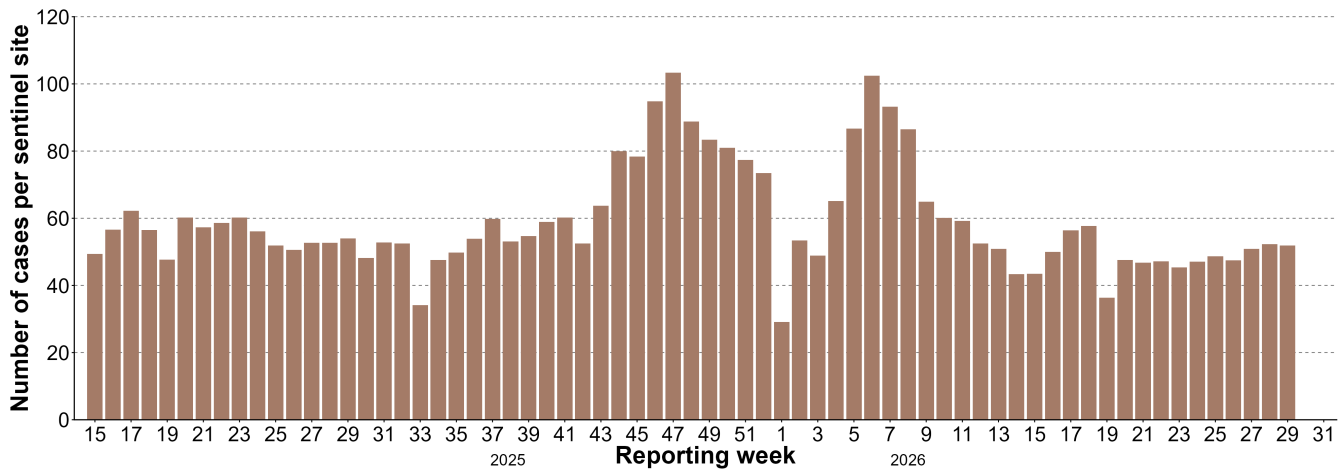
In week 29 of 2026, a total of 3,720 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 51.89 (193,016 cases in total) (Figure 1), corresponding to a week-on-week ratio of 0.99 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.20 for influenza (749 cases) and 2.12 for COVID-19 (7,921 cases) (Figure 1A). The number of reporting sentinel sites was 3,729.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.48 for RSV infection (1,082 cases), 0.34 for pharyngoconjunctival fever (777 cases), 2.30 for herpangina (5,190 cases), and 1.75 for group A streptococcal pharyngitis (3,944 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,254.

Regarding recent trends, influenza increased for 4 consecutive weeks, COVID-19 increased for 7 consecutive weeks, RSV infection increased for 3 consecutive weeks, pharyngoconjunctival fever decreased for 4 consecutive weeks, herpangina remained at the same level as the previous week, and group A streptococcal pharyngitis decreased for 5 consecutive weeks.

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



Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: April 7, 2025 – July 19, 2026).

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

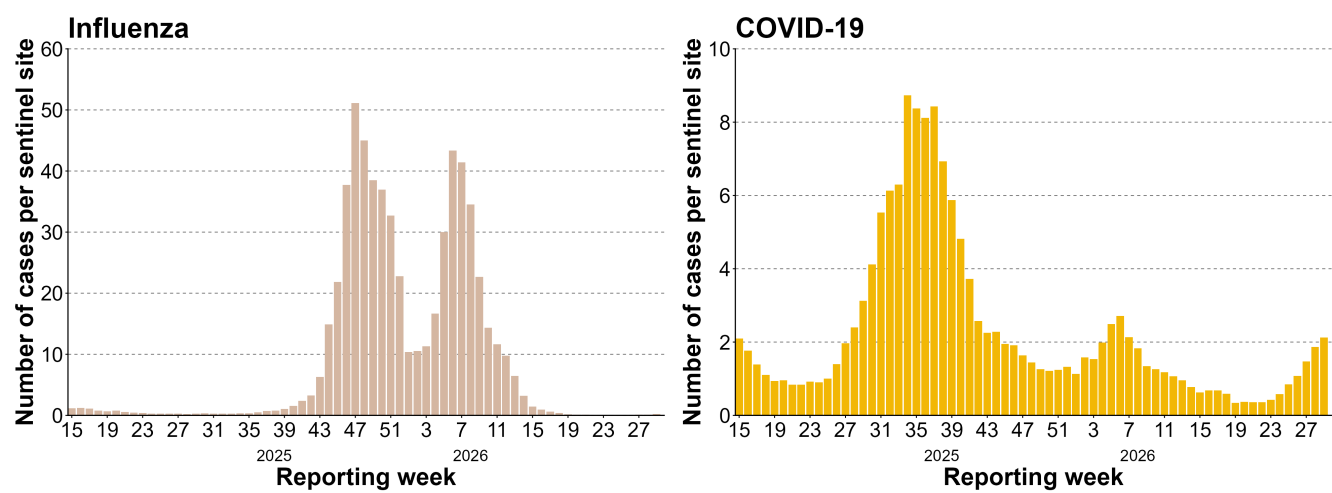
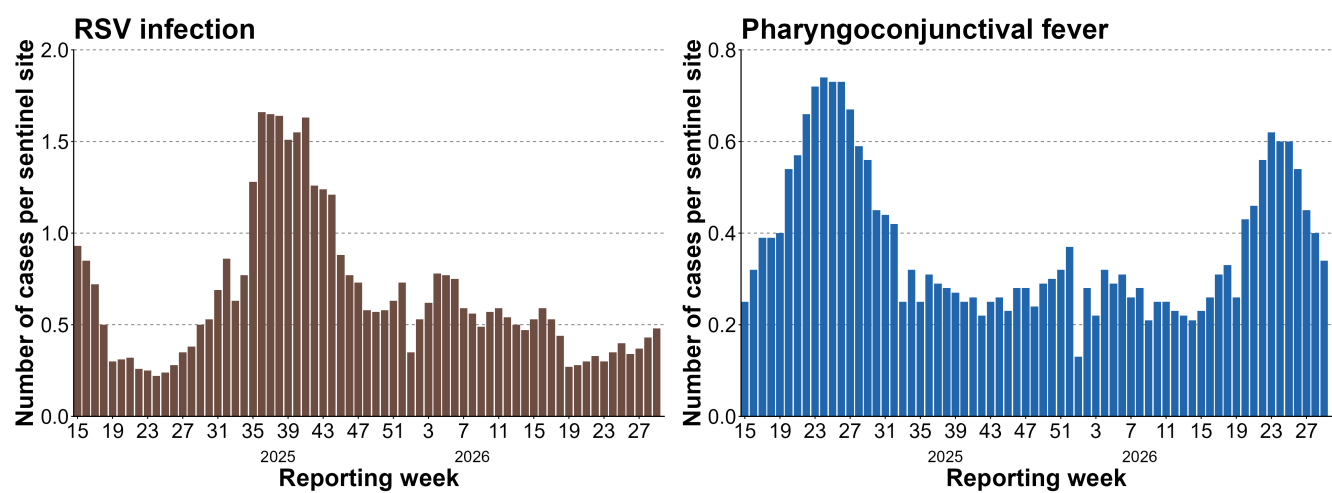
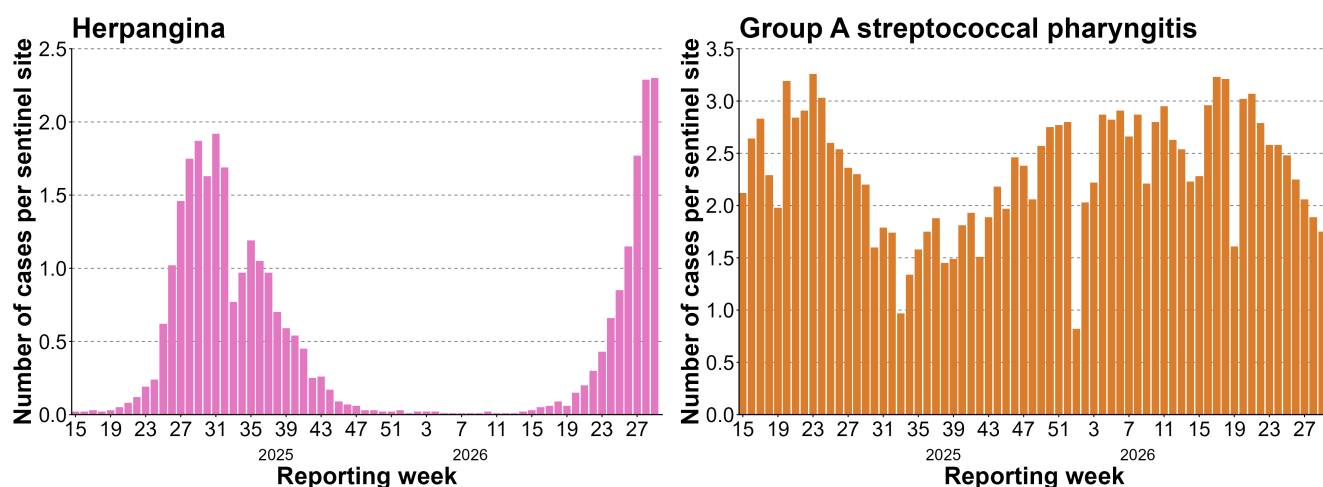


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: April 7, 2025 – July 19, 2026)

Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

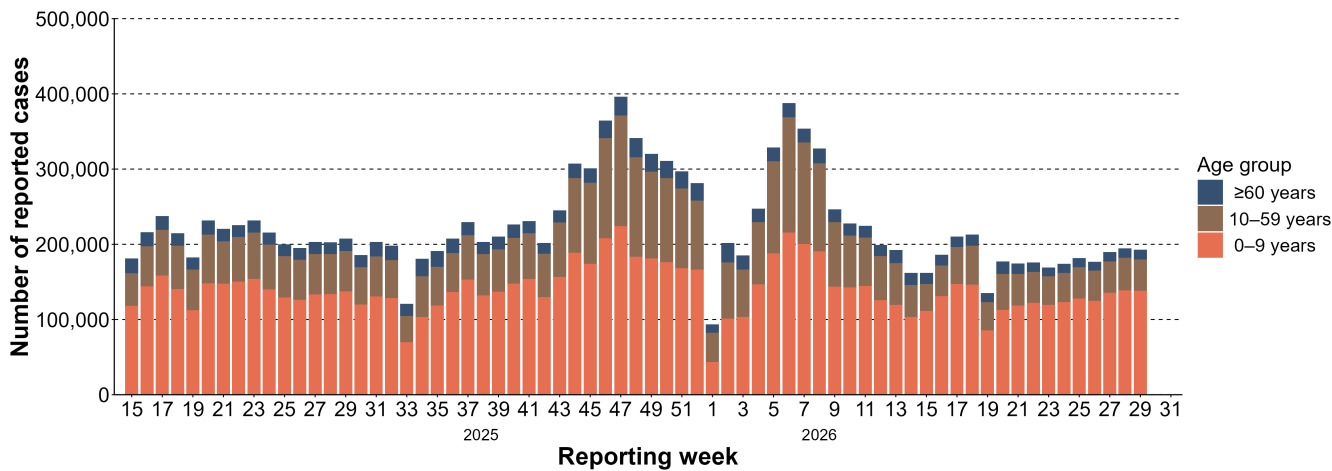
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 29 of 2026, the number of reported cases by age group was 138,495 cases among individuals aged 0–9 years (week-on-week ratio: 1.00), 41,574 cases among individuals aged 10–59 years (week-on-week ratio: 0.96), and 12,947 cases among individuals aged 60 years and older (week-on-week ratio: 1.05) (Figure 2).

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

Weekly reported cases by age group for influenza and COVID-19 are shown in Figures 2A and 2B. Among individuals aged 60 years and older, 54 influenza cases and 370 COVID-19 cases were reported among individuals aged 60 years and older; of these, 13 influenza cases and 104 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 July 22, 2026 (data range: April 7, 2025 – July 19, 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

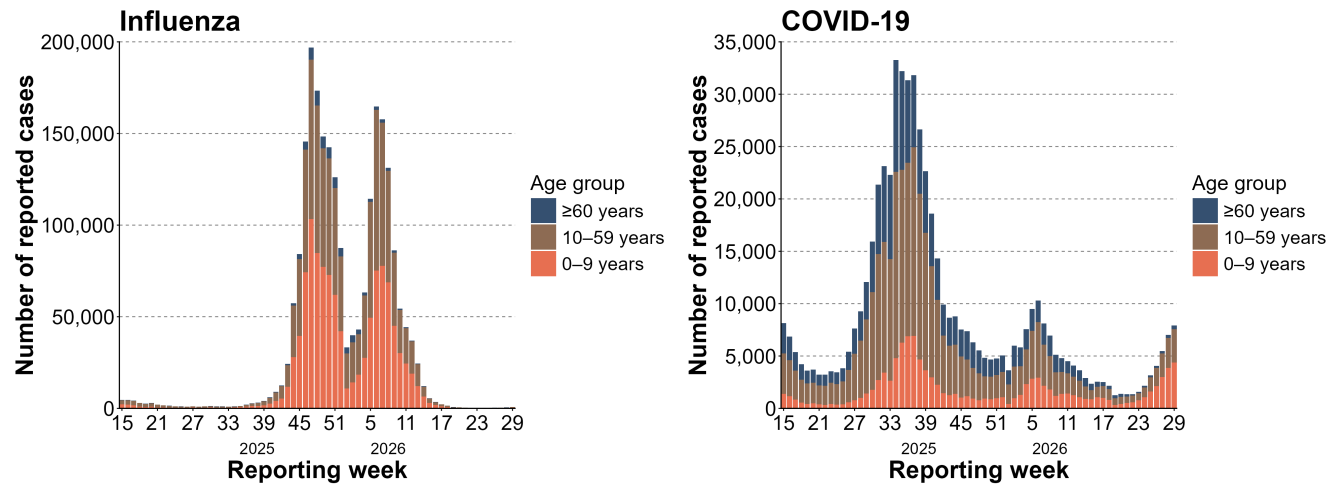
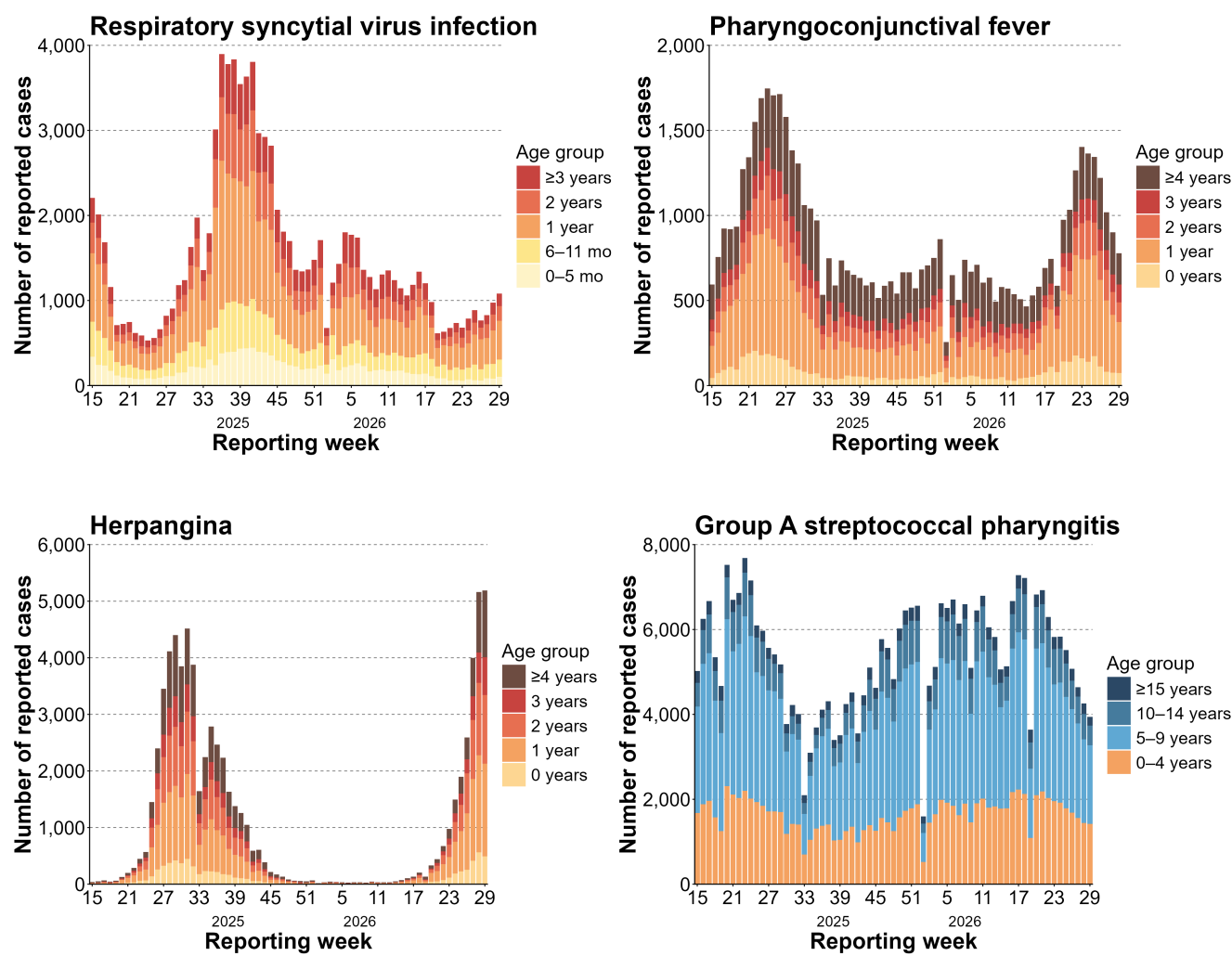


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: April 7, 2025 – July 19, 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 29

Age group	Influenza	COVID-19
0–9 years	356	4,391
	(1.95)	(1.13)

Age group	Influenza	COVID-19
10-59 years	339 (1.35)	3,160 (1.11)
≥60 years	54 (1.04)	370 (1.36)
Total	749 (1.54)	7,921 (1.13)

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 29

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	306 (1.20)	73 (0.97)	489 (0.87)	32 (0.94)
1-4 years	745 (1.08)	579 (0.89)	3,939 (1.01)	1,390 (0.99)
5-14 years	30 (1.07)	111 (0.65)	726 (1.13)	2,314 (0.90)
≥15 years	1 (1.00)	14 (3.50)	36 (0.82)	208 (0.84)
Total	1,082 (1.11)	777 (0.86)	5,190 (1.01)	3,944 (0.93)

Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: July 13, 2026 – July 19, 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 29 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma (79.43), Saitama (73.41), and Aichi (69.51) (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 25 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 27.28 to 79.43 (Figure 4).

The three prefectures with the highest numbers of cases per sentinel site by disease were Okinawa, Aomori, and Yamagata for influenza; Saga, Ehime, and Oita for COVID-19; Okinawa, Kagoshima, and Fukuoka for RSV infection; Fukuoka, Kagoshima, and Nara for pharyngoconjunctival fever; Kagawa, Aichi, and Gunma for herpangina; Ehime, Ibaraki, and Tochigi for group A streptococcal pharyngitis (Table 3).

