

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 31, 2026 (July 27, 2026 – August 2, 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 31 of 2026 (July 27, 2026–August 2, 2026), the number of ARI cases per sentinel site was 44.96 (167,420 cases), representing an increase compared with the previous week. A total of 38 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 1.70 for COVID-19, 0.37 for influenza, 1.59 for herpangina, 1.37 for group A streptococcal pharyngitis, 0.51 for RSV infection, and 0.30 for pharyngoconjunctival fever. A total of 57 new hospital admissions due to influenza were reported, representing an increase of 10 cases compared with the previous week. 268 new hospital admissions due to COVID-19 were reported, representing an increase of 27 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 31 of 2026 and reported by the time of analysis, 8 specimens tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 3 specimens tested positive for RSV, and no specimens tested positive for influenza A virus and influenza B virus.

As of August 5, 2026, in June 2026 there were 1,909 specimens in which a pathogen was detected and 756 specimens in which no pathogen was detected. The most frequently detected pathogen was Rhinovirus/Enterovirus, with 948 positive cases.

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1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

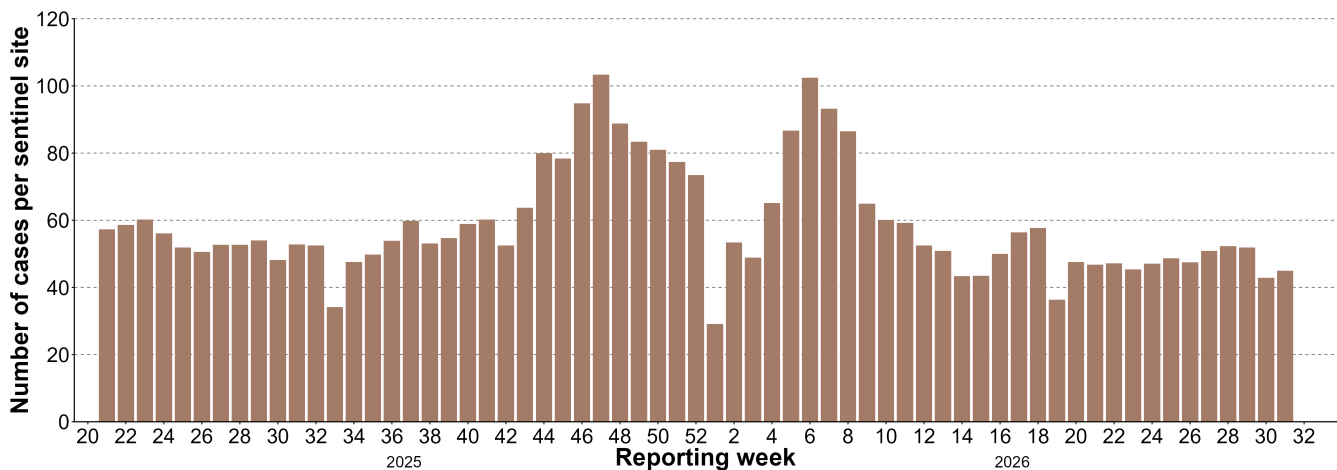
In week 31 of 2026, a total of 3,724 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 44.96 (167,420 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.05 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 0.37 for influenza (1,384 cases) and 1.70 for COVID-19 (6,332 cases) (Figure 1A). The number of reporting sentinel sites was 3,733.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.51 for RSV infection (1,155 cases), 0.30 for pharyngoconjunctival fever (685 cases), 1.59 for herpangina (3,579 cases), and 1.37 for group A streptococcal pharyngitis (3,094 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,252.

Regarding recent trends, influenza increased for 6 consecutive weeks, COVID-19, RSV infection, pharyngoconjunctival fever, herpangina and group A streptococcal pharyngitis increased 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 August 5, 2026 (data range: May 12, 2025 – August 2, 2026).

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

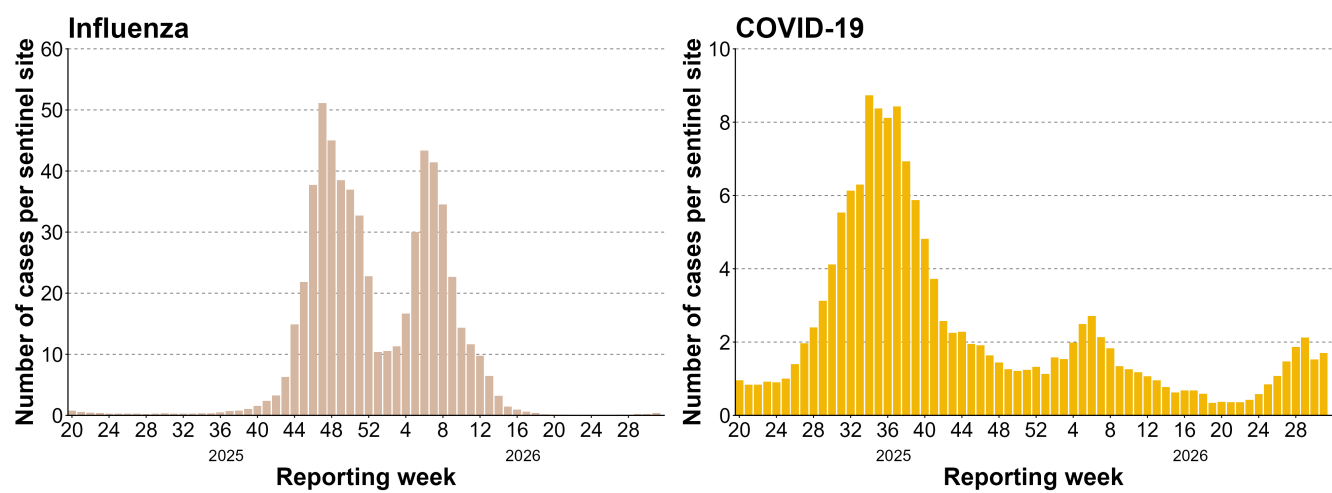
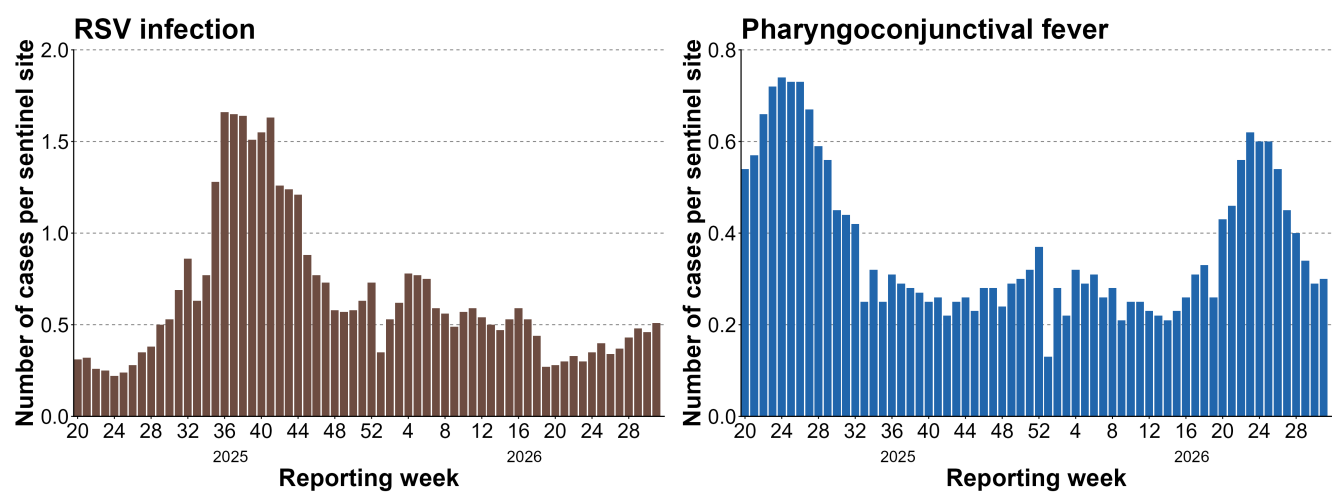
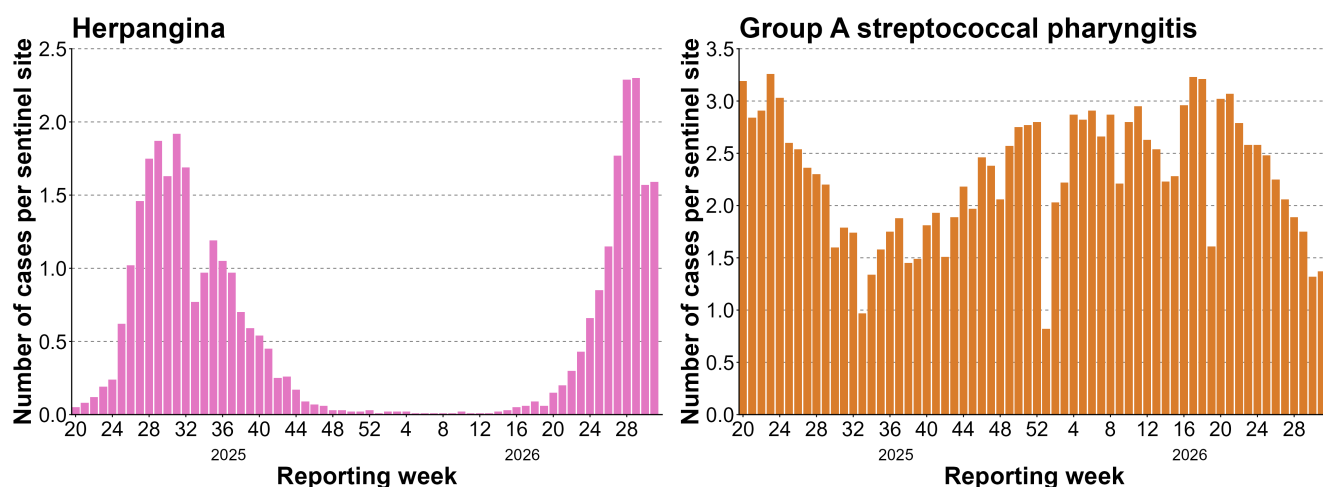