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 29

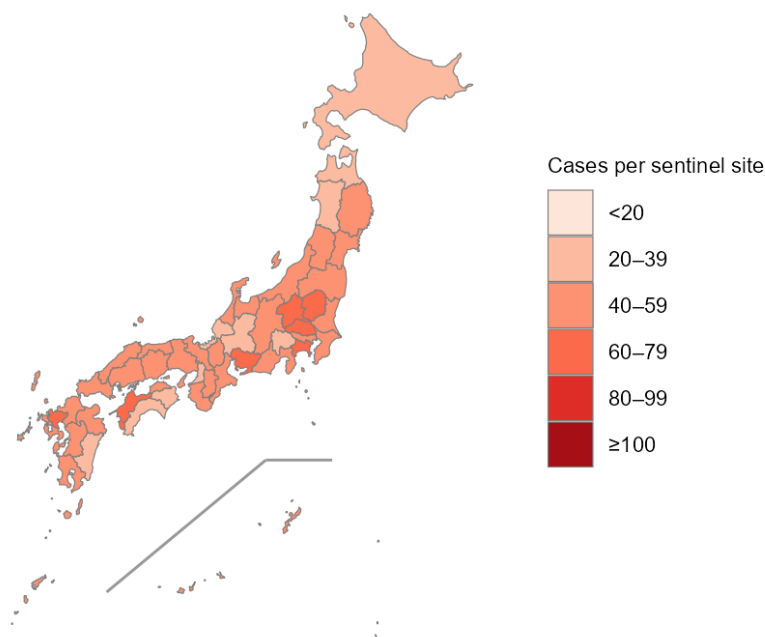
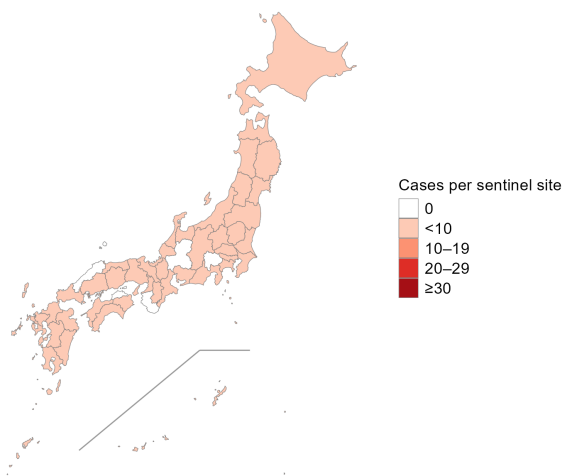
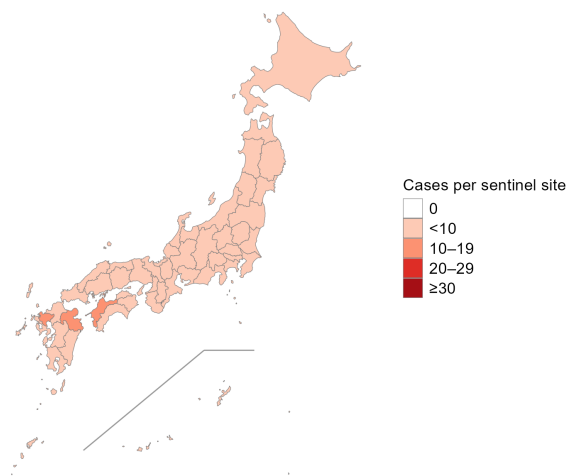


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 29

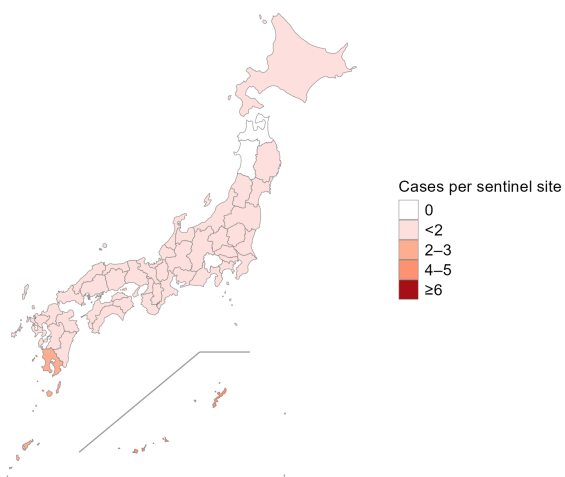
Influenza



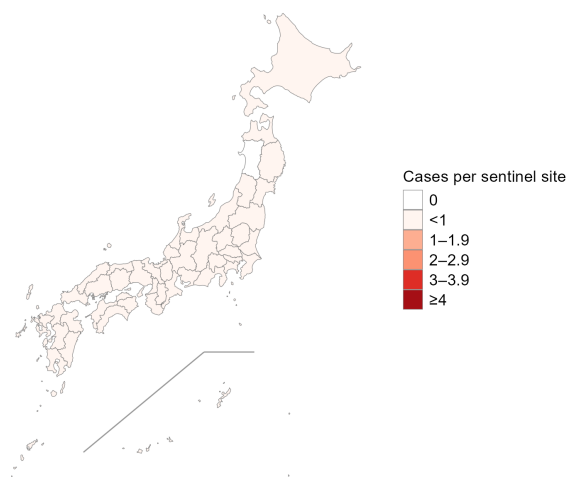
COVID-19



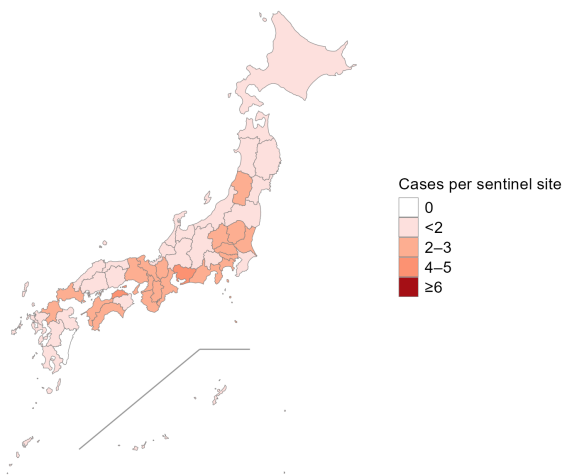
RSV infection



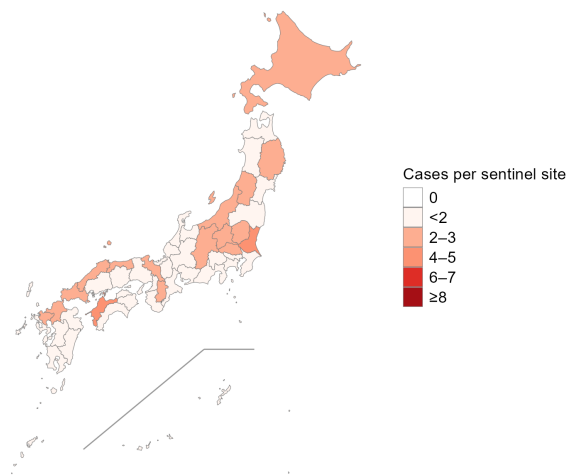
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026
(data range: July 13, 2026 – July 19, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 29

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	5,602	33.75	0.94
Aomori	1,983	38.13	1.04
Iwate	2,327	55.40	0.99
Miyagi	3,164	57.53	0.99
Akita	682	27.28	0.85
Yamagata	2,065	55.81	1.02
Fukushima	2,546	53.04	0.94
Ibaraki	3,867	56.87	1.03
Tochigi	3,077	65.47	1.04
Gunma	3,495	79.43	1.05
Saitama	12,700	73.41	0.94
Chiba	10,261	57.32	0.96
Tokyo	21,032	50.44	0.95
Kanagawa	15,961	65.95	1.04
Niigata	2,206	42.42	0.94
Toyama	2,466	52.47	0.98
Ishikawa	2,363	50.28	1.07
Fukui	1,248	32.00	1.15
Yamanashi	1,120	32.00	0.91
Nagano	2,956	59.12	1.14
Gifu	1,787	39.71	1.01
Shizuoka	5,137	47.56	1.00
Aichi	11,330	69.51	1.01

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	3,110	45.74	1.06
Shiga	1,844	47.28	1.05
Kyoto	3,150	51.64	1.01
Osaka	10,646	37.35	0.96
Hyogo	8,048	49.68	1.00
Nara	1,692	40.29	1.03
Wakayama	1,895	42.11	1.03
Tottori	1,603	55.28	1.13
Shimane	996	49.80	0.94
Okayama	2,455	49.10	0.96
Hiroshima	4,345	46.72	1.02
Yamaguchi	3,559	58.34	0.95
Tokushima	1,113	33.73	1.03
Kagawa	1,005	43.70	1.08
Ehime	2,640	69.47	1.00
Kochi	1,387	37.49	1.04
Fukuoka	5,968	48.92	0.97
Saga	1,459	60.79	1.06
Nagasaki	3,013	59.08	1.04
Kumamoto	3,571	51.75	1.02
Oita	3,409	58.78	0.96
Miyazaki	1,117	39.89	0.99
Kagoshima	3,333	58.47	0.97
Okinawa	2,283	51.89	1.03

Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026
(data range: July 13, 2026 – July 19, 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 “-”.

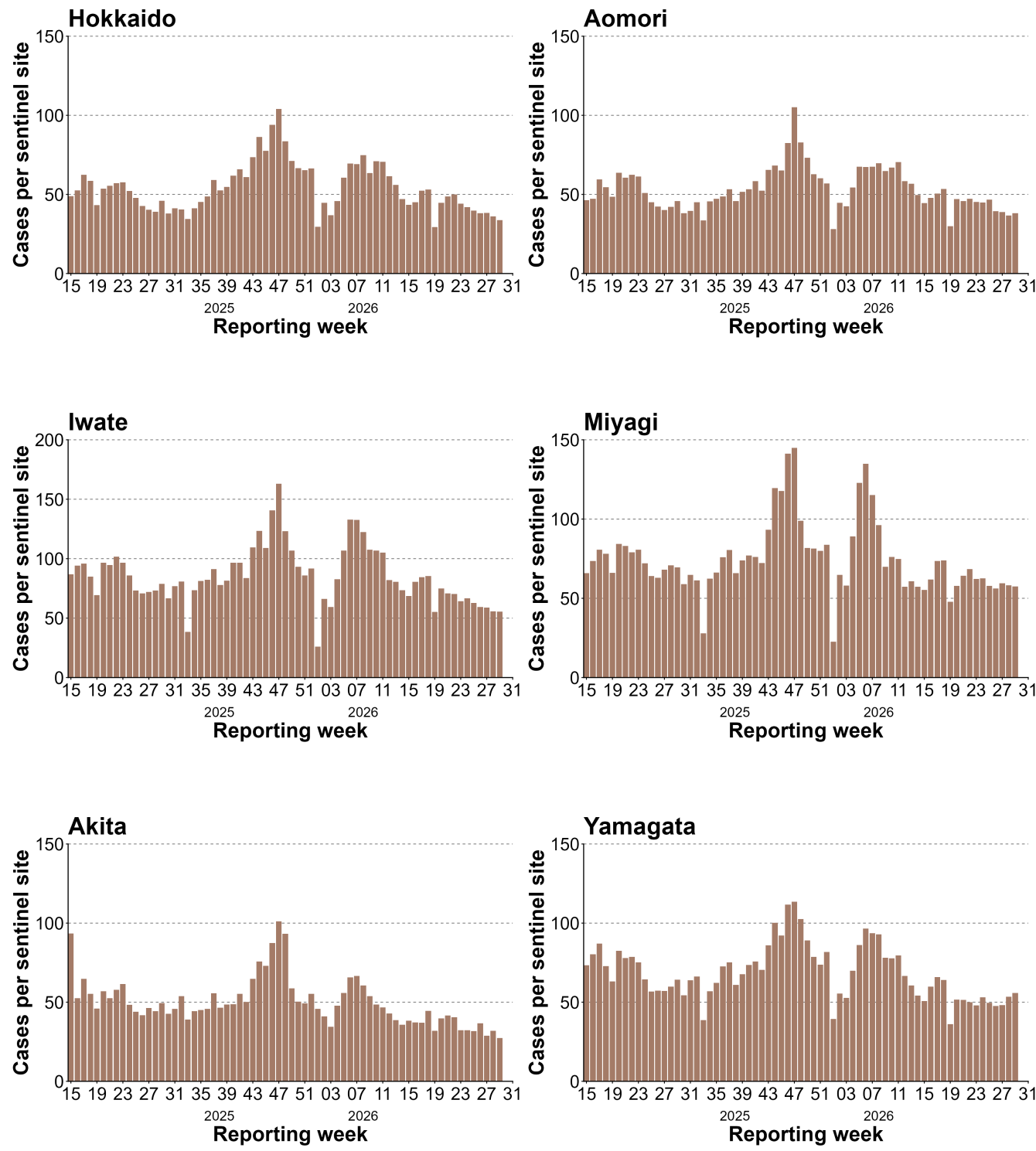
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 29

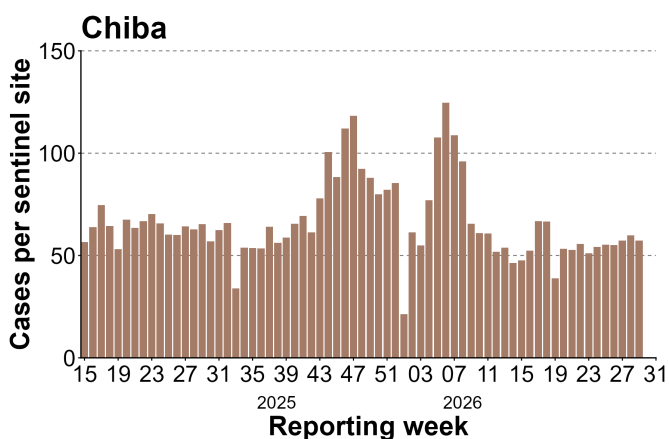
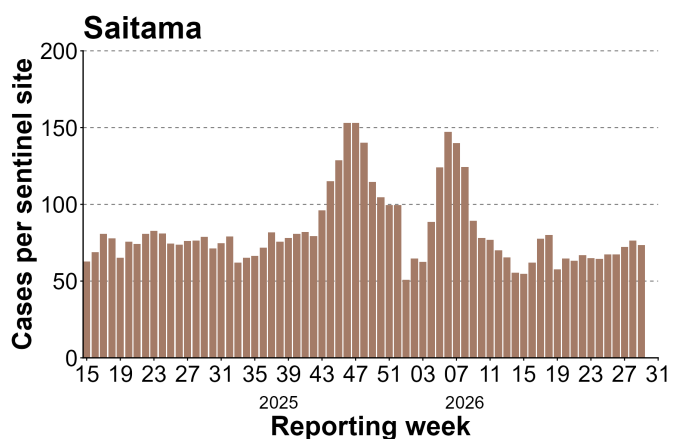
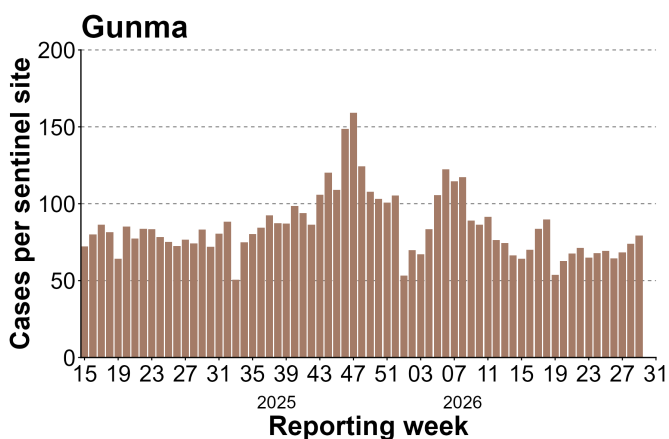
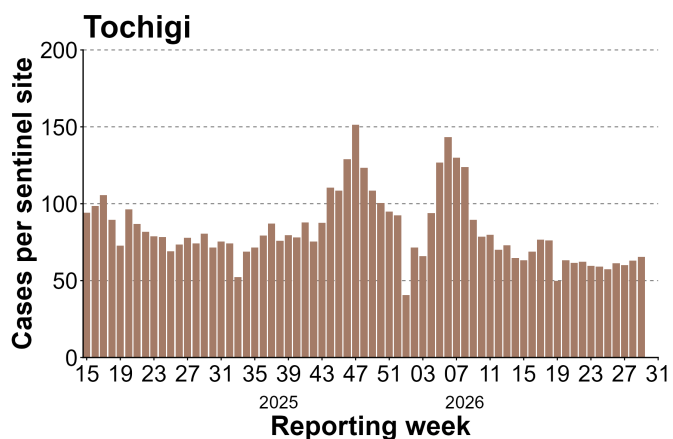
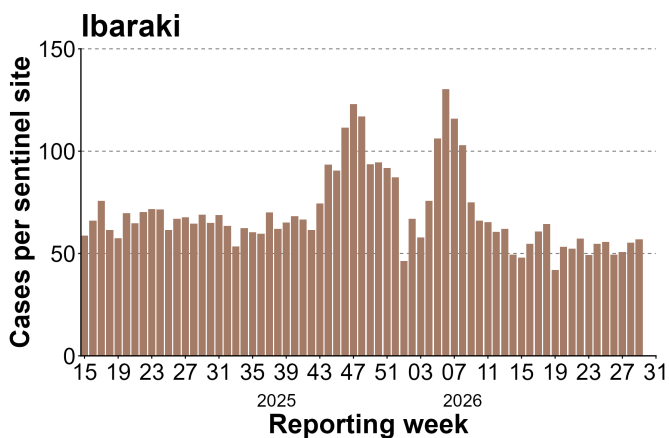
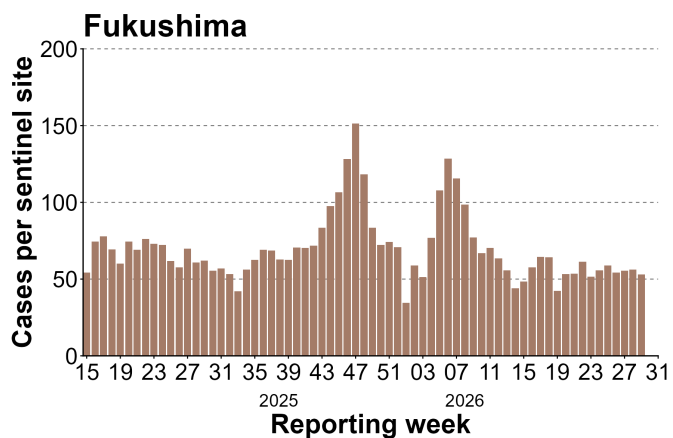
Infectious diseases	Prefectures		
Influenza	Okinawa (0.86)	Aomori (0.83)	Yamagata (0.82)
COVID-19	Saga (12.67)	Ehime (10.74)	Oita (10.29)
RSV infection	Okinawa (5.38)	Kagoshima (2.26)	Fukuoka (1.87)
Pharyngoconjunctival fever	Fukuoka (0.90)	Kagoshima (0.77)	Nara (0.67)
Herpangina	Kagawa (4.38)	Aichi (4.03)	Gunma (3.92)
Group A streptococcal pharyngitis	Ehime (5.76)	Ibaraki (4.21)	Tochigi (3.44)

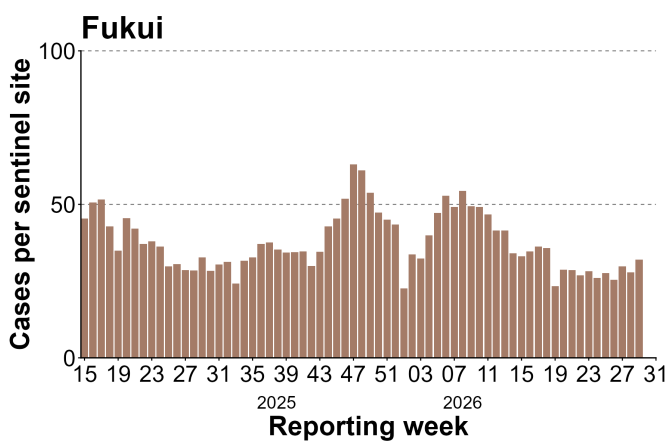
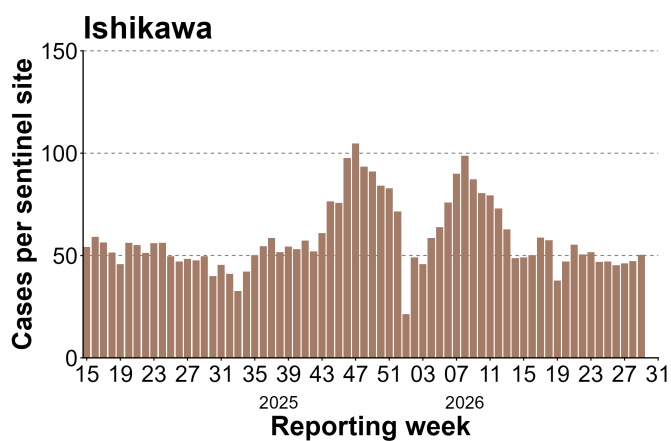
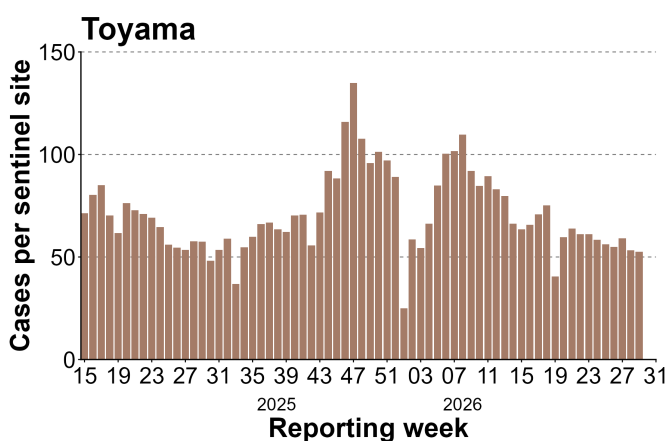
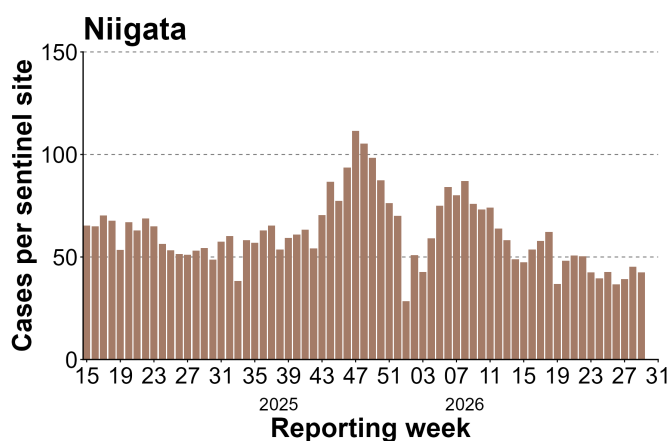
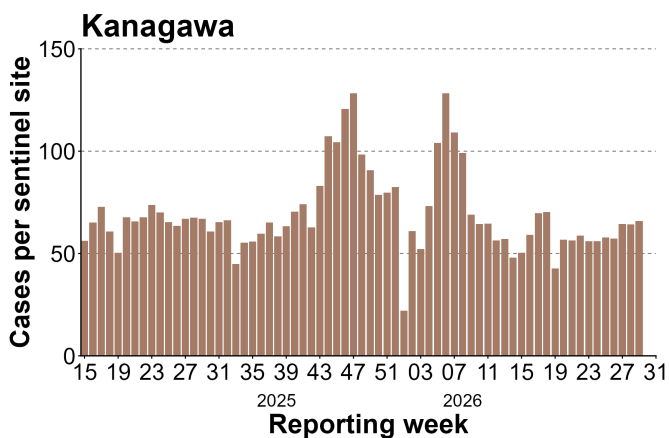
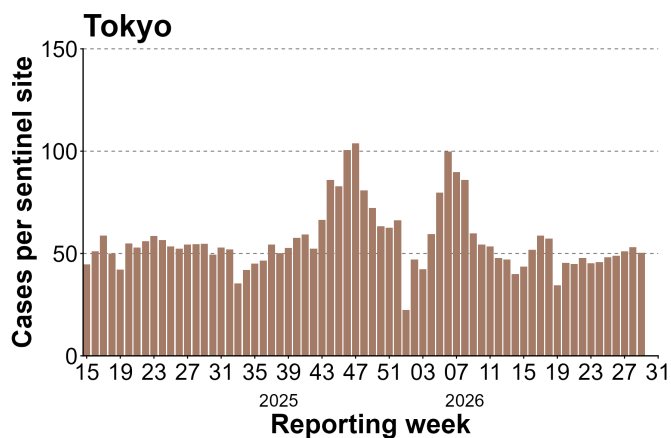
Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: July 13, 2026 – July 19, 2026)

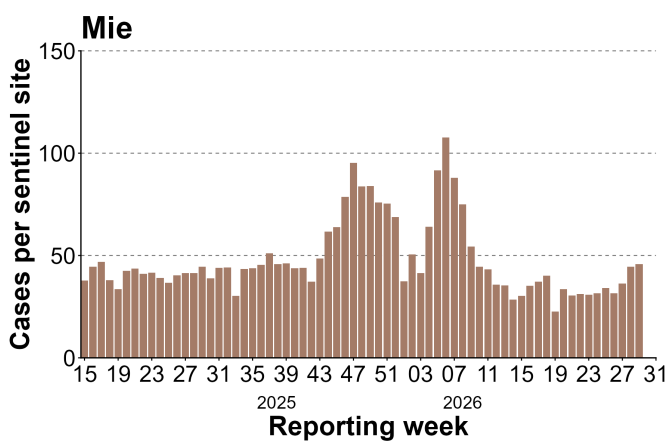
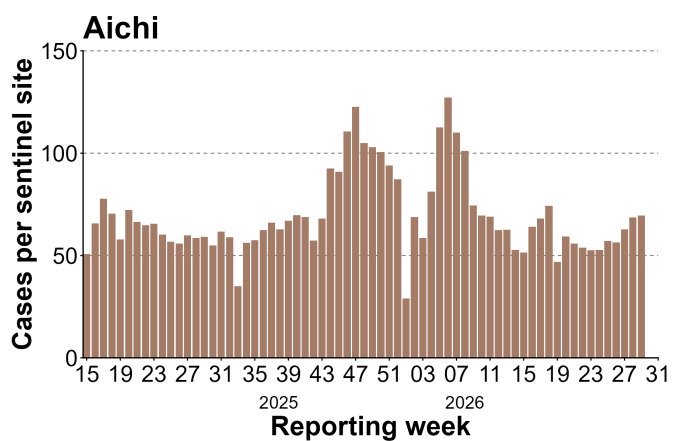
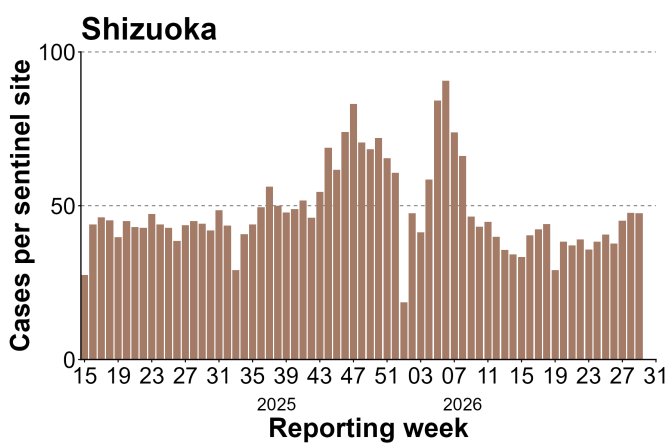
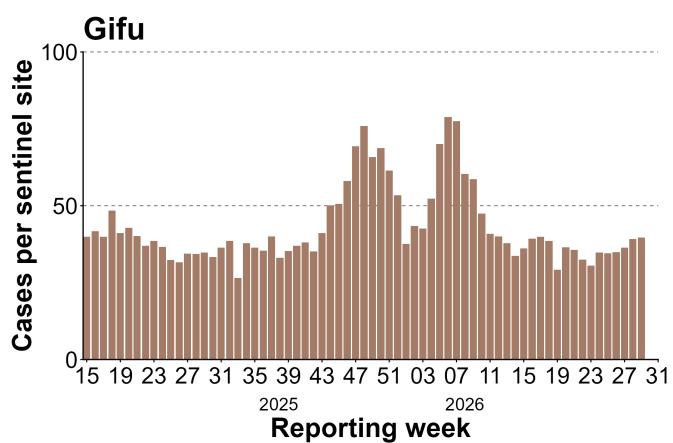
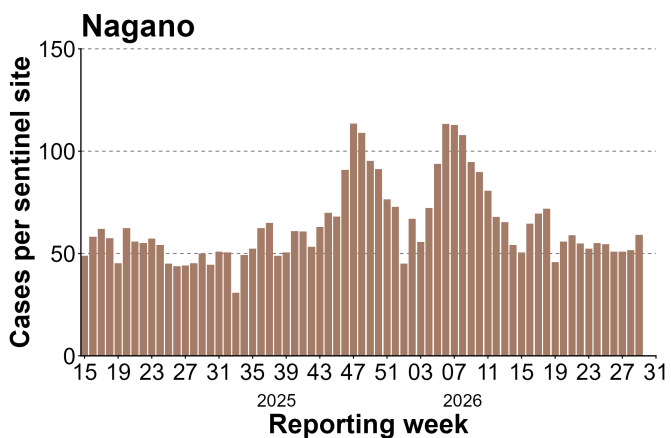
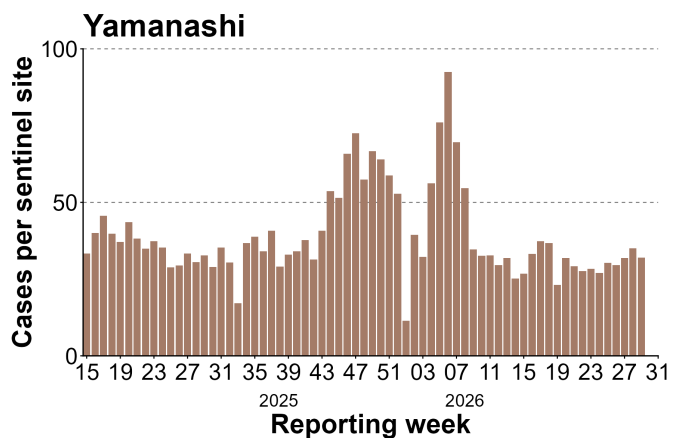
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

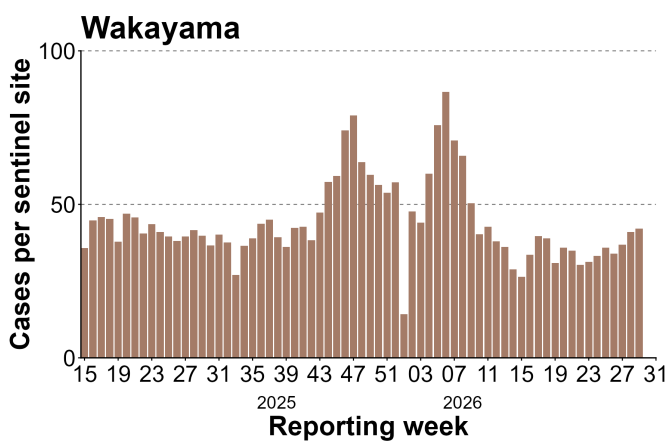
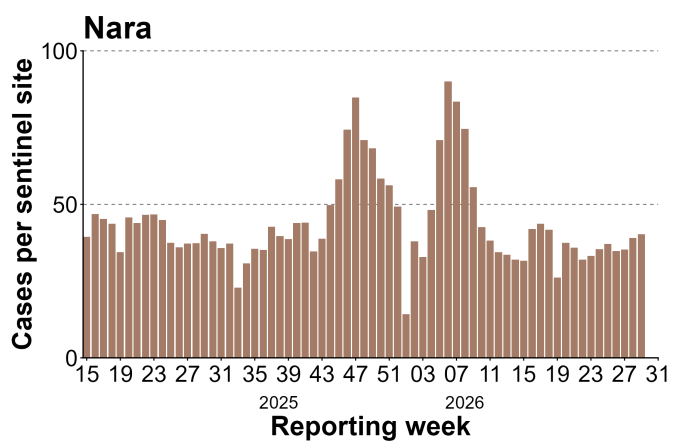
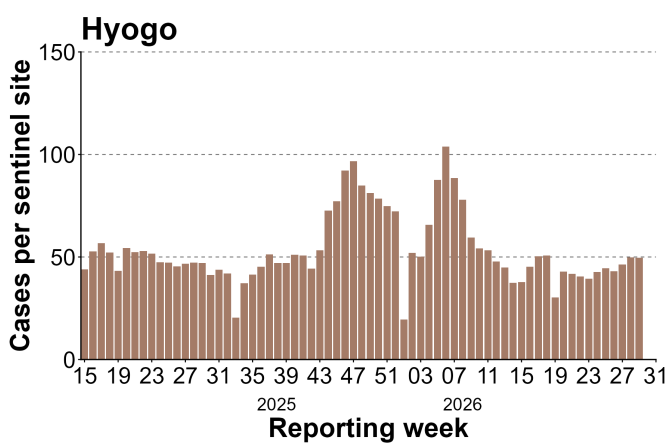
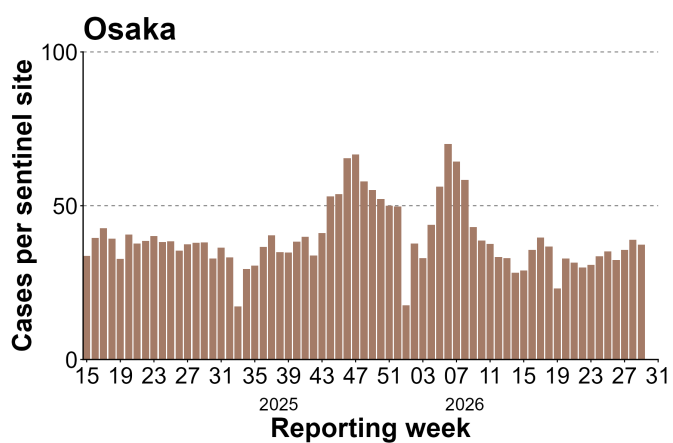
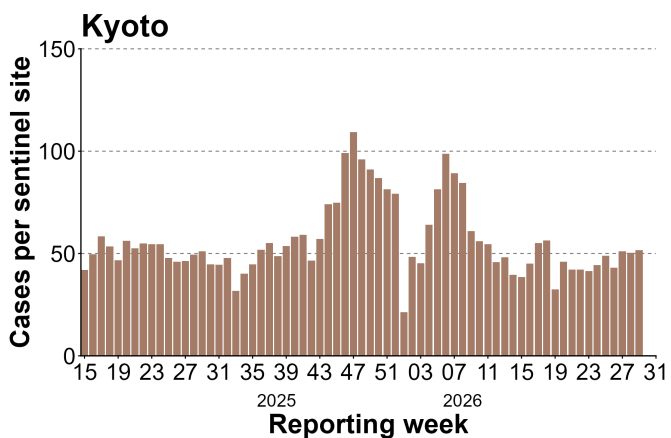
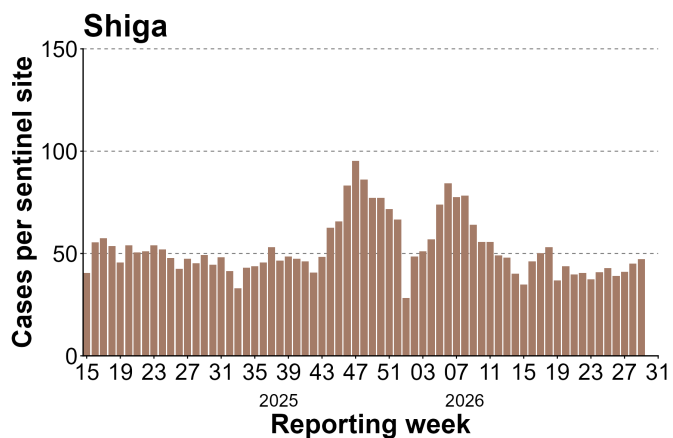
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

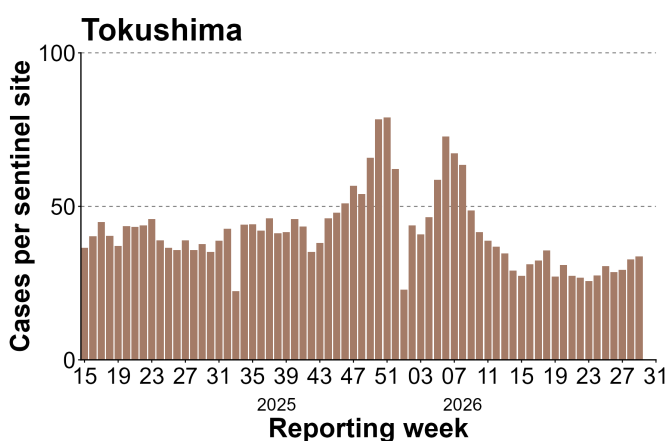
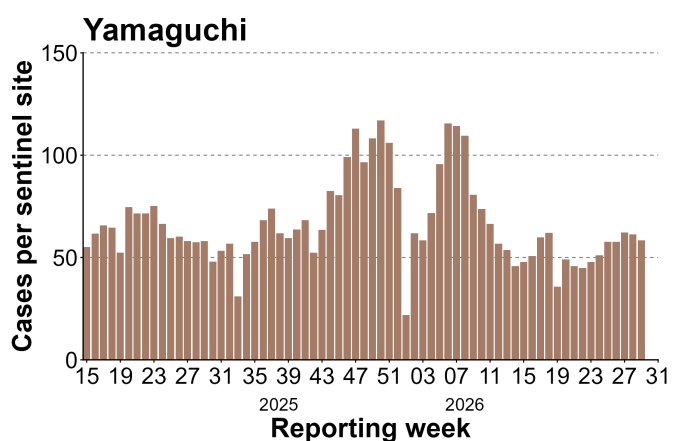
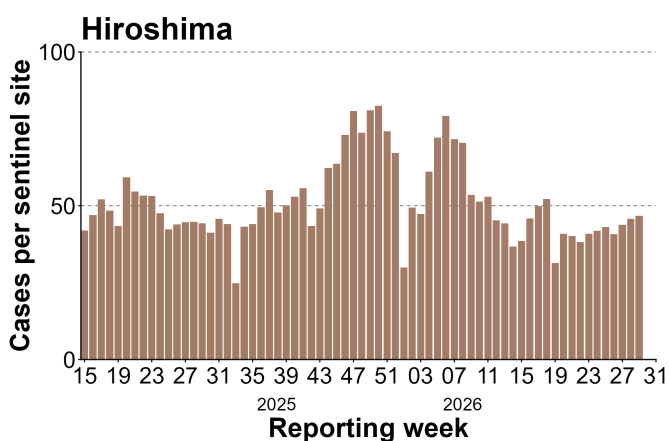
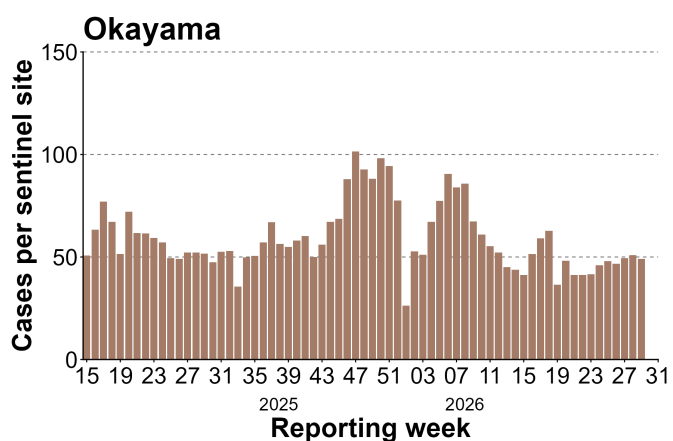
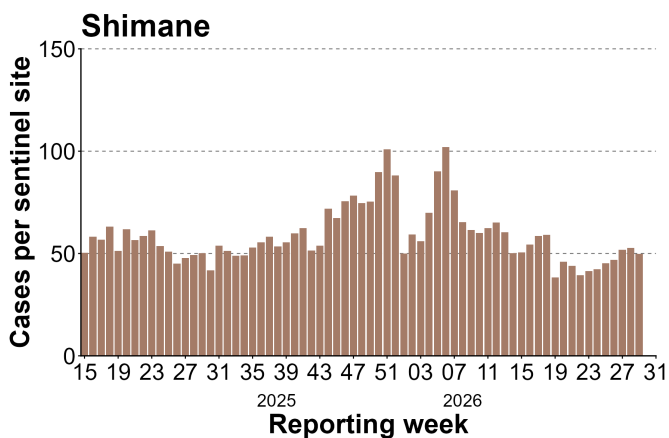
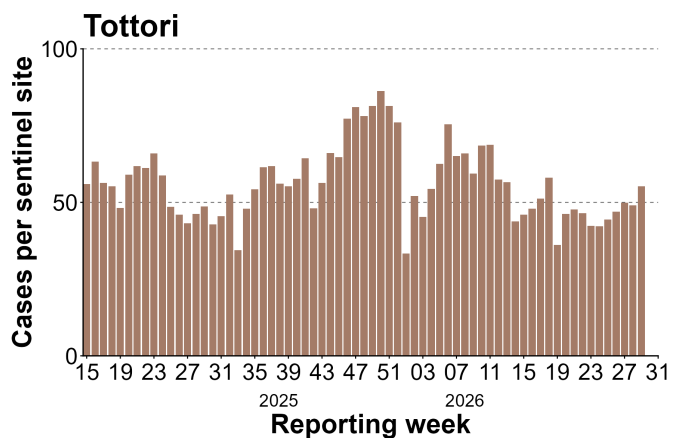


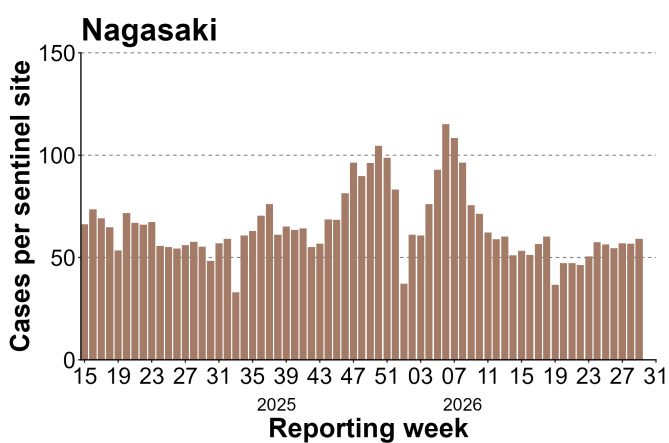
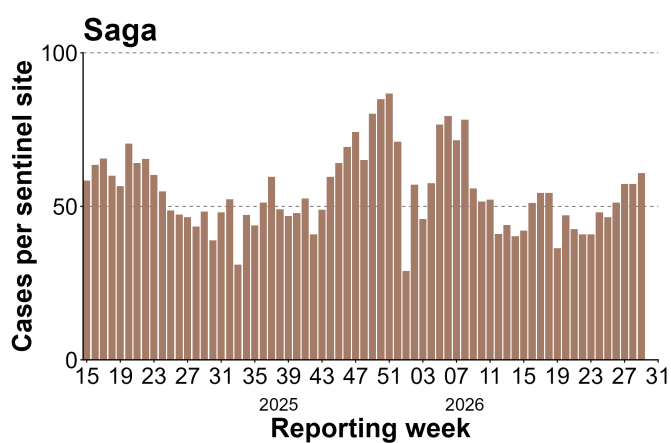
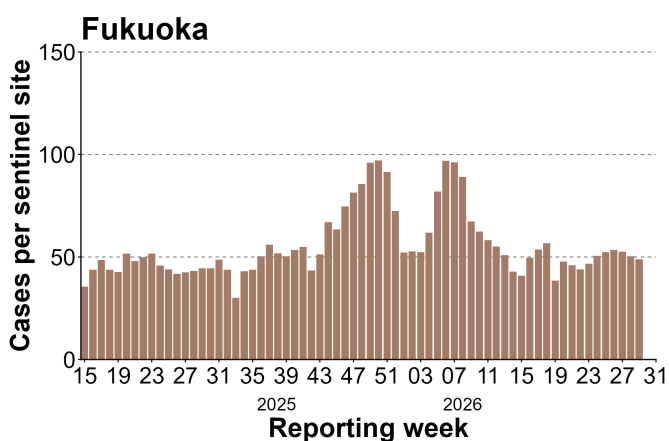
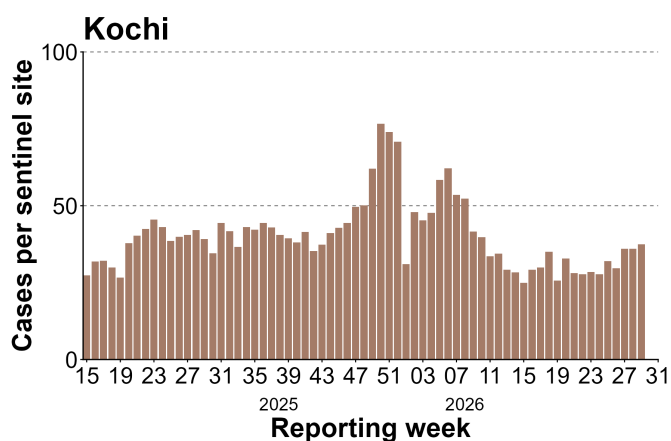
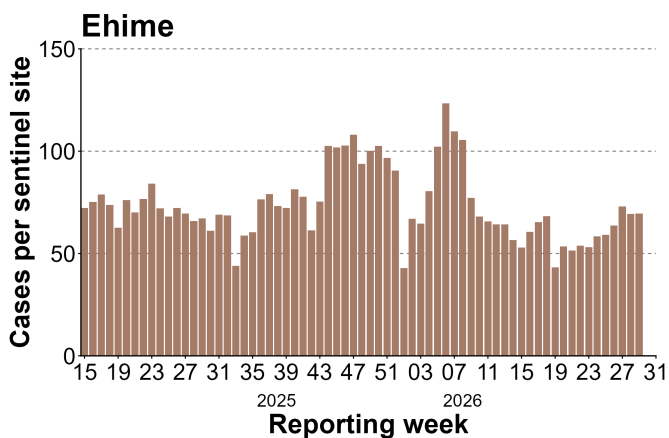
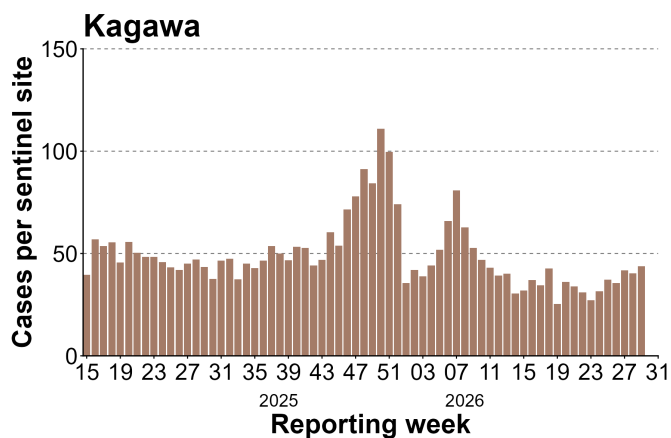