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: May 12, 2025 – August 2, 2026)

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

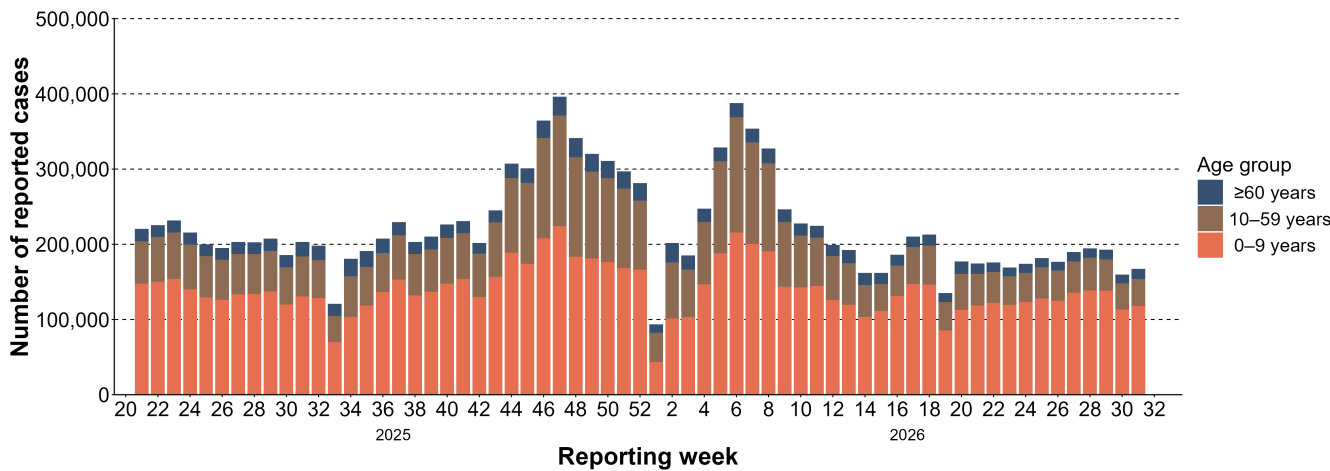
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 31 of 2026, the number of reported cases by age group was 118,303 cases among individuals aged 0–9 years (week-on-week ratio: 1.05), 35,609 cases among individuals aged 10–59 years (week-on-week ratio: 1.02), and 13,508 cases among individuals aged 60 years and older (week-on-week ratio: 1.16) (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, 144 influenza cases and 587 COVID-19 cases were reported among individuals aged 60 years and older; of these, 42 influenza cases and 186 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 August 5, 2026 (data range: May 12, 2025 – August 2, 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