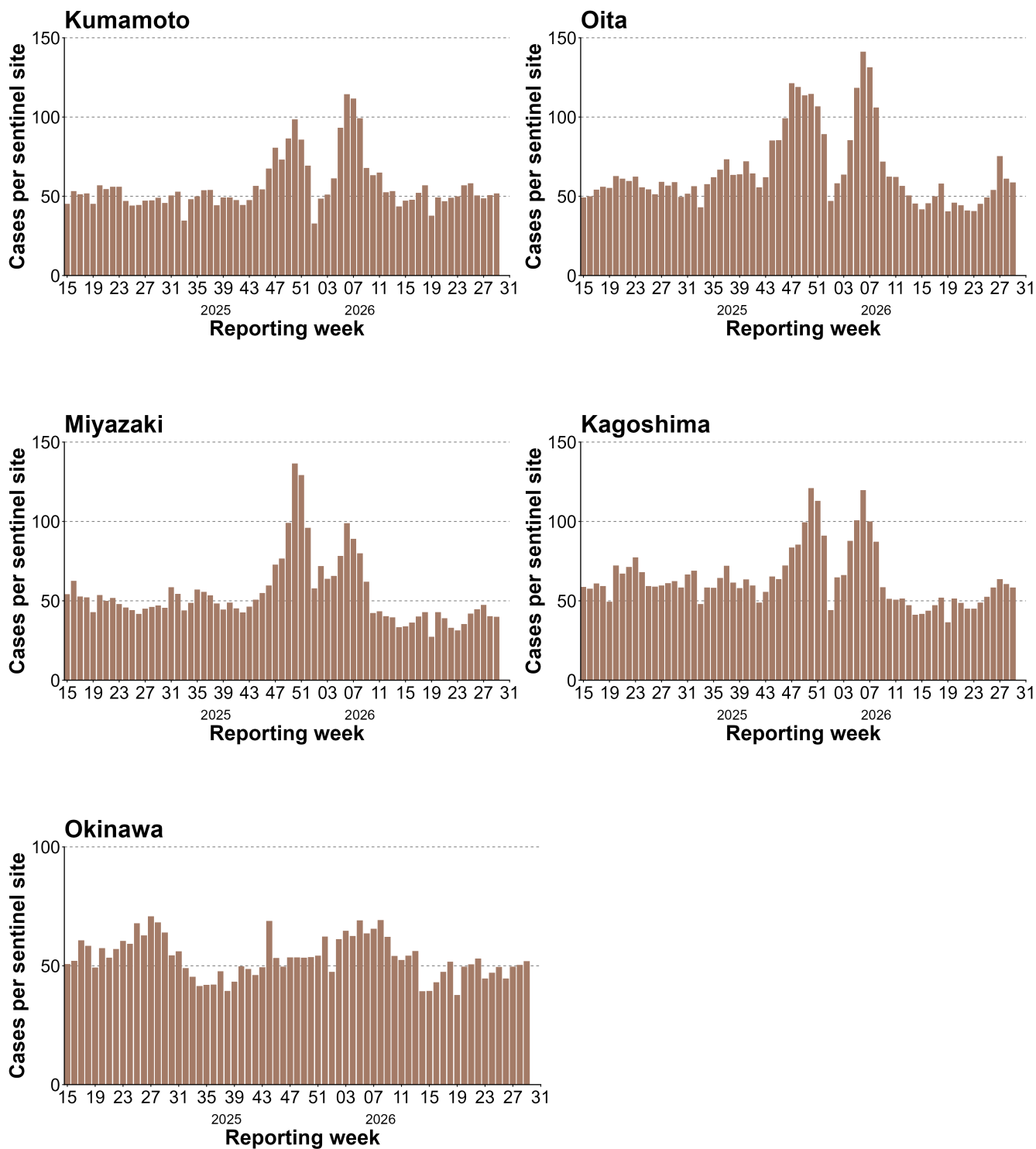












Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026
(data range: April 7, 2025 – July 19, 2026)

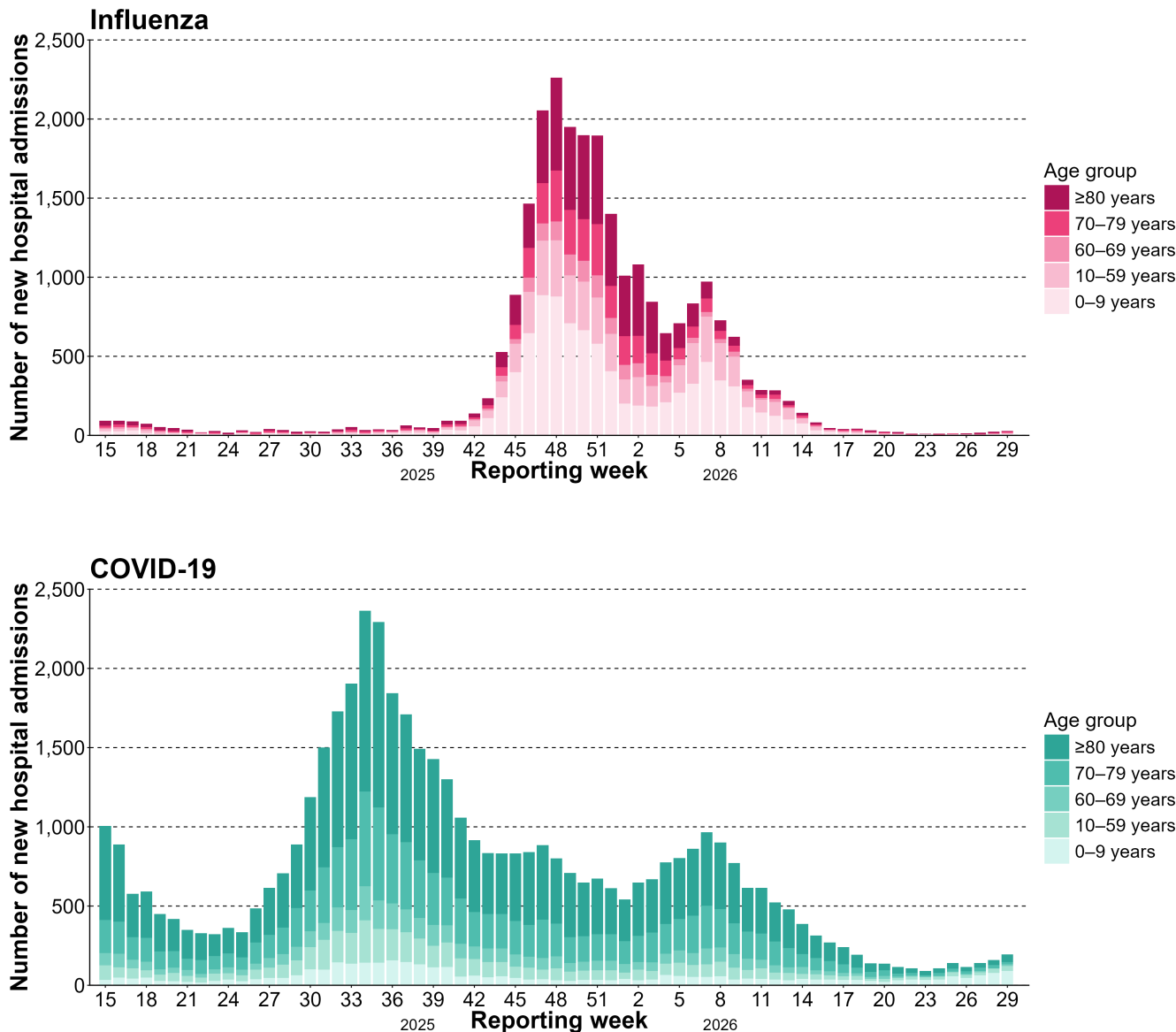
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 29 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 28 new hospital admissions due to influenza were reported, representing an increase of 5 cases compared with the previous week. 196 new hospital admissions due to COVID-19 were reported, representing an increase of 36 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 July 22, 2026
(data range: April 7, 2025 – July 19, 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 29

Age group	Influenza	COVID-19
0–9 years	9 (1.00)	90 (1.17)
10–59 years	6 (6.00)	32 (1.14)
60–69 years	1 (0.50)	11 (3.67)
70–79 years	7 (2.33)	14 (0.70)
≥80 years	5 (0.62)	49 (1.53)
Total	28 (1.22)	196 (1.23)

Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026
(data range: July 13, 2026 – July 19, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

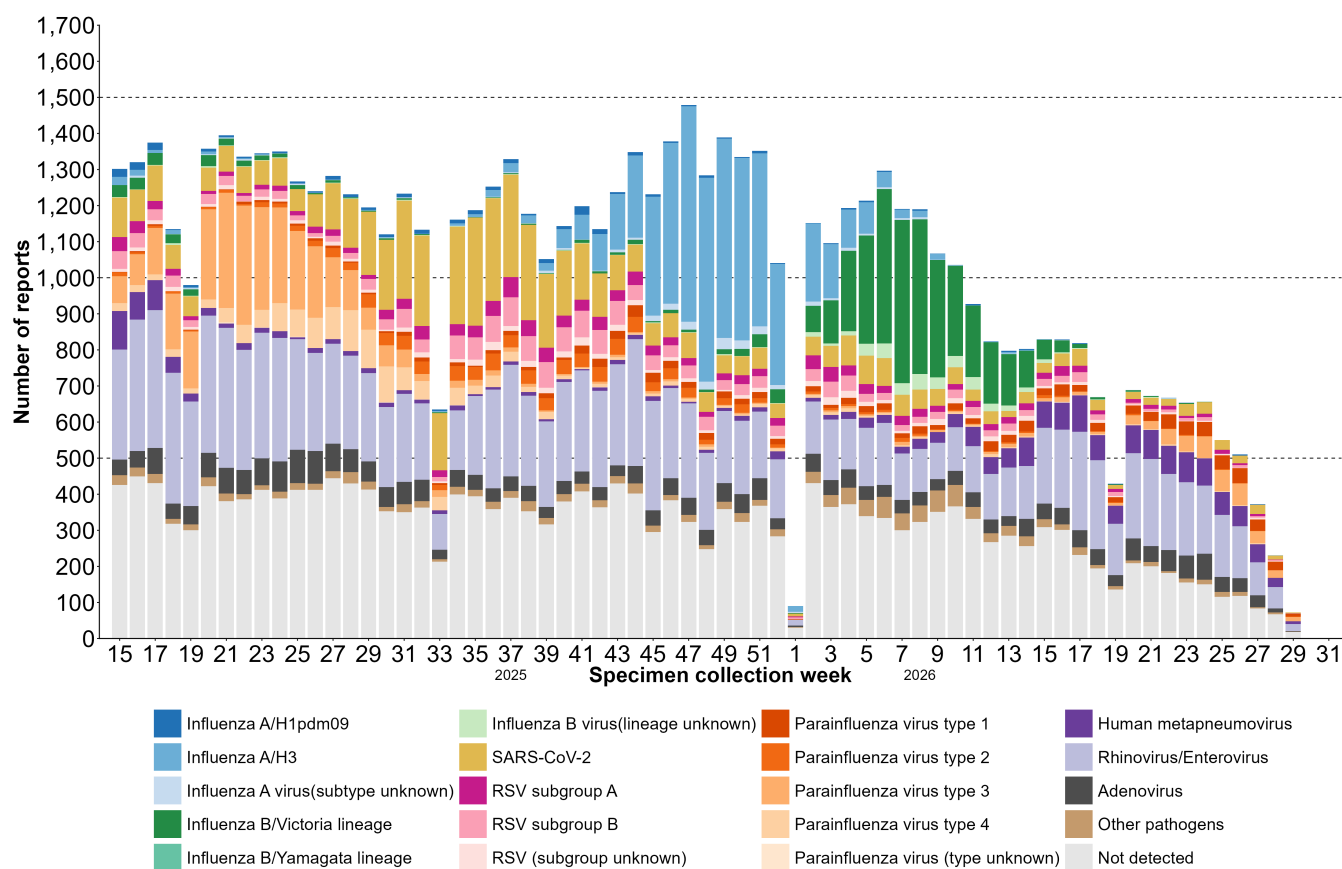
Among specimens collected at ARI pathogen sentinel sites in week 29 of 2026 and reported by the time of analysis, a total of 61 specimens were reported. Of these, no specimens were positive for influenza A virus or influenza B virus, 3 specimens were positive for SARS-CoV-2, and 1 specimen was positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza A virus and influenza B virus, 1.6% for RSV, and 4.9% for SARS-CoV-2 (Figure 7).

Specimens collected in week 24 (June 8–14) 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 29, 1 specimen of adenovirus, 1 specimen of human metapneumovirus, 1 specimen of parainfluenza virus (type unknown), 1 specimen of parainfluenza virus type 1, 1 specimen of parainfluenza virus type 2, 1 specimen of RSV, 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 July 22, 2026 (data range: April 7, 2025 – July 19, 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.

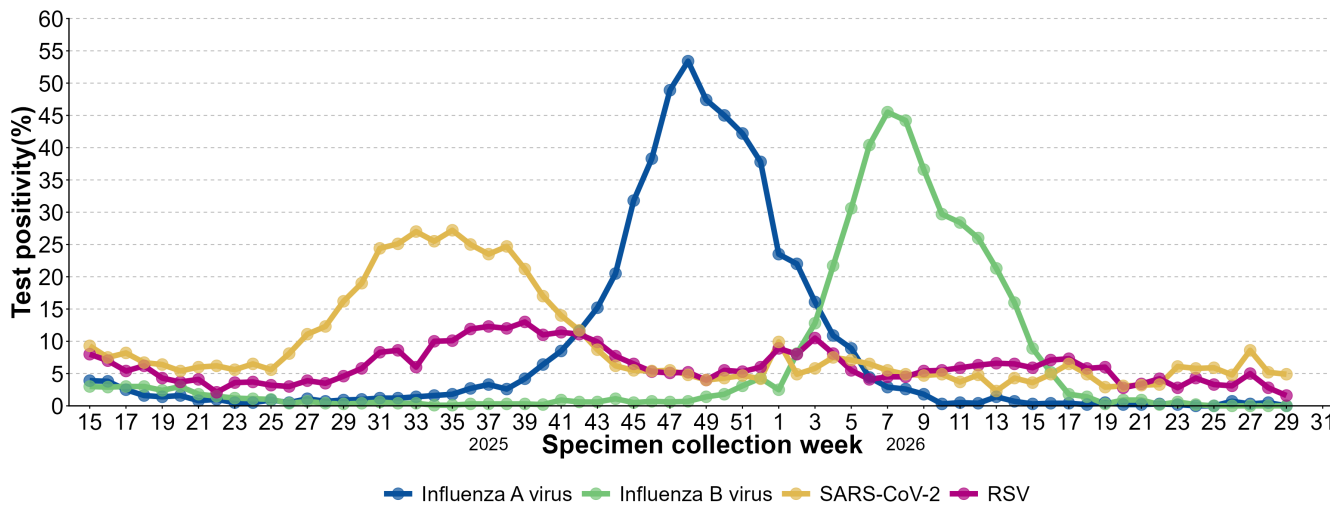
“Rhinovirus/Enterovirus” indicates that either rhinovirus or enterovirus was detected.

“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

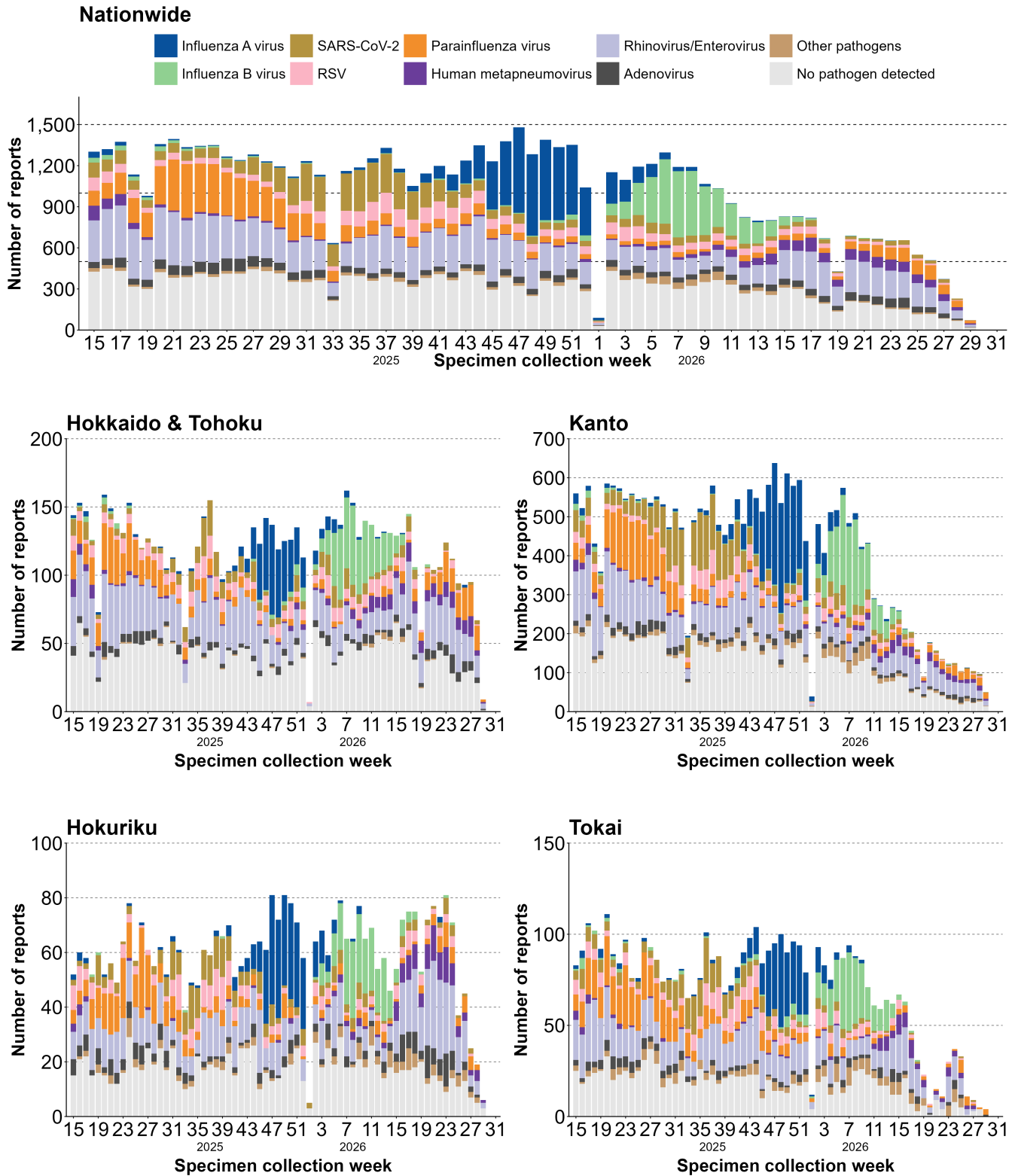
this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

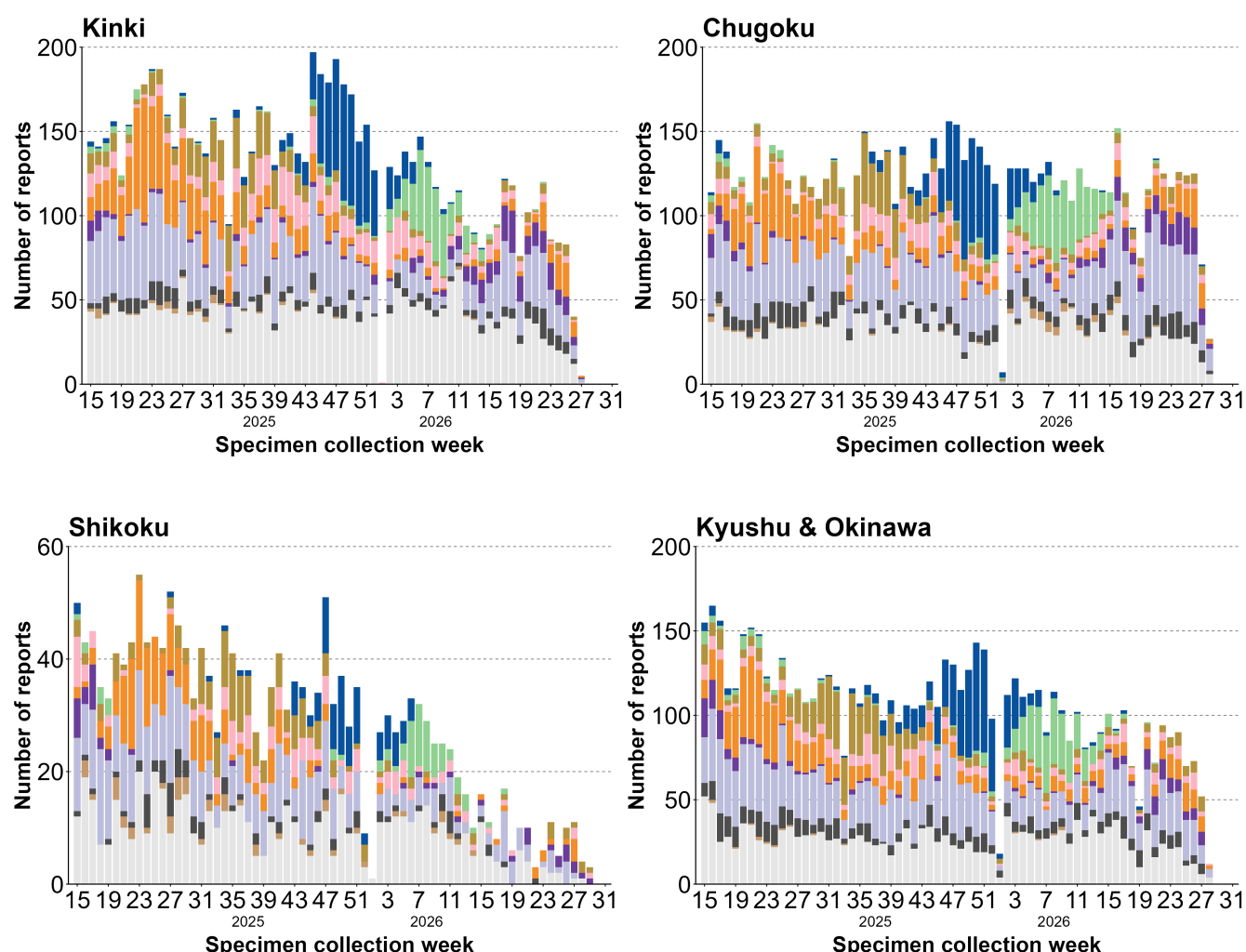
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: April 7, 2025 – July 19, 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 July 22, 2026 (data range: April 7, 2025 – July 19, 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 24 (June 8–14)

Region	Number of specimens	Most frequently detected pathogen
--------	---------------------	-----------------------------------

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	102	Rhinovirus/Enterovirus
Kanto	107	Rhinovirus/Enterovirus
Hokuriku	53	Rhinovirus/Enterovirus
Tokai	25	Rhinovirus/Enterovirus
Kinki	73	Parainfluenza virus
Chugoku	100	Rhinovirus/Enterovirus
Shikoku	10	Rhinovirus/Enterovirus
Kyushu & Okinawa	71	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of July 22, 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_iryuu/kenkou/kekkaku-kansenshou/infuenza/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_iryuu/kenkou/kekkaku-kansenshou/pcf.html
 - Herpangina
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/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 24	Week 25	Week 26	Week 27	Week 28	Week 29
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	2	2	0	1	0	0
RSV	1	0	0	1	0	1
Parainfluenza virus type 1	0	0	4	0	0	1
Parainfluenza virus type 2	0	0	0	0	0	1
Parainfluenza virus type 3	1	1	0	1	1	0
Parainfluenza virus type 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	1	0	0	0	2	1
Rhinovirus/Enterovirus	9	5	4	4	1	1
Human metapneumovirus	5	3	1	1	0	1
Adenovirus	3	1	0	1	0	1
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

Pathogen	Week 24	Week 25	Week 26	Week 27	Week 28	Week 29
Chlamydia pneumoniae	0	0	0	0	0	0
Mycoplasma pneumoniae	0	0	1	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of July 22, 2026 (data range: June 8, 2026 to July 19, 2026)

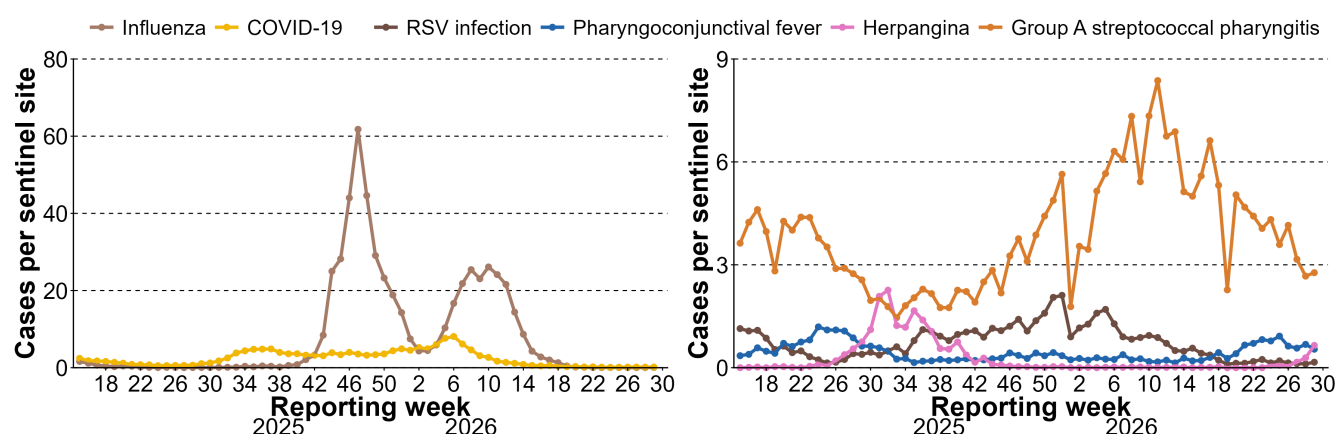
Note: As reporting is based on voluntary participation by medical institutions, the number of reported cases should be interpreted as reference values. A total of 15 medical institutions participated between weeks 24–29.

Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.

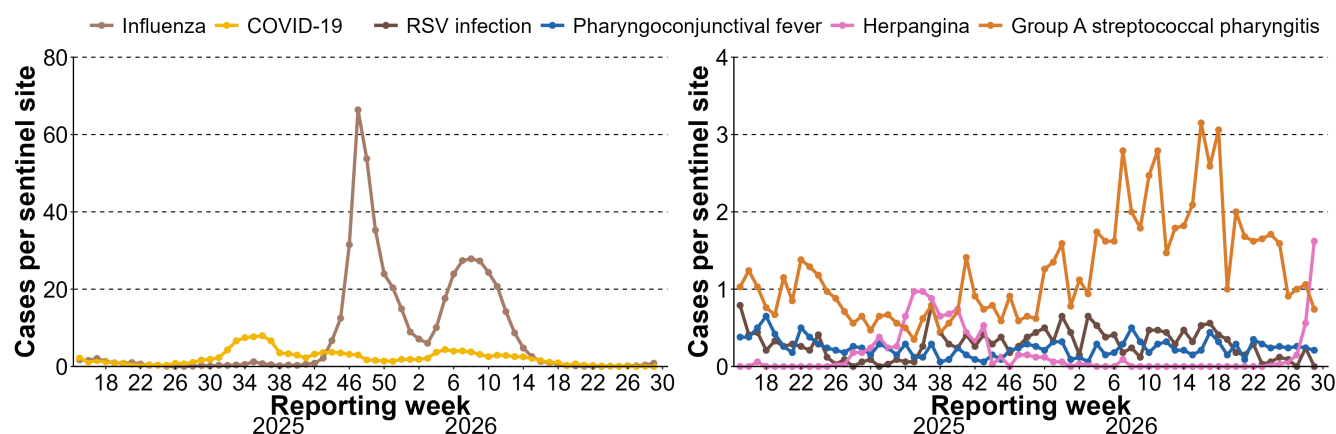
Records labeled only as “cov” or “flu” are excluded from this table.

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

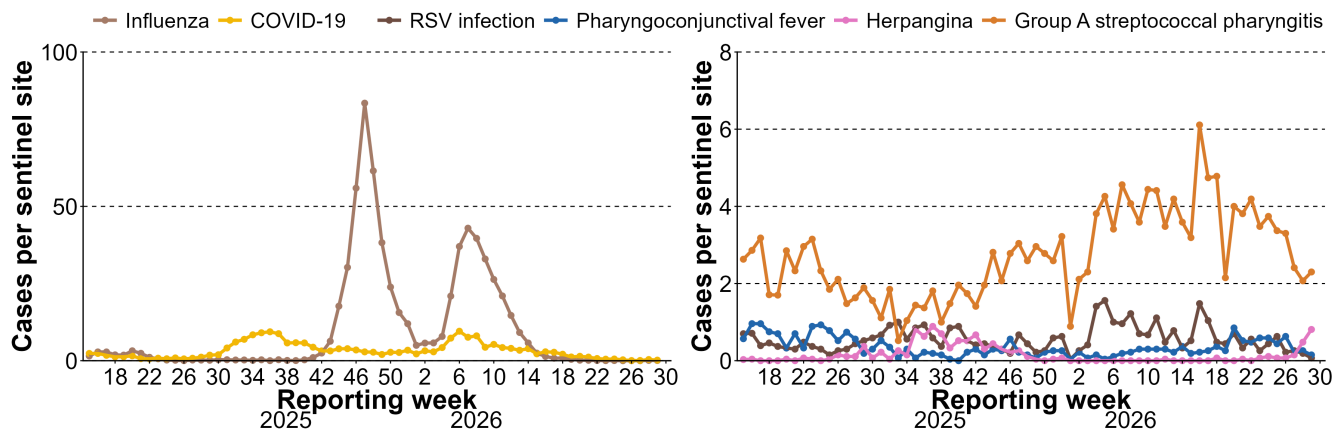
Hokkaido



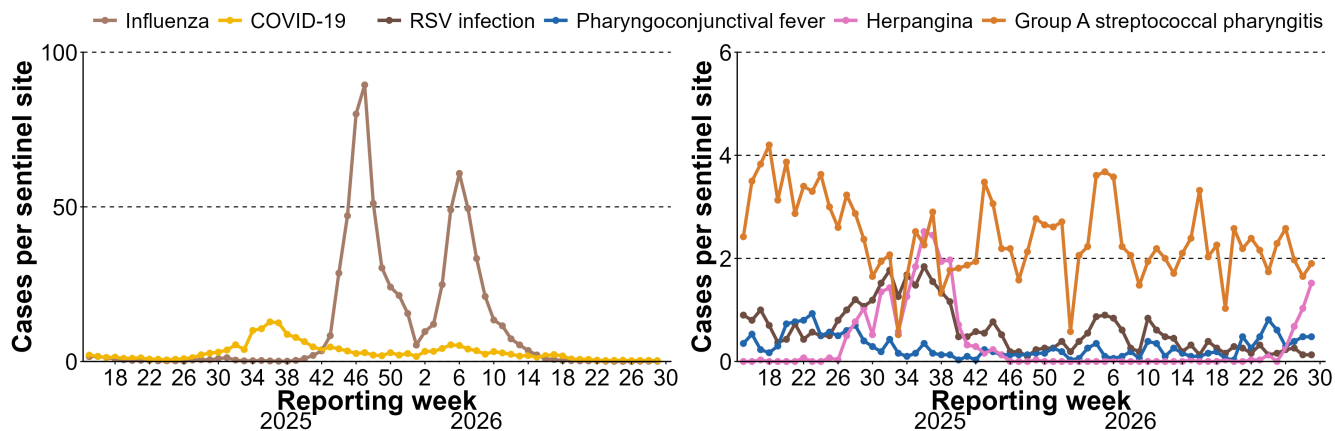
Aomori



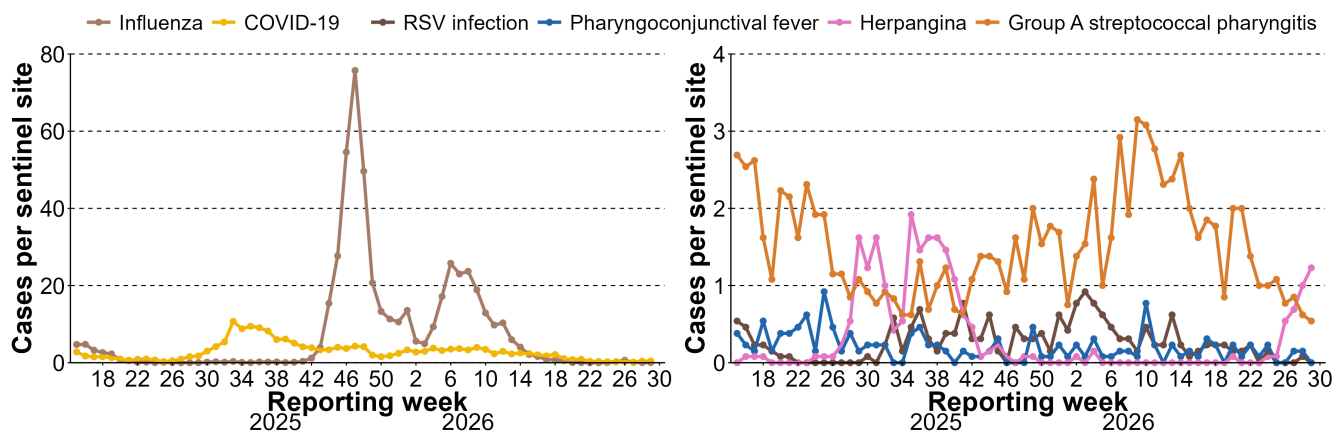
Iwate



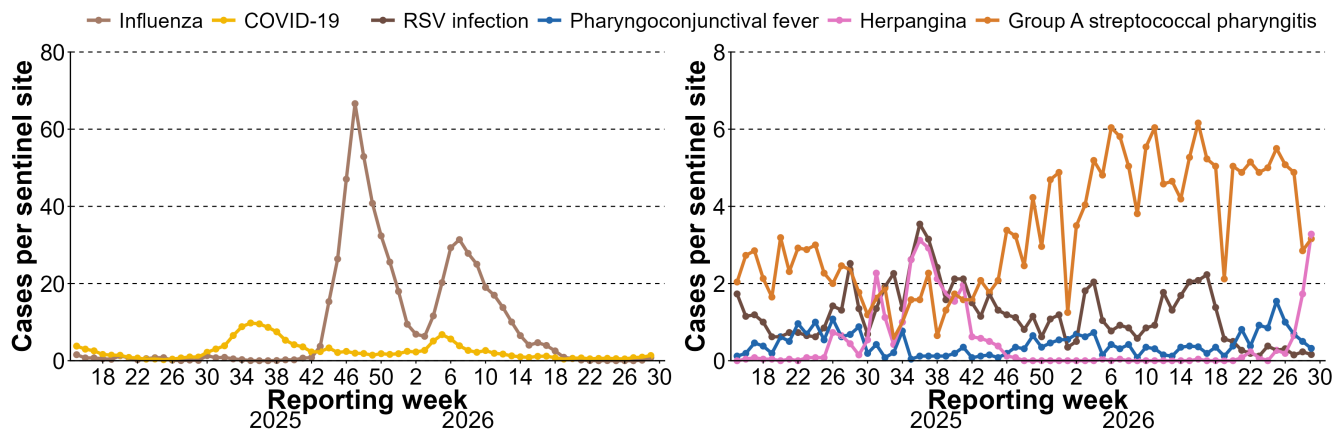
Miyagi



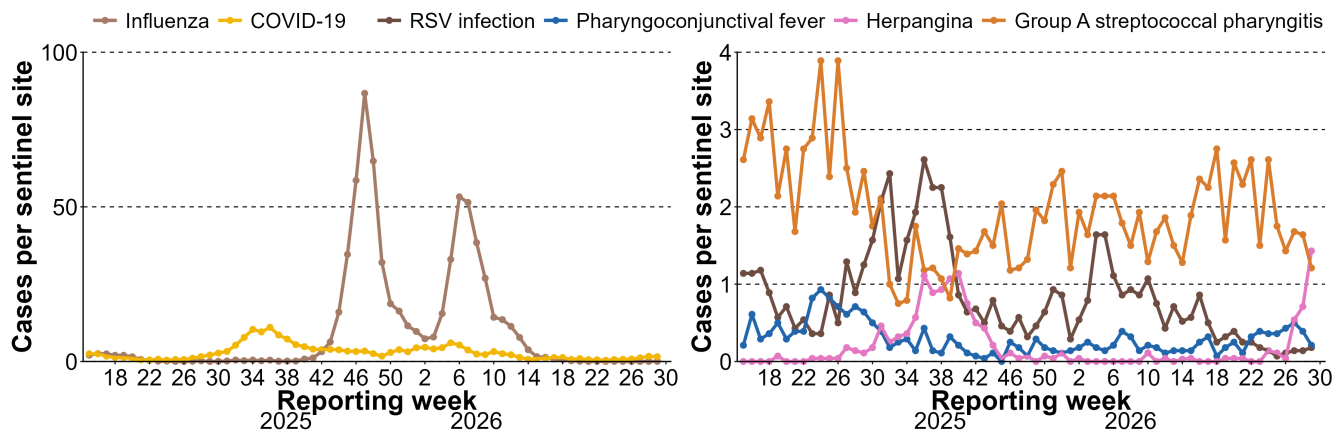
Akita



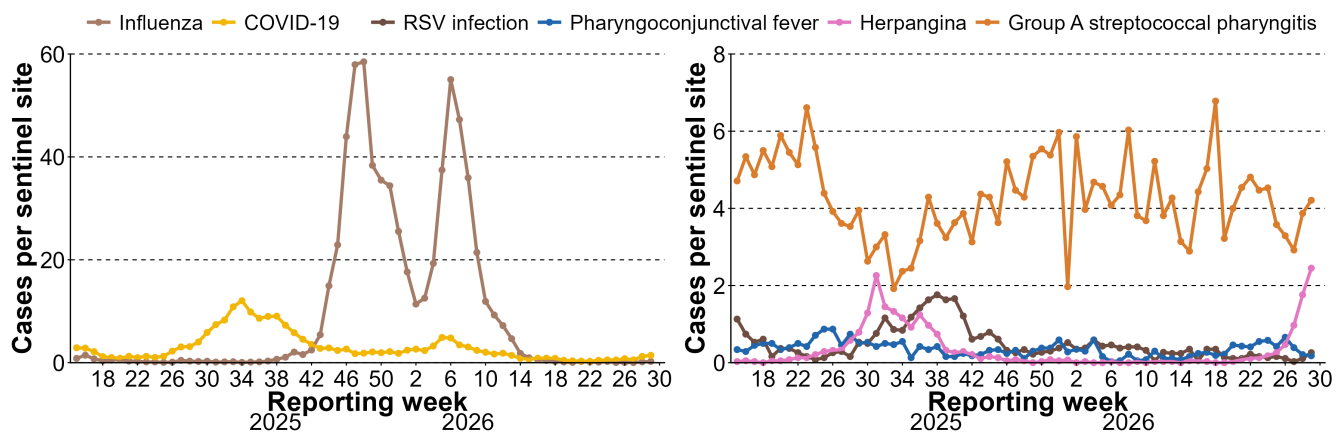
Yamagata



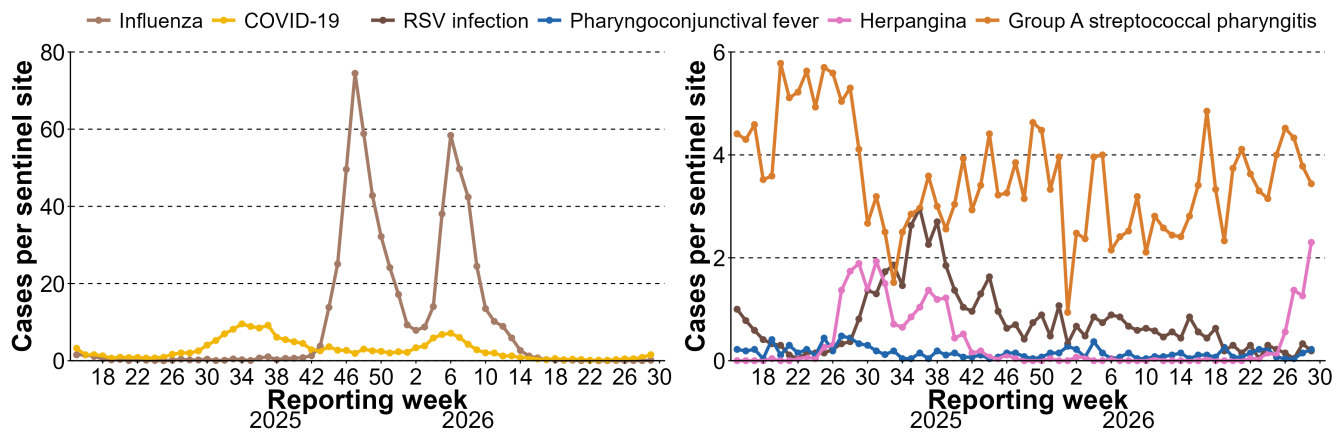
Fukushima



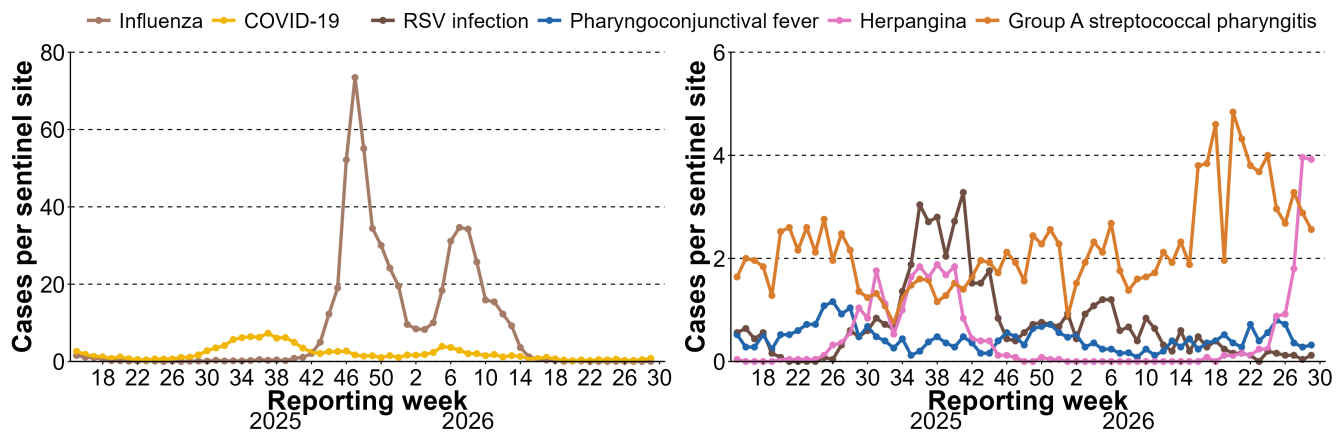
Ibaraki



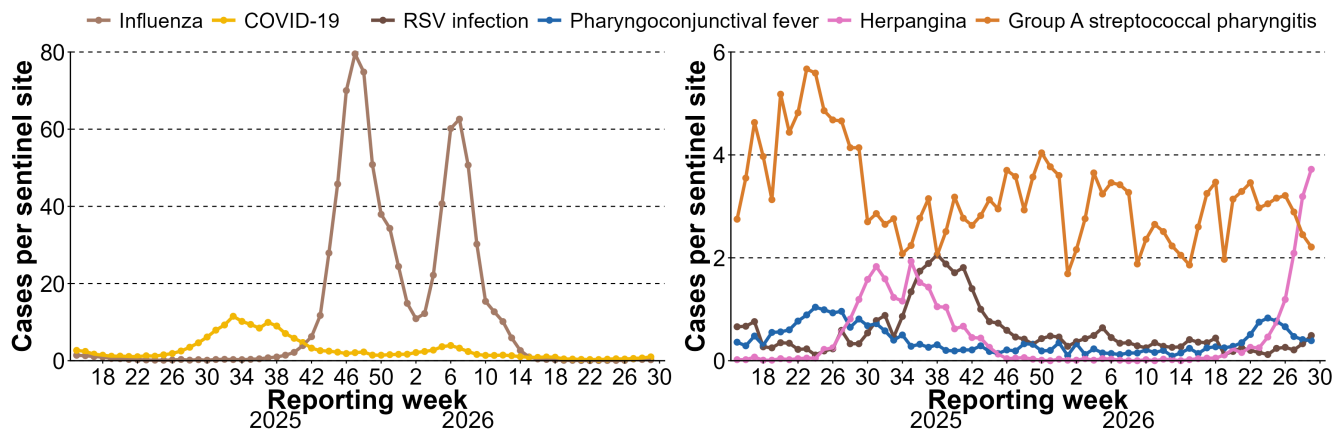
Tochigi



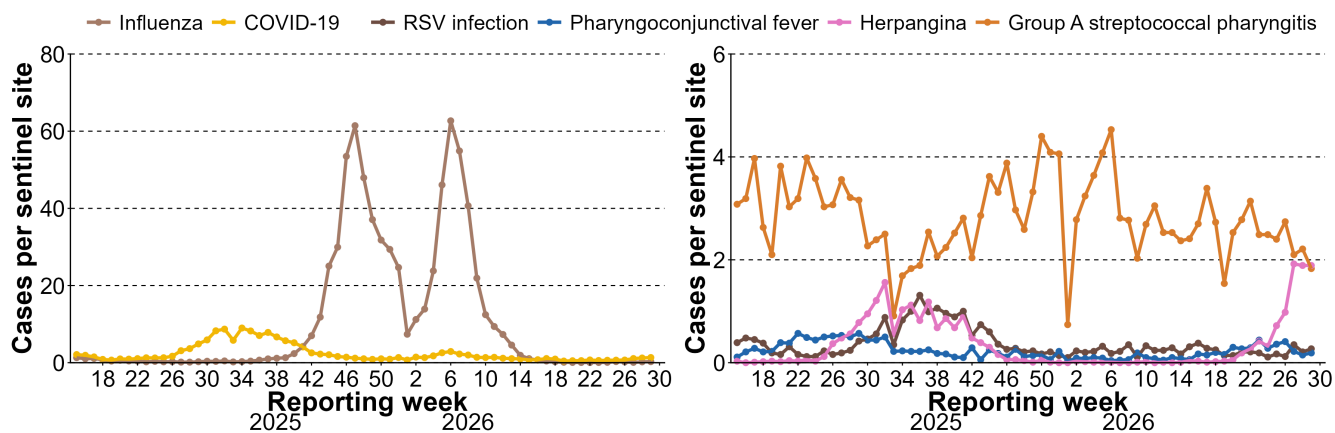
Gunma



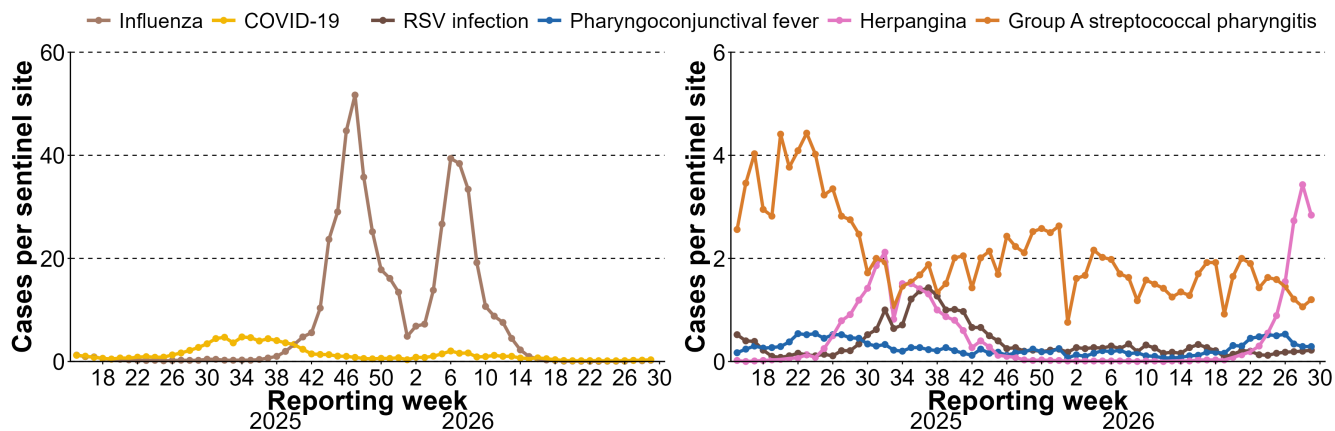
Saitama



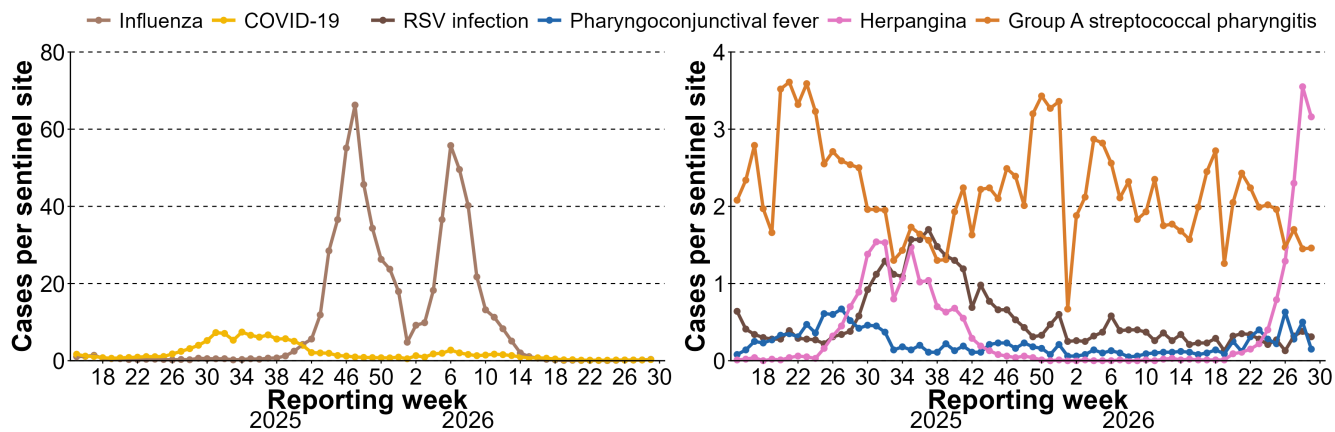
Chiba



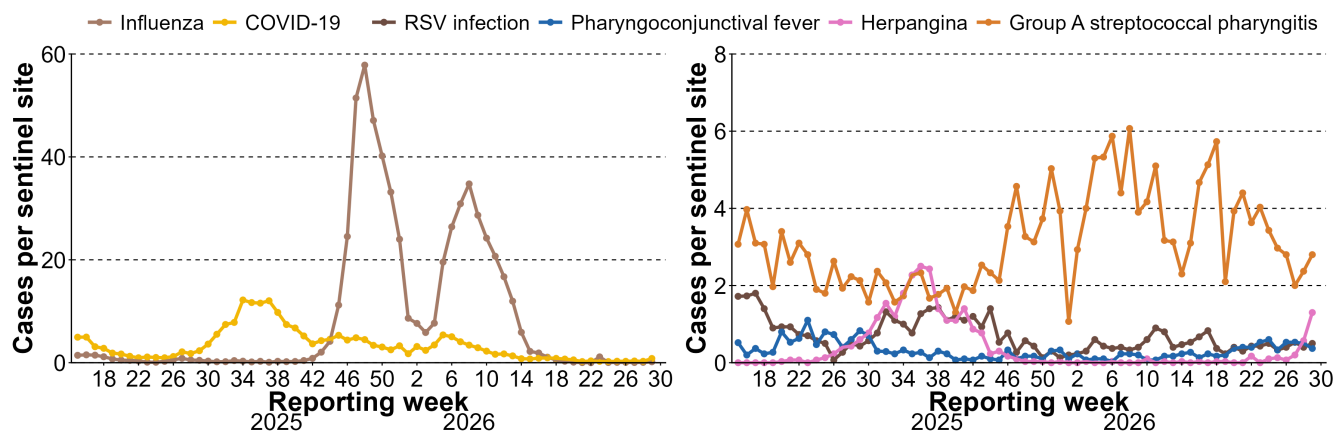
Tokyo



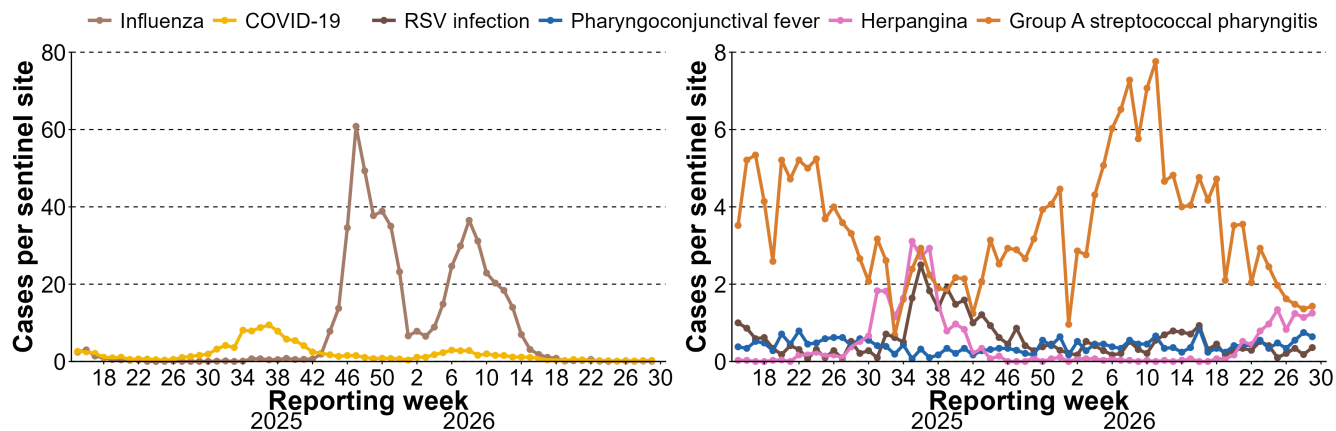
Kanagawa



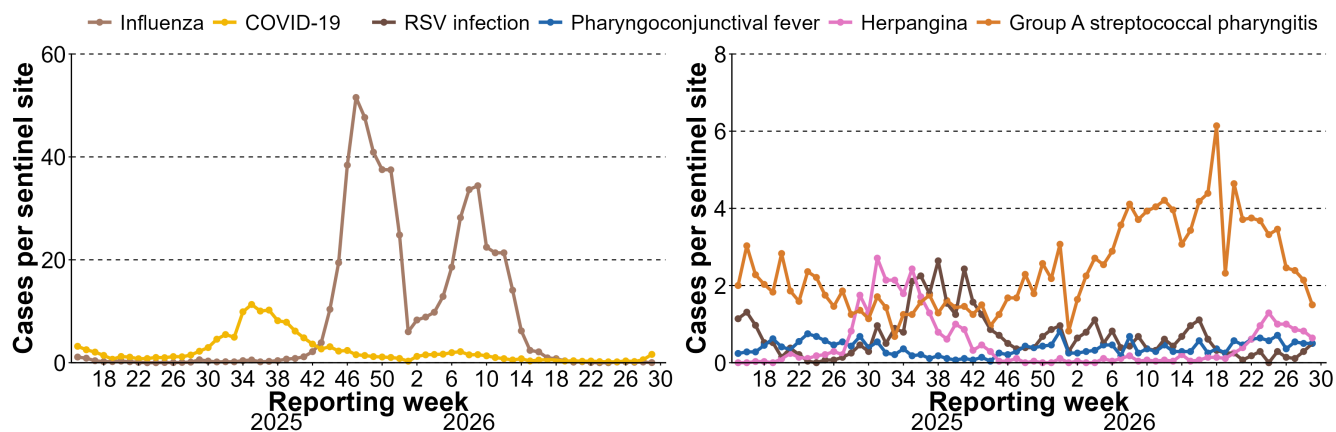
Niigata