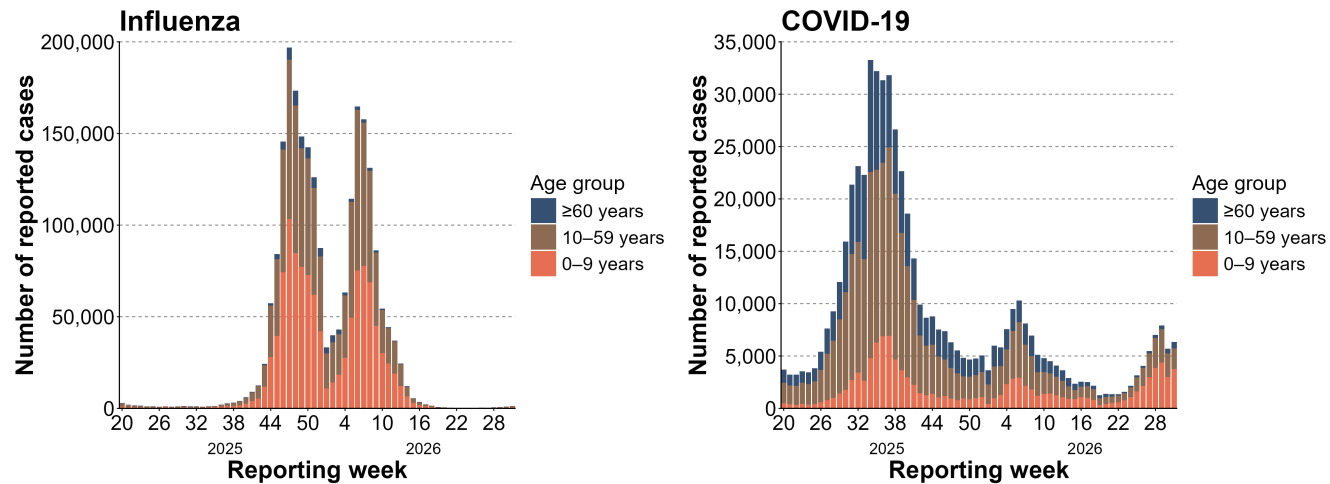
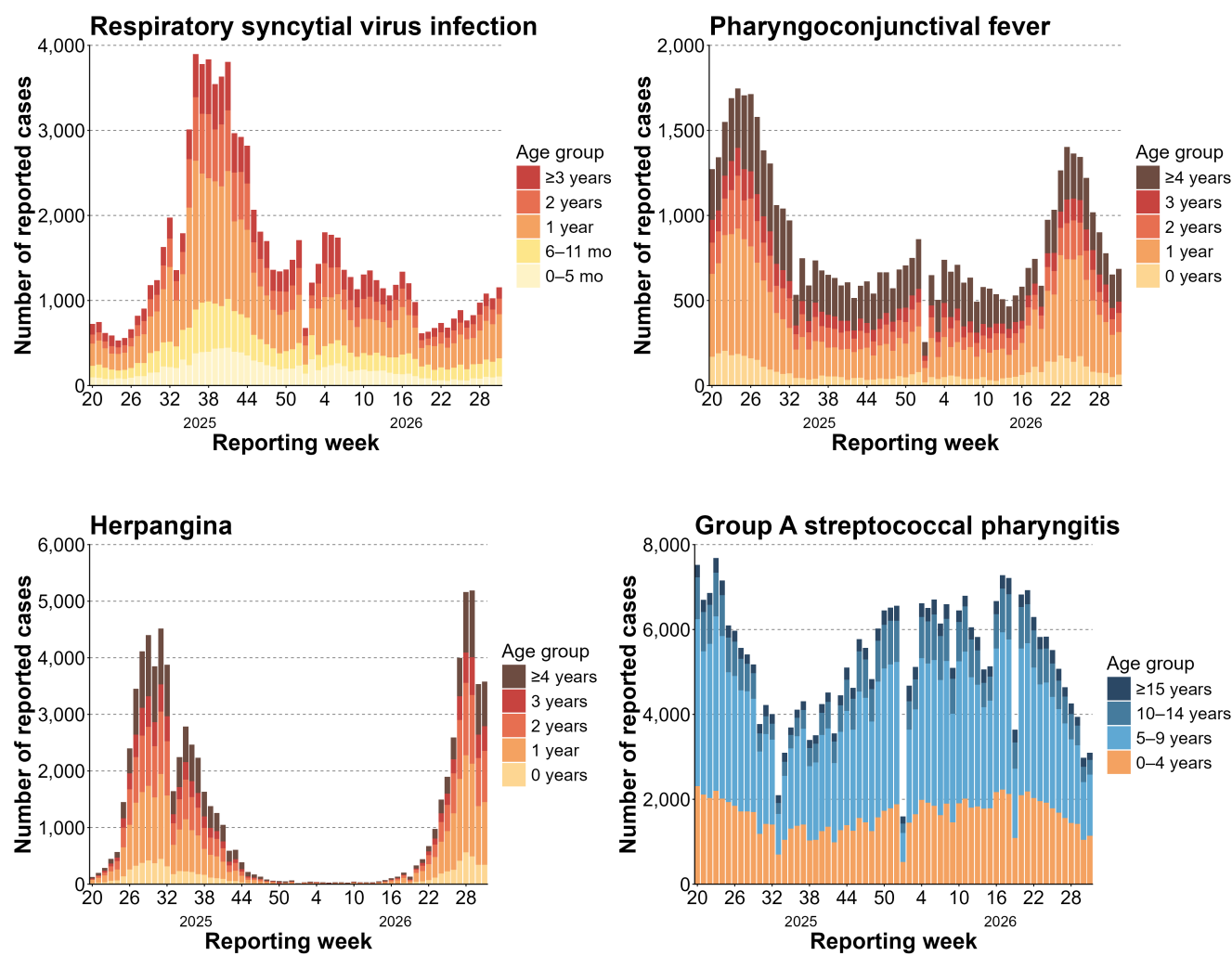


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: May 12, 2025 – August 2, 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 31

Age group	Influenza	COVID-19
0–9 years	612	3,775
	(1.74)	(1.26)

Age group	Influenza	COVID-19
10–59 years	628 (1.40)	1,970 (0.87)
≥60 years	144 (1.69)	587 (1.29)
Total	1,384 (1.56)	6,332 (1.11)

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 31

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	320 (1.14)	64 (1.31)	345 (1.00)	36 (1.33)
1–4 years	807 (1.12)	488 (1.05)	2,707 (1.04)	1,101 (1.08)
5–14 years	26 (1.30)	125 (1.02)	506 (0.89)	1,789 (1.04)
≥15 years	2 (0.40)	8 (0.53)	21 (0.70)	168 (0.77)
Total	1,155 (1.12)	685 (1.05)	3,579 (1.01)	3,094 (1.04)

Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: July 27, 2026 – August 2, 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 31 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma (72.16), Saitama (66.01), and Tochigi (64.26) (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 38 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 27.86 to 72.16 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 31

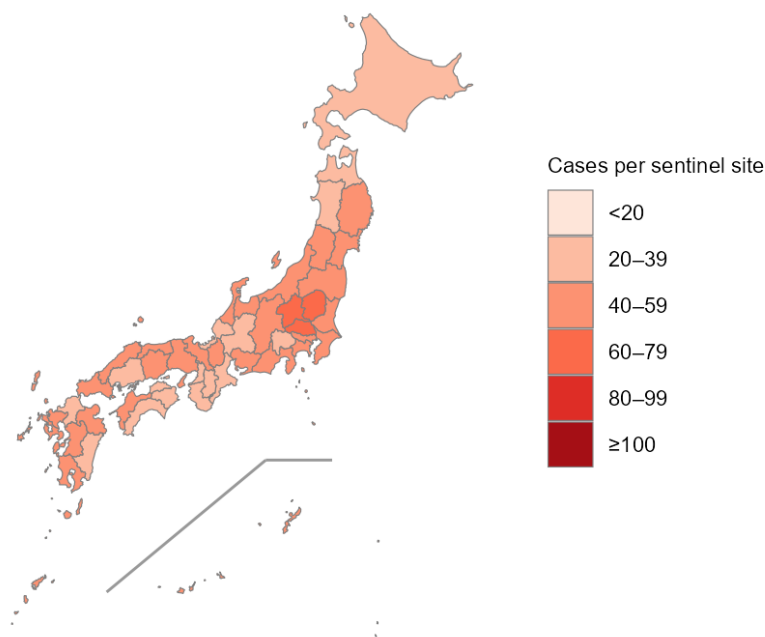
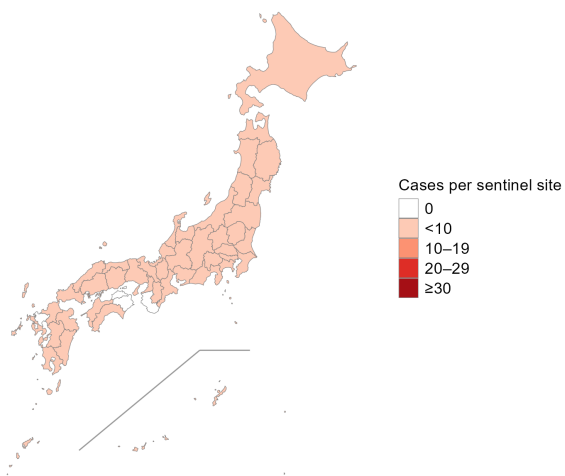
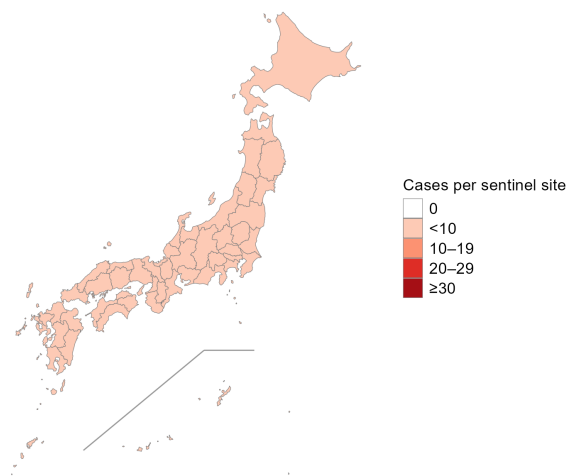


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 31

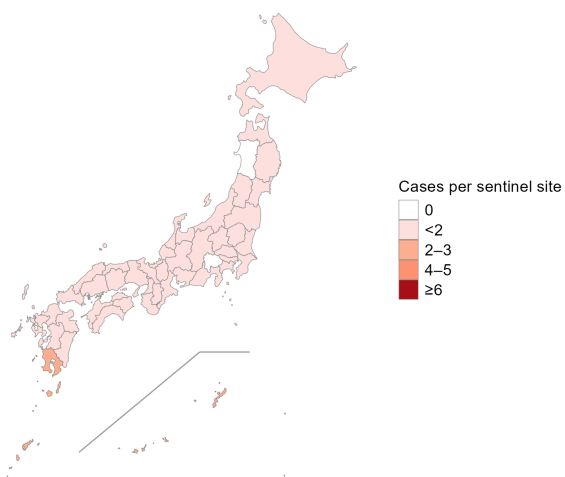
Influenza



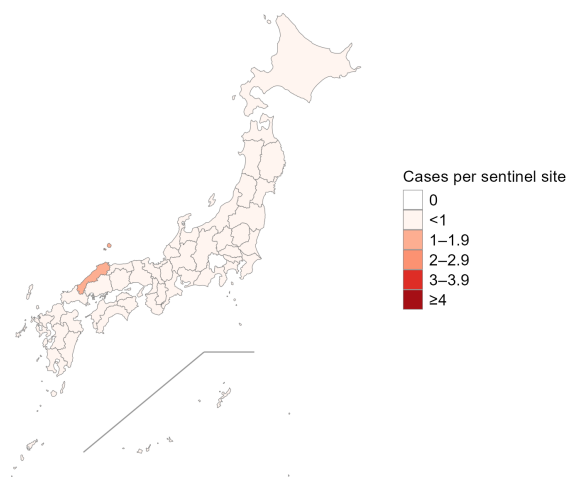
COVID-19



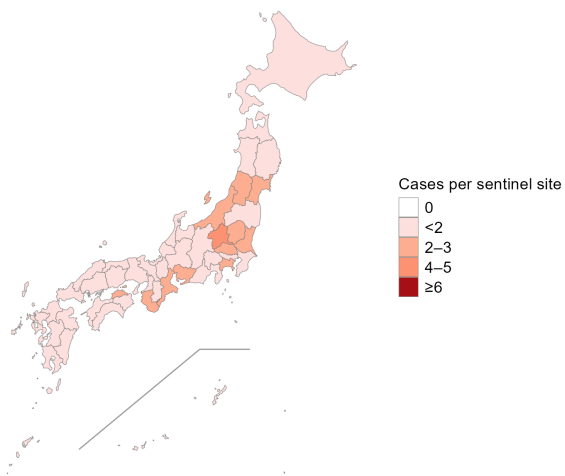
RSV infection



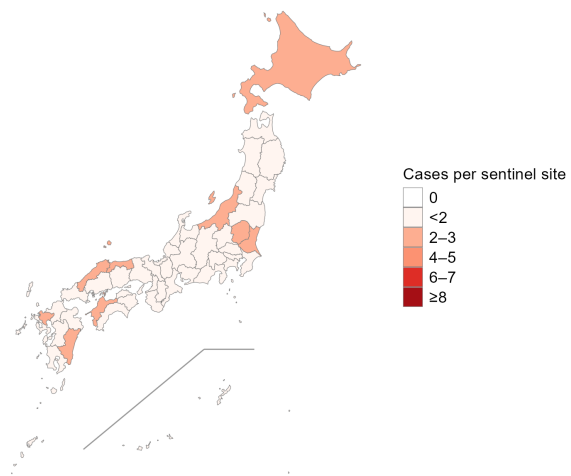
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026
(data range: July 27, 2026 – August 2, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 31

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	5,987	36.28	1.24
Aomori	2,067	39.75	1.09
Iwate	2,502	59.57	1.21
Miyagi	3,008	54.69	1.03
Akita	738	29.52	1.01
Yamagata	2,025	53.29	1.18
Fukushima	2,318	48.29	1.06
Ibaraki	3,469	51.01	1.06
Tochigi	3,020	64.26	1.03
Gunma	3,247	72.16	1.16
Saitama	11,617	66.01	1.03
Chiba	8,750	48.61	1.05
Tokyo	17,914	42.96	1.08
Kanagawa	12,498	52.51	0.99
Niigata	2,326	44.73	1.16
Toyama	2,402	51.11	1.07
Ishikawa	2,335	49.68	1.12
Fukui	1,130	28.97	0.98
Yamanashi	975	27.86	1.07
Nagano	2,615	52.30	1.14
Gifu	1,599	35.53	1.06
Shizuoka	4,395	40.69	1.03
Aichi	9,308	57.10	1.04

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,560	37.65	1.04
Shiga	1,624	41.64	1.01
Kyoto	2,526	40.10	1.04
Osaka	8,533	29.94	1.03
Hyogo	6,614	40.83	1.04
Nara	1,324	31.52	0.98
Wakayama	1,511	33.58	1.05
Tottori	1,209	41.69	1.02
Shimane	932	46.60	1.23
Okayama	2,292	45.84	1.08
Hiroshima	3,574	38.43	1.05
Yamaguchi	3,156	51.74	1.13
Tokushima	949	28.76	0.95
Kagawa	917	39.87	1.09
Ehime	2,138	56.26	0.98
Kochi	1,370	37.03	1.23
Fukuoka	4,805	39.39	0.86
Saga	1,144	47.67	1.02
Nagasaki	2,562	50.24	1.09
Kumamoto	3,094	44.20	0.94
Oita	2,669	46.02	0.99
Miyazaki	1,012	36.14	0.88
Kagoshima	2,632	46.18	1.04
Okinawa	2,028	46.09	1.04

Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: July 27, 2026 – August 2, 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 “-”.

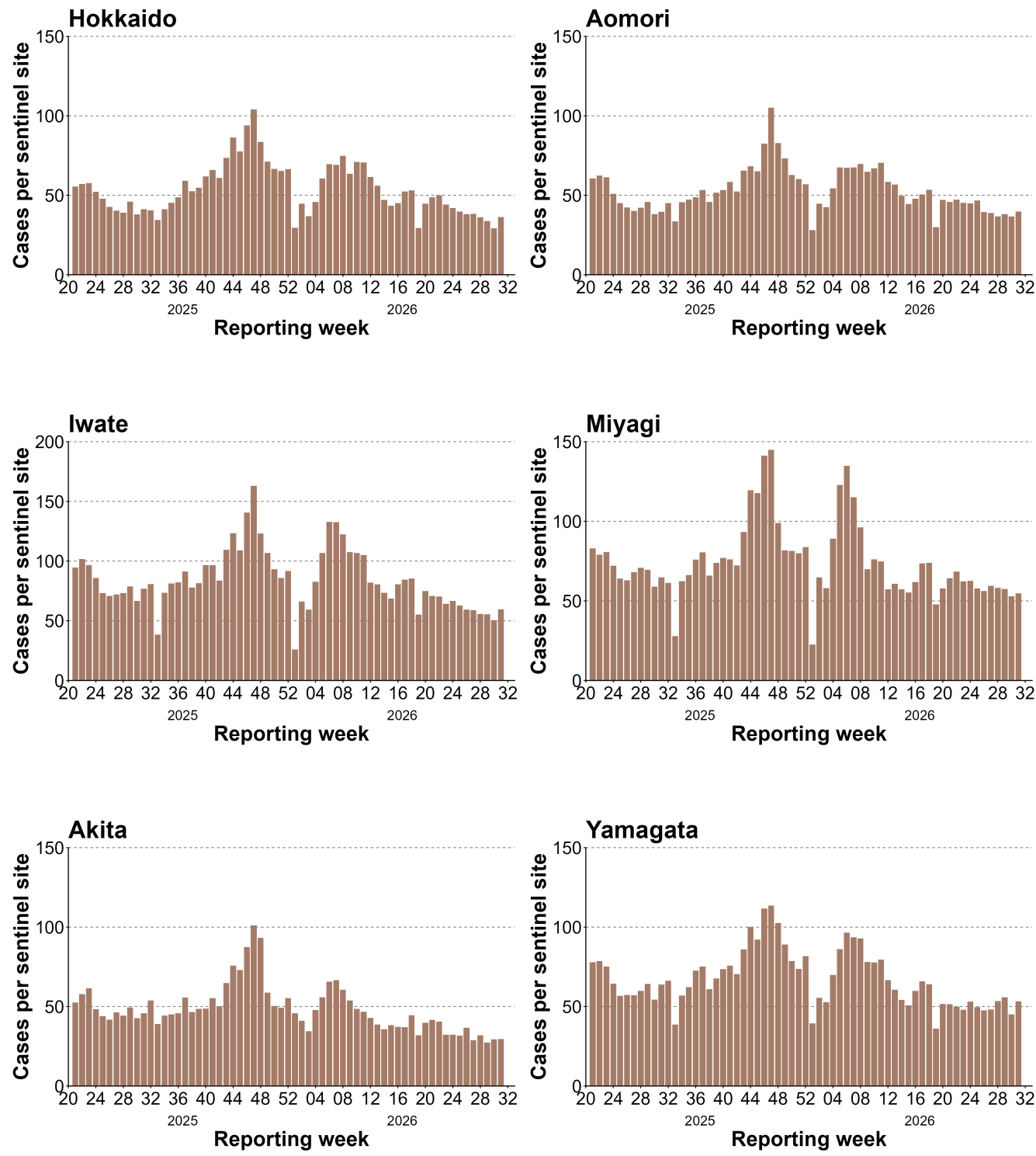
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 31

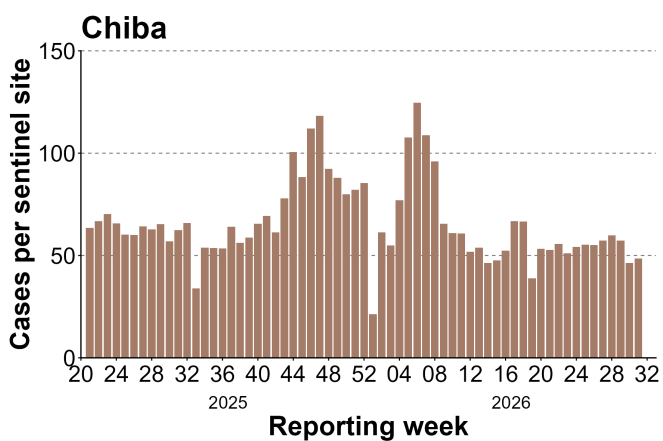
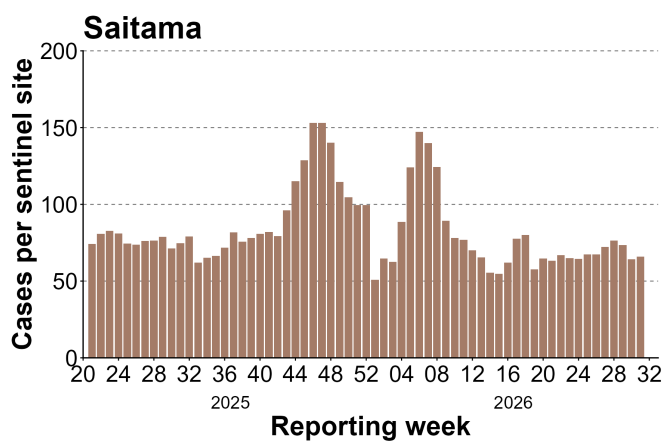
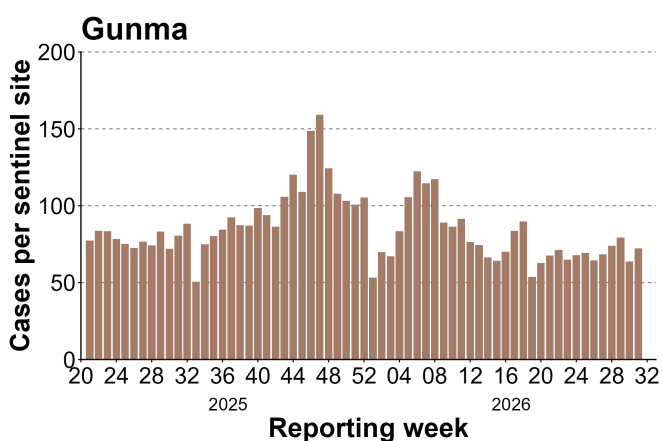
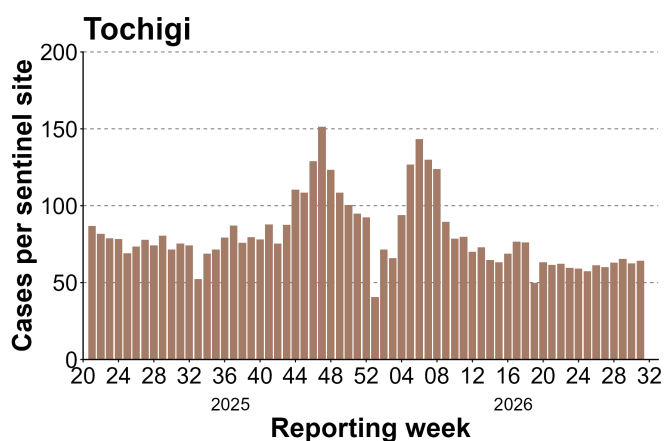
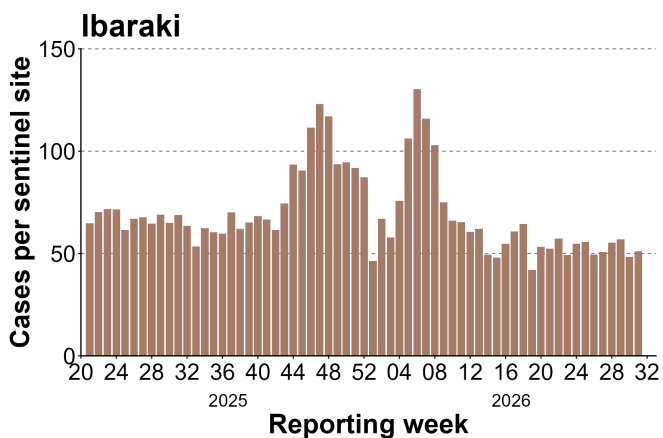