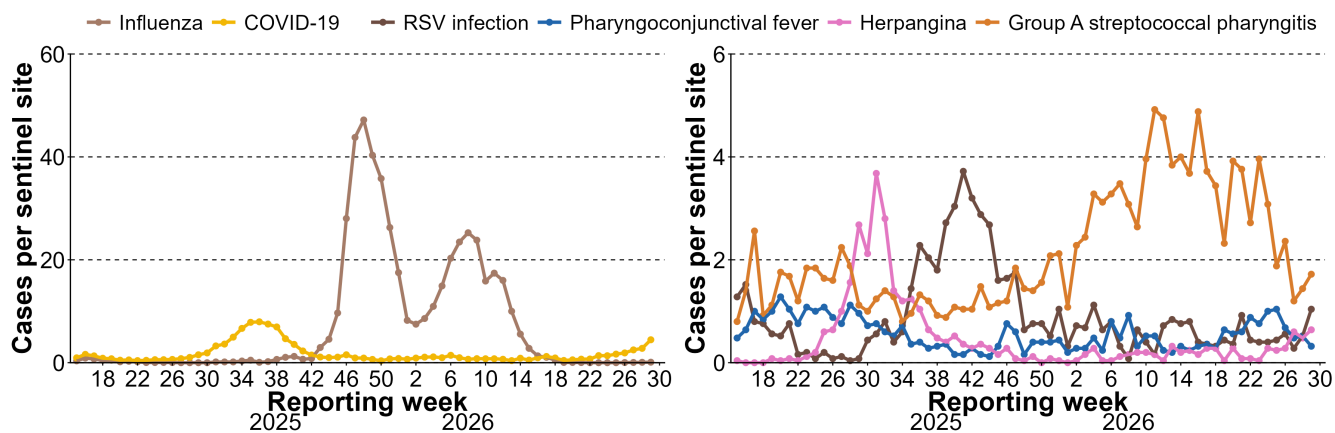
Toyama



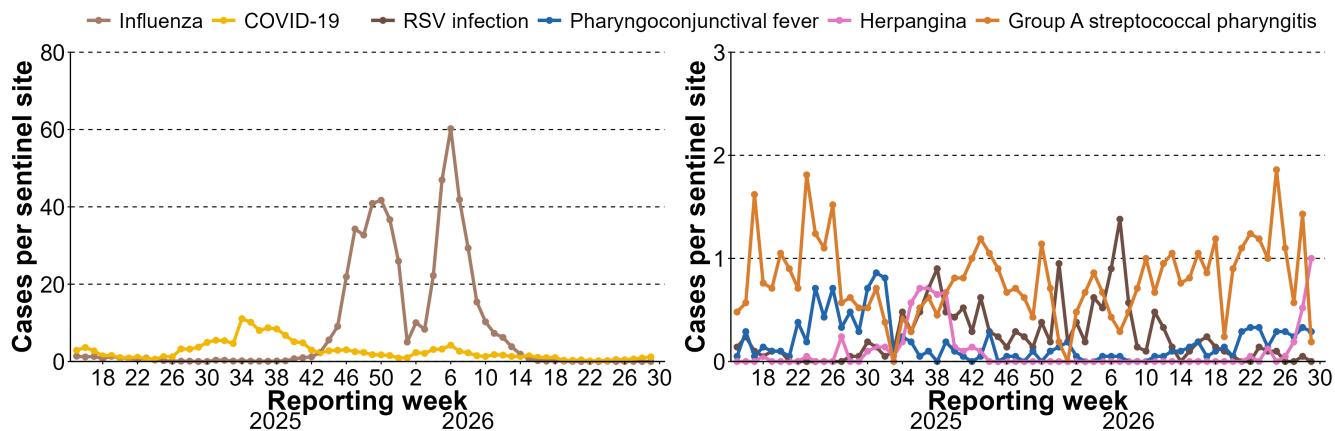
Ishikawa



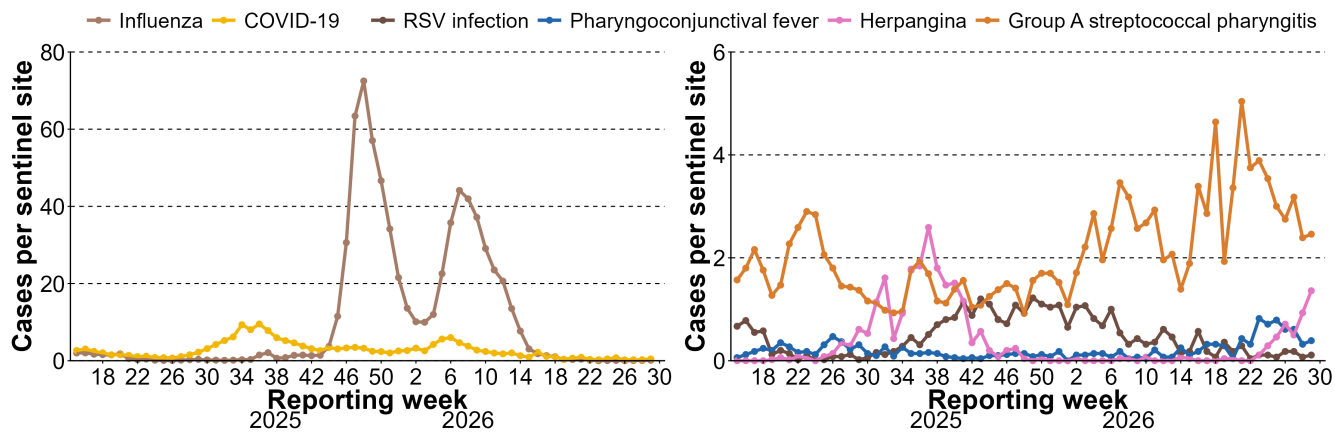
Fukui



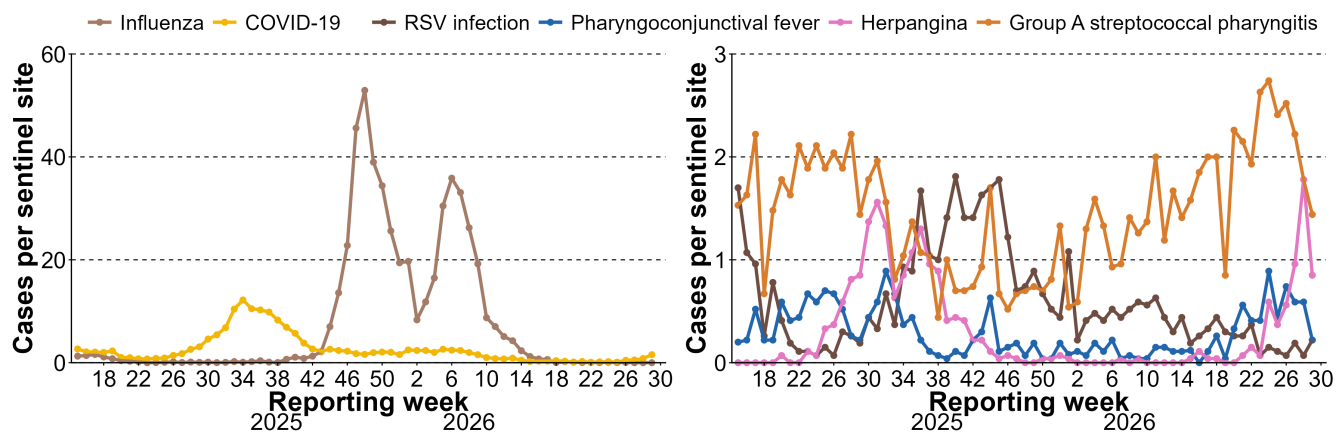
Yamanashi



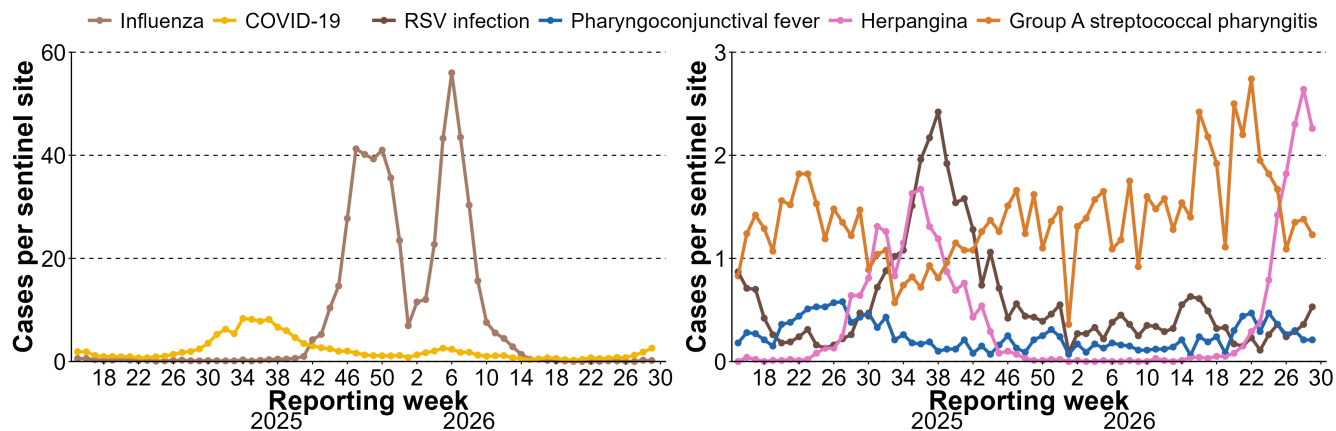
Nagano



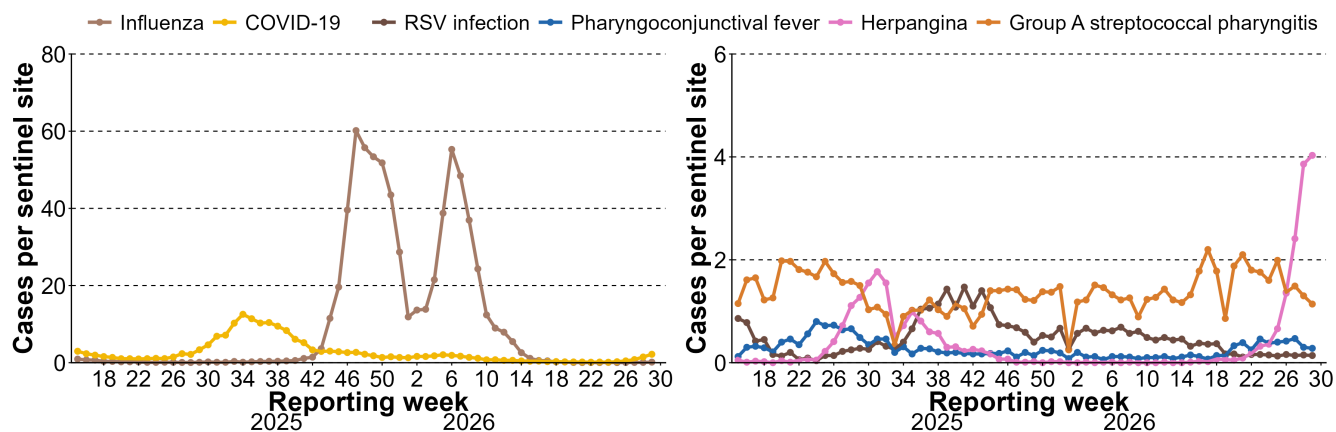
Gifu



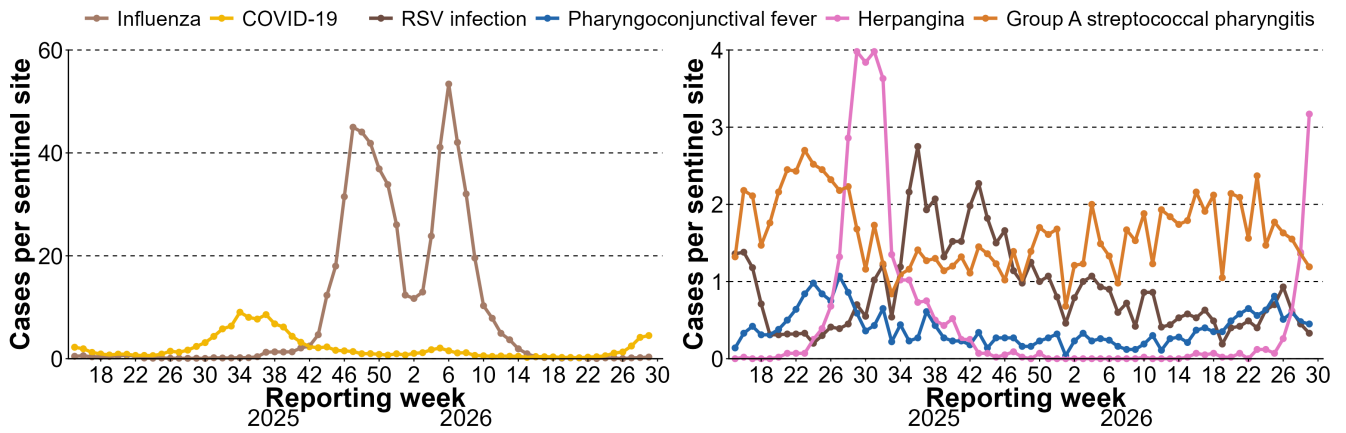
Shizuoka



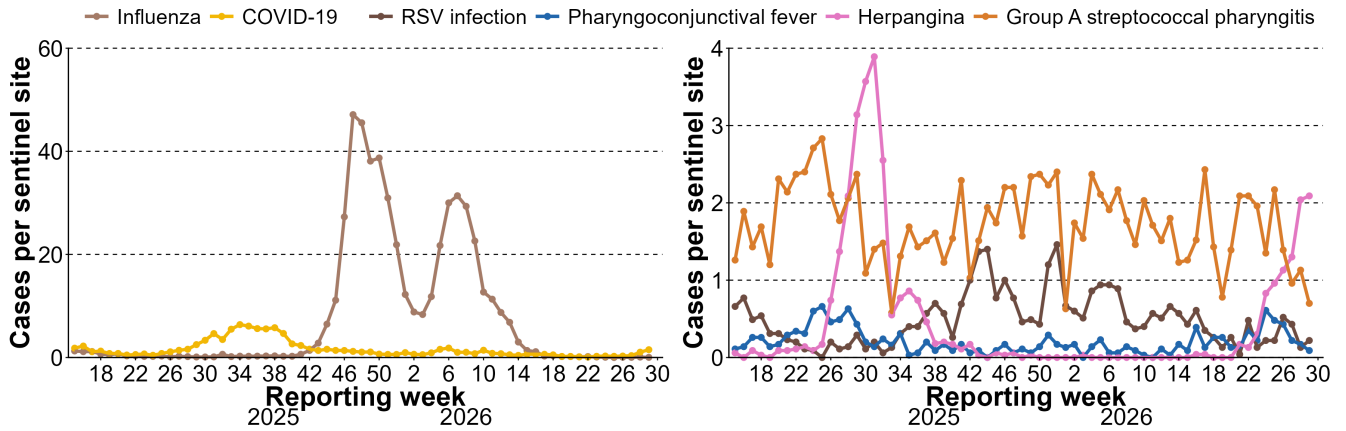
Aichi



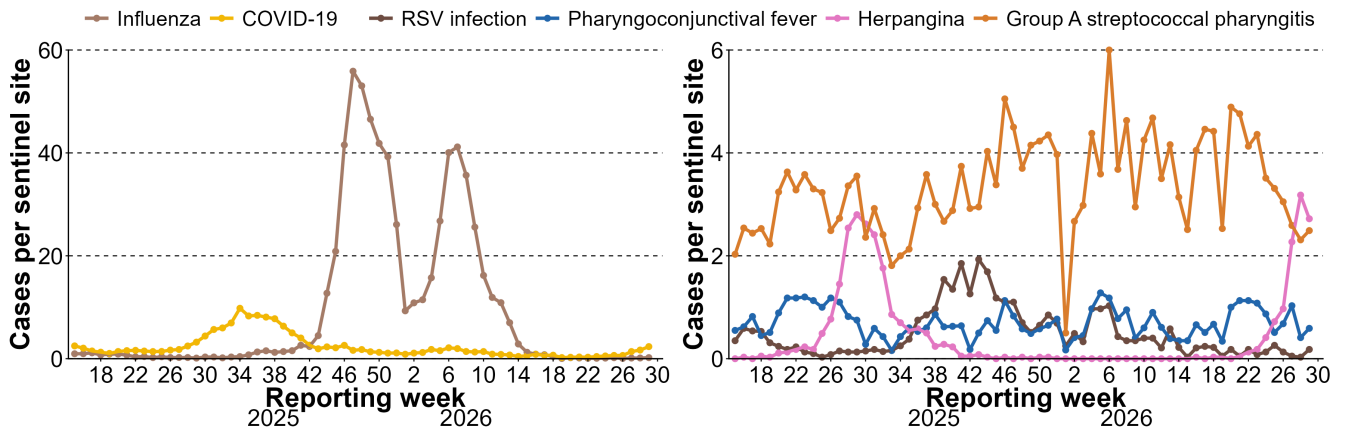
Mie



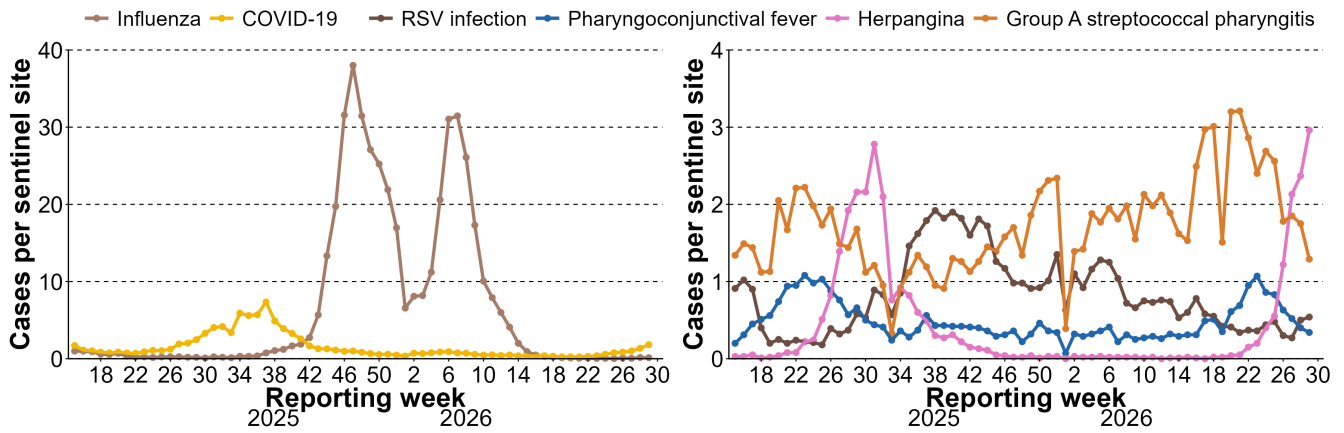
Shiga



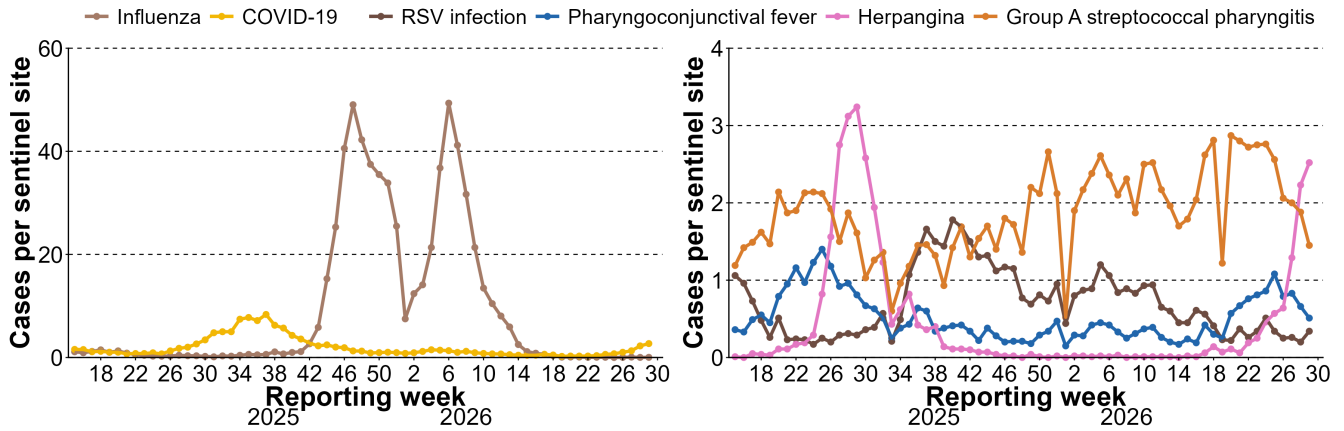
Kyoto



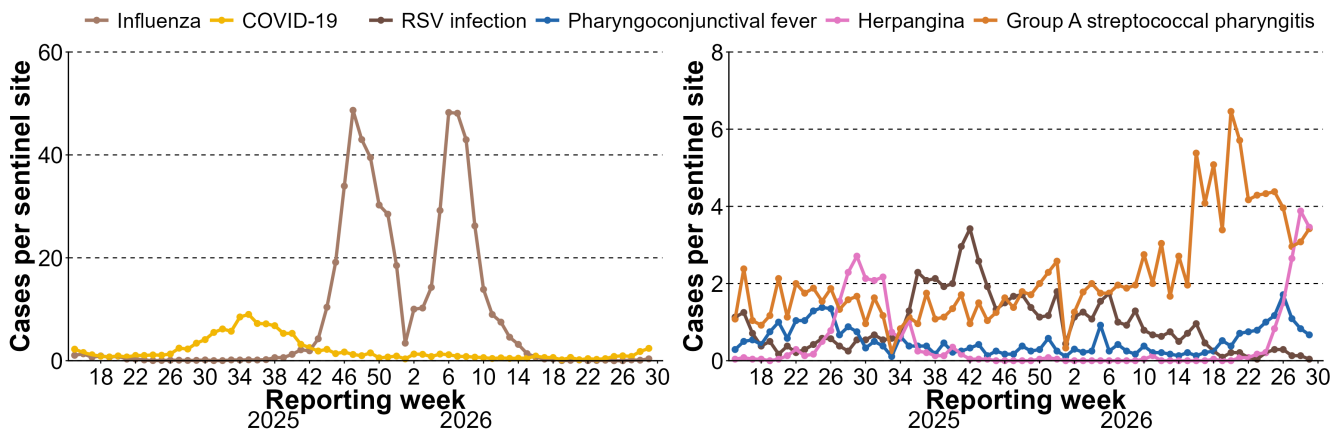
Osaka



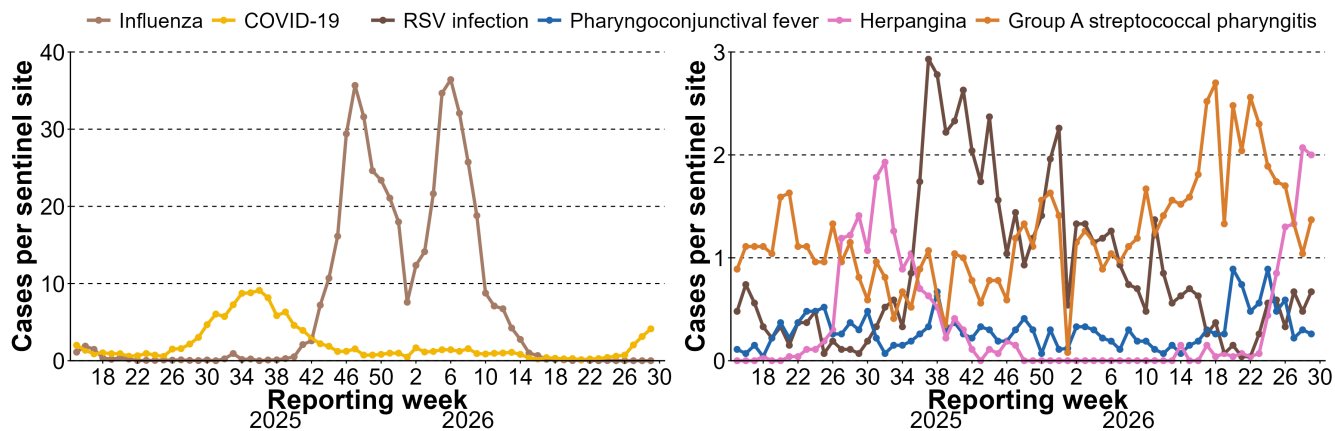
Hyogo



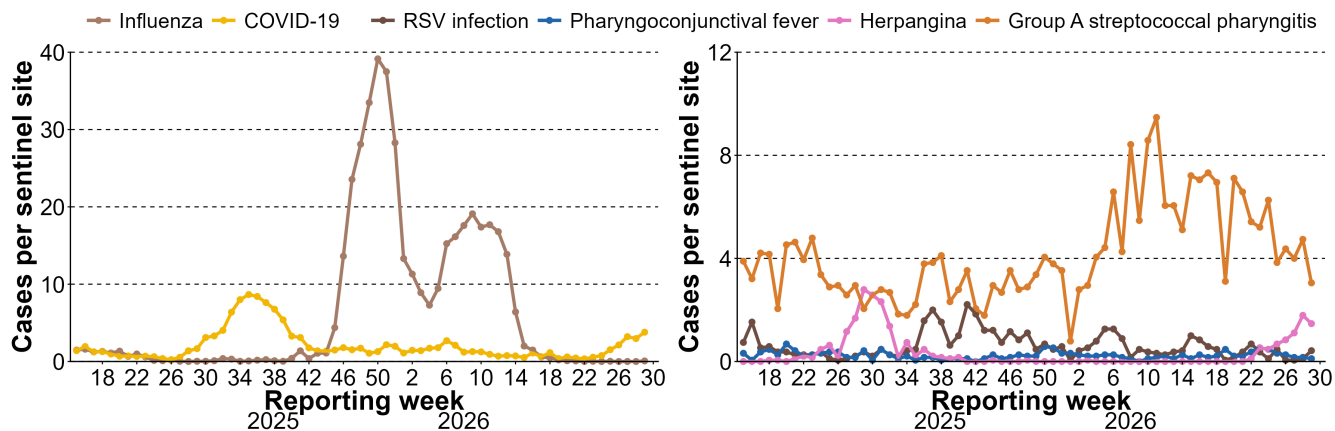
Nara



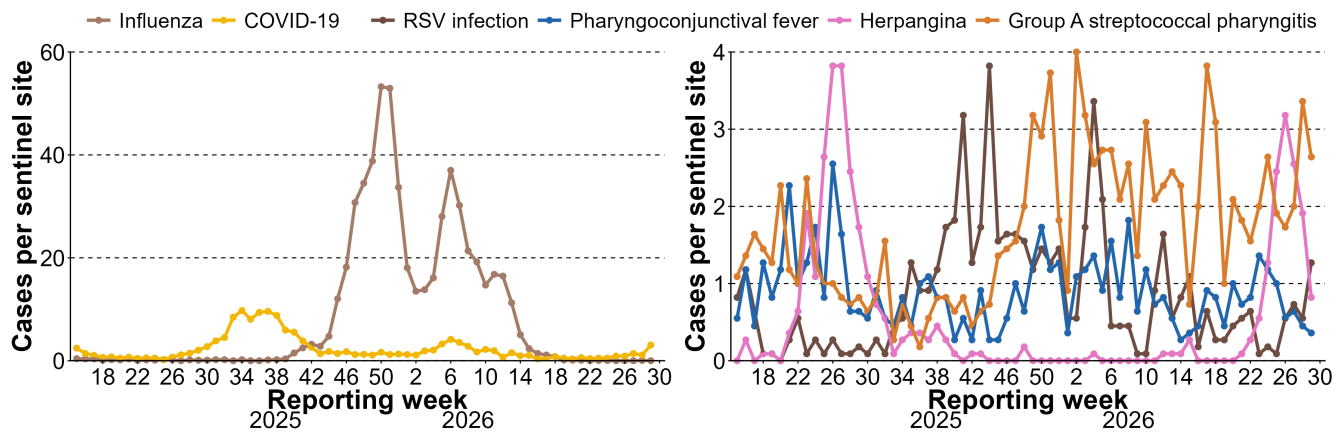
Wakayama



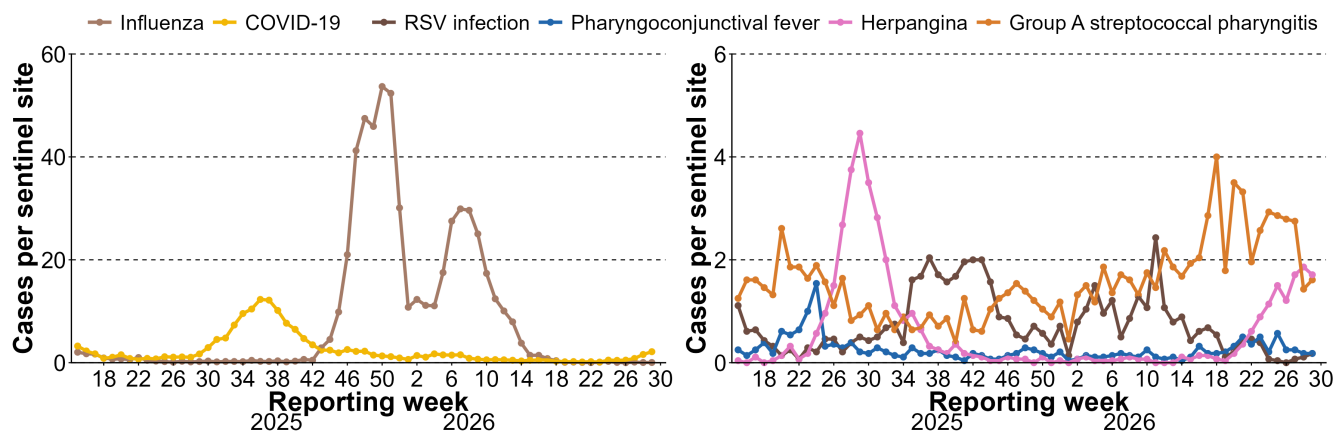
Tottori



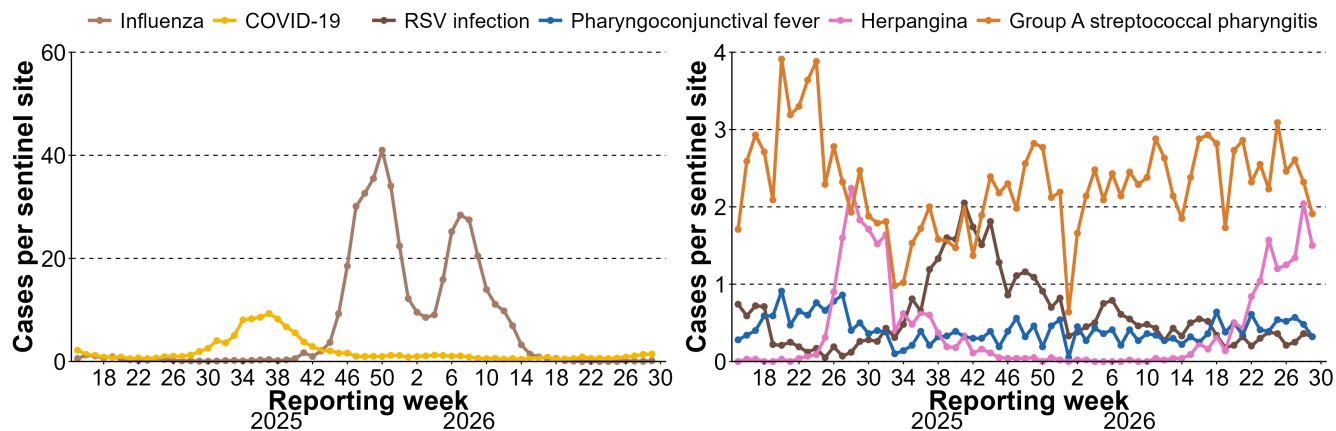
Shimane



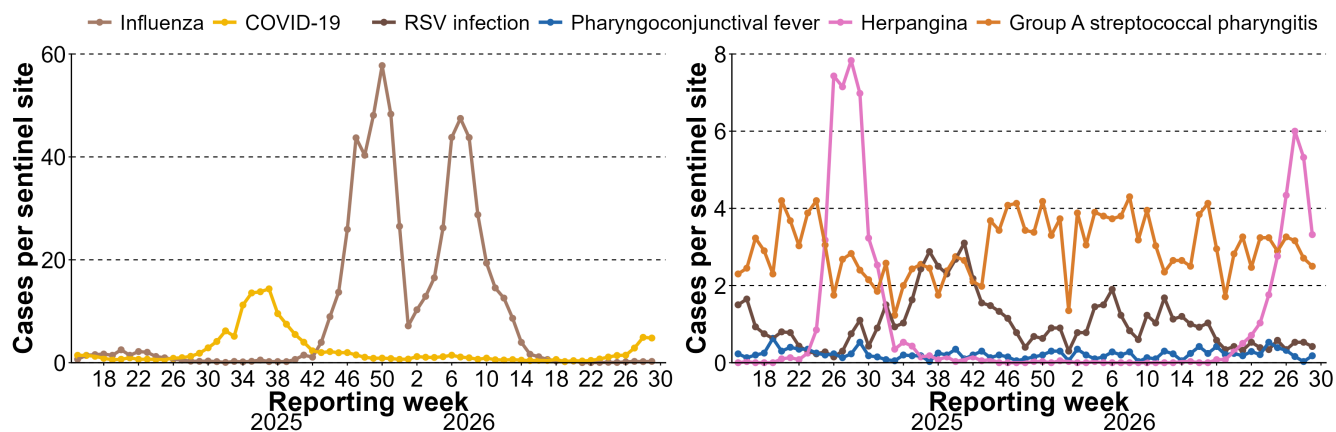
Okayama



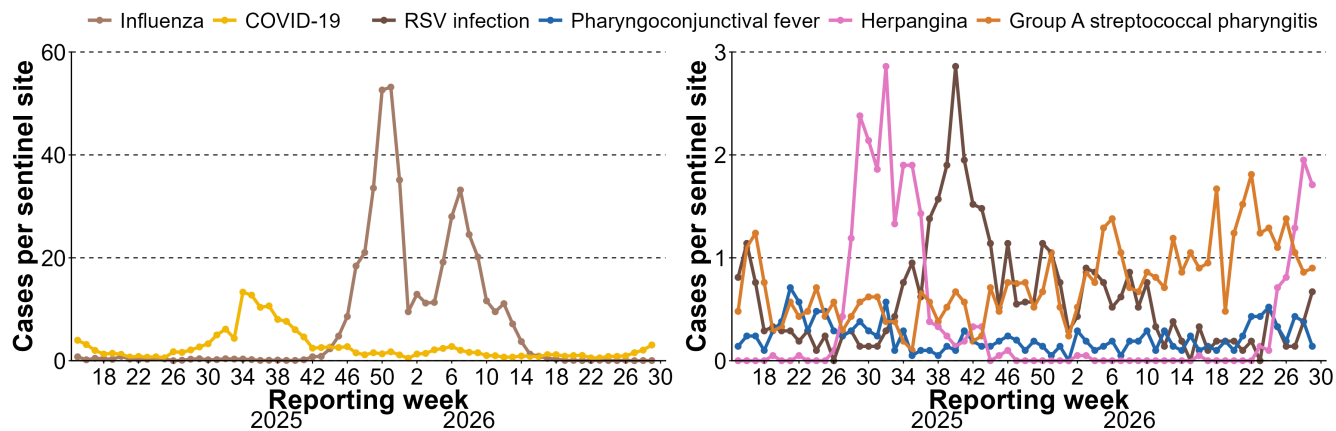
Hiroshima



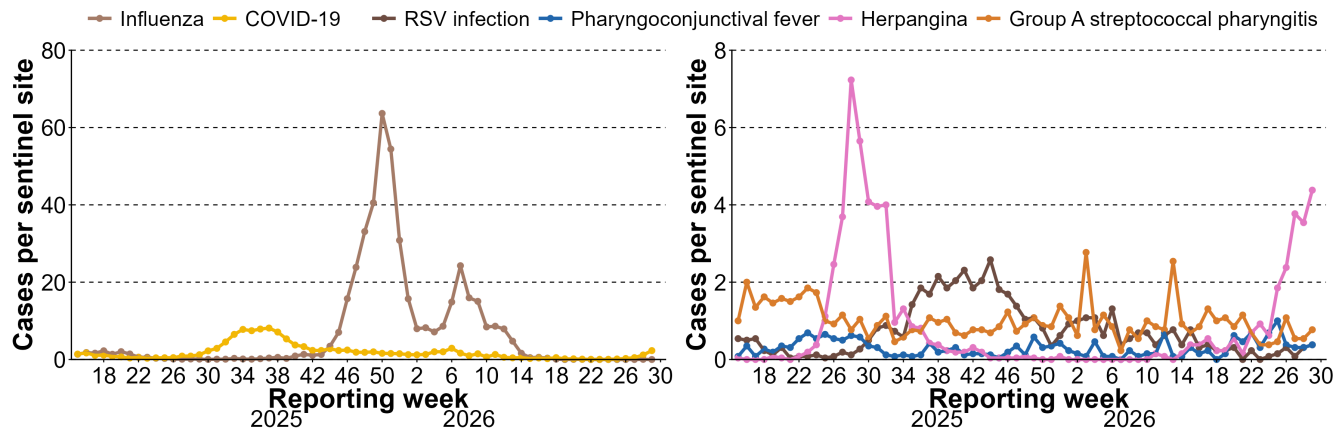
Yamaguchi



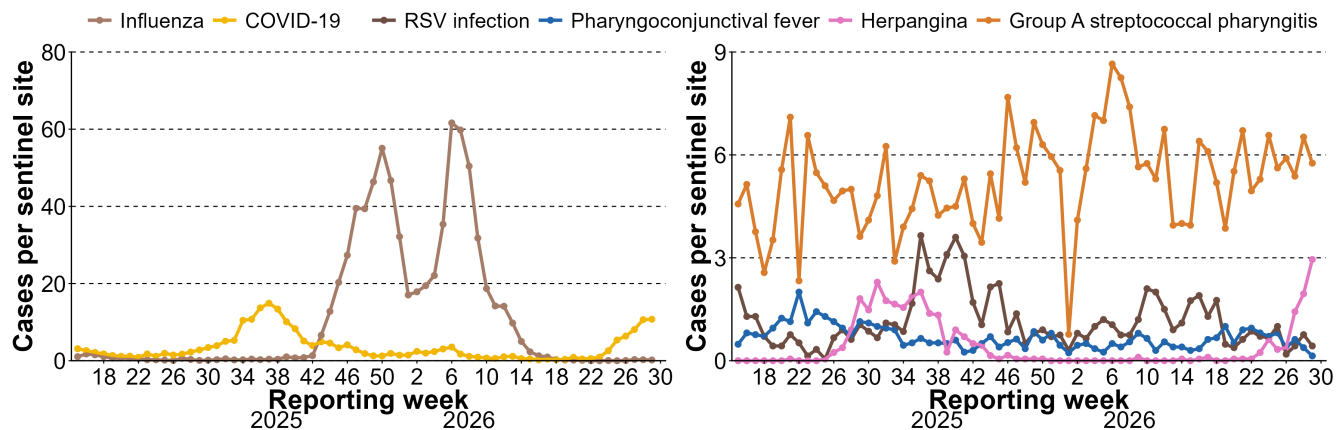
Tokushima



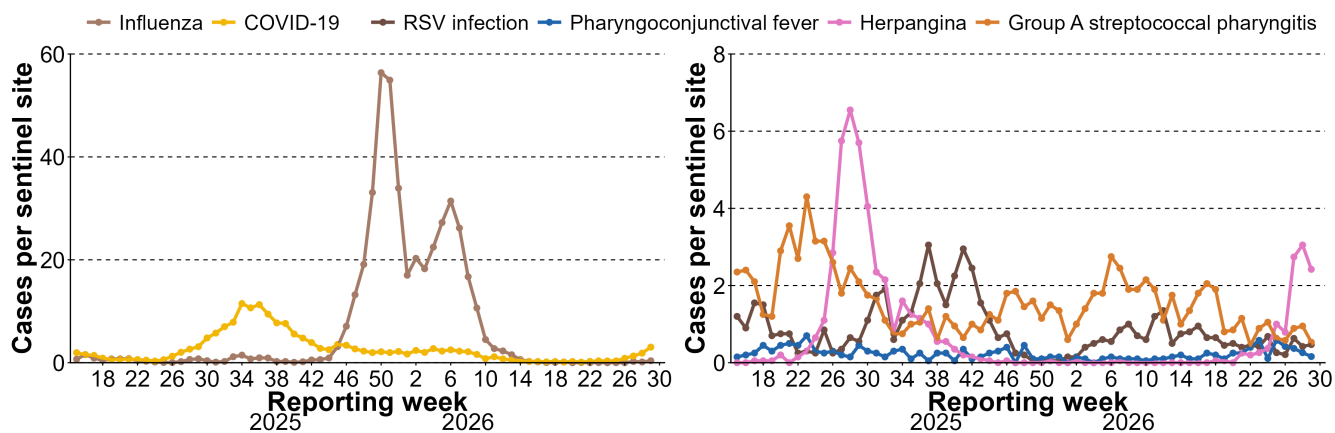
Kagawa



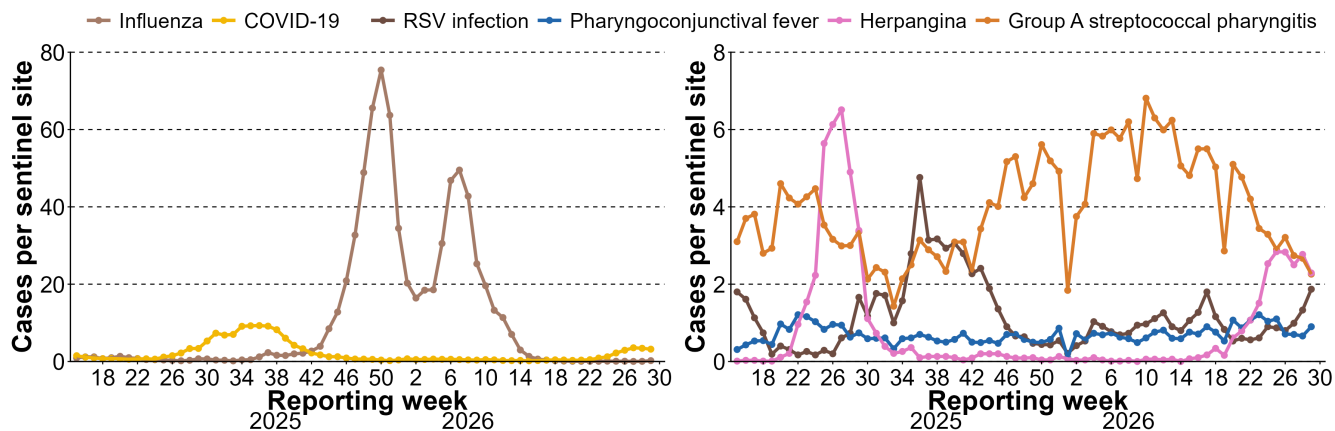
Ehime



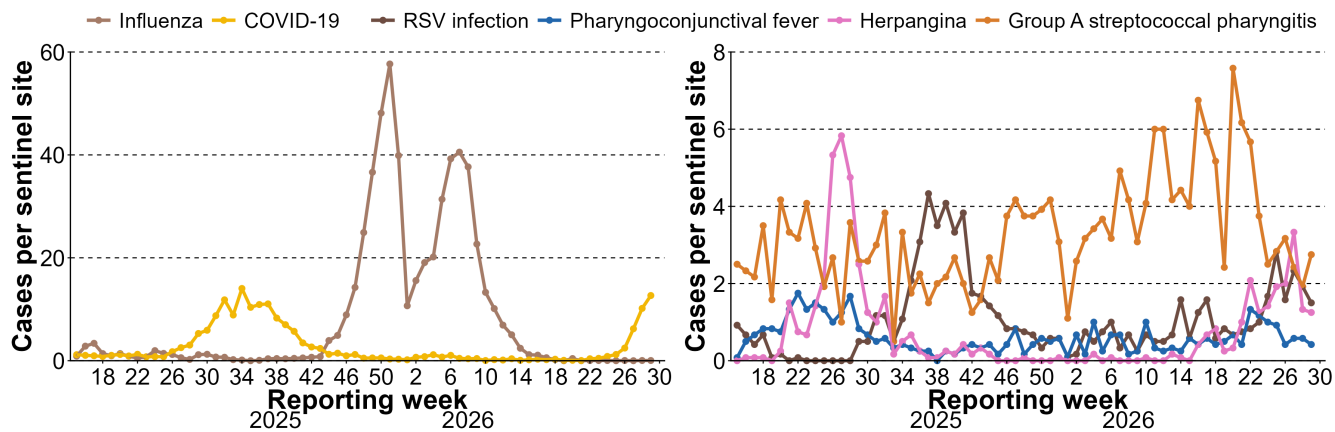
Kochi



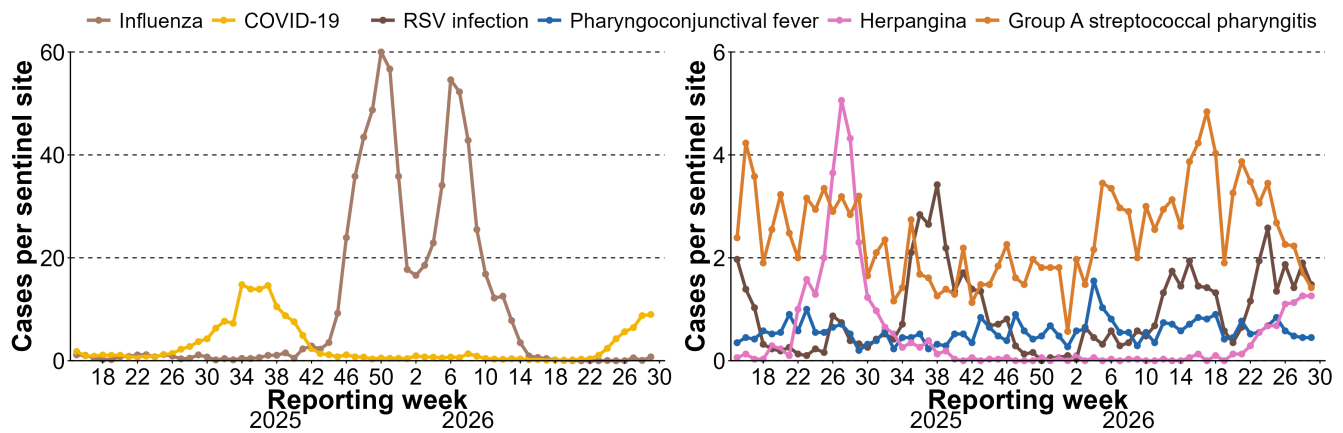
Fukuoka



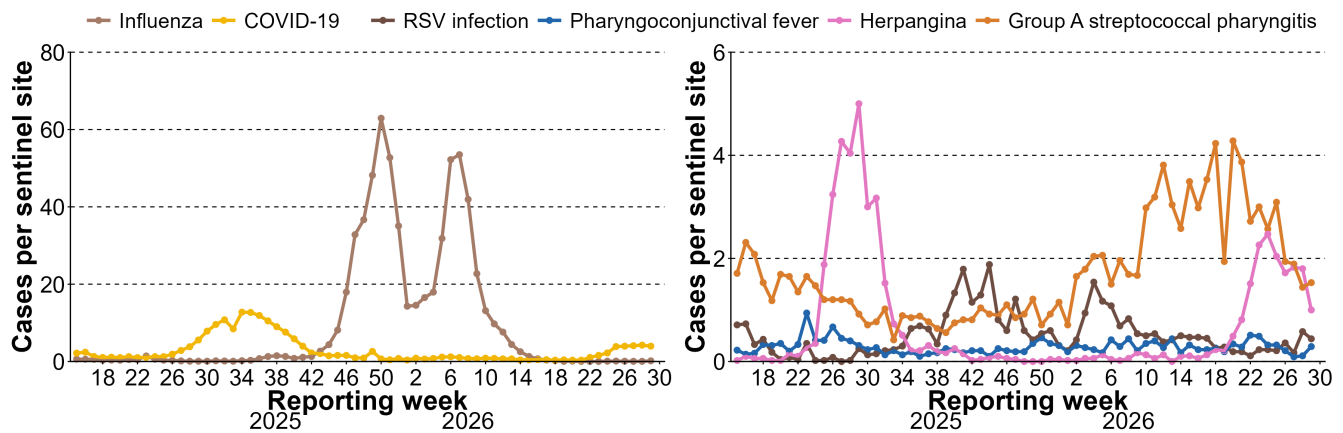
Saga



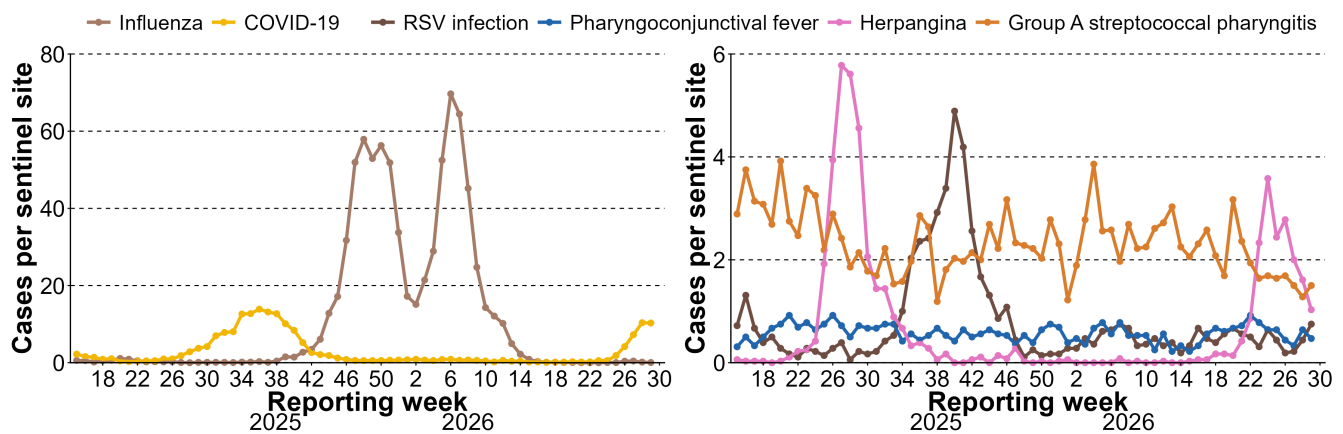
Nagasaki



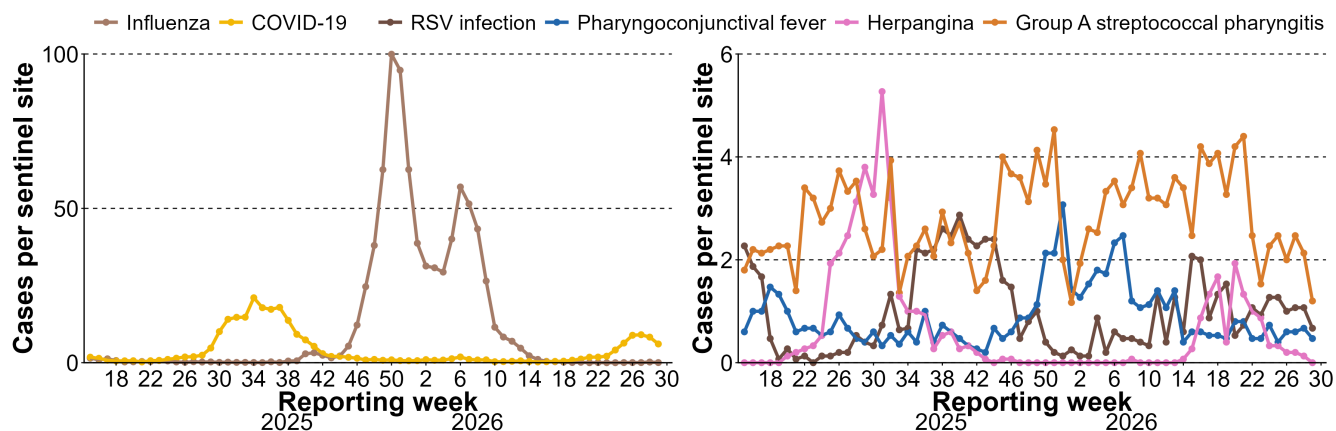
Kumamoto



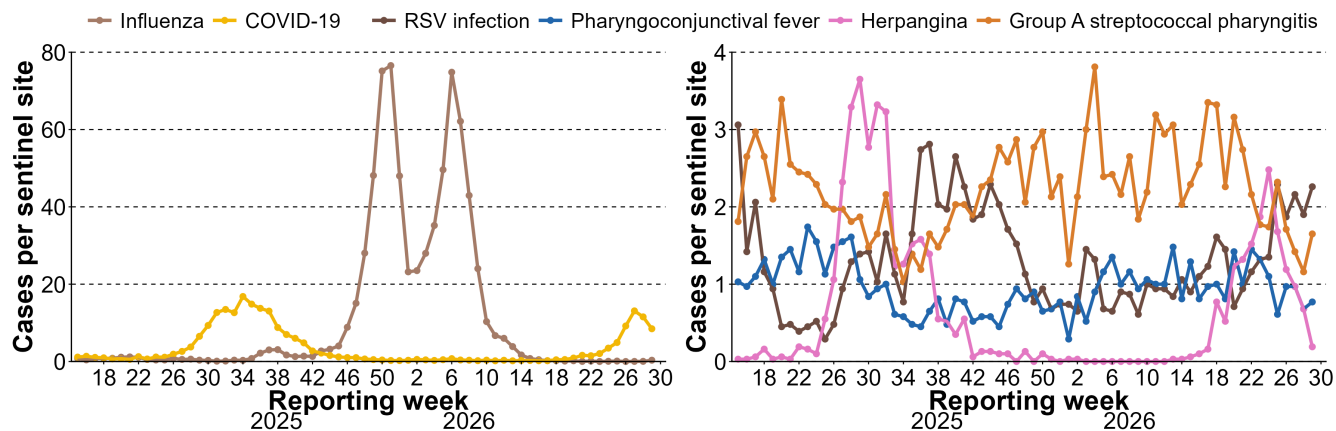
Oita



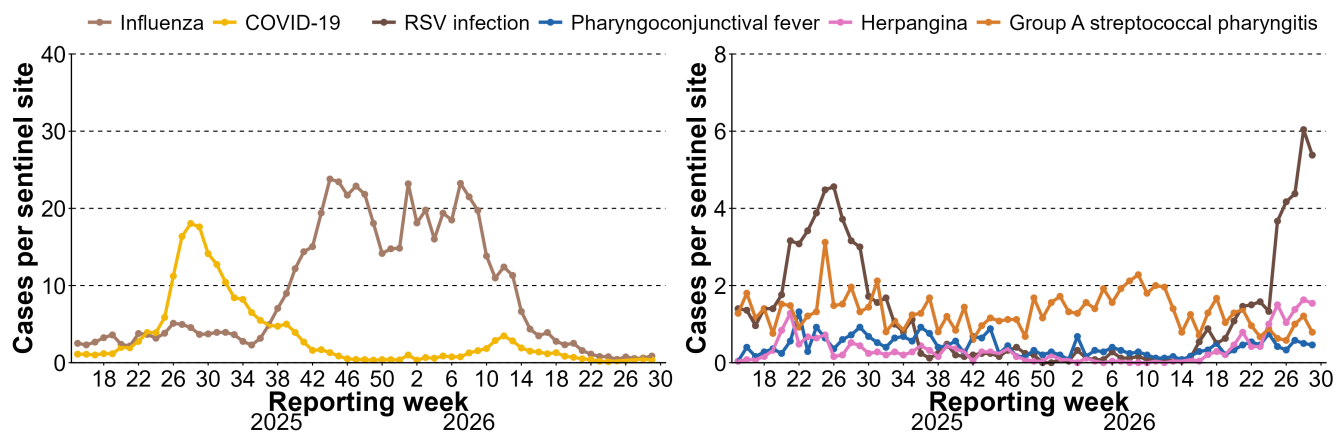
Miyazaki



Kagoshima



Okinawa



Data source: Infectious Disease Surveillance in Japan; data as of July 22, 2026
(data range: April 7, 2025 – July 19, 2026)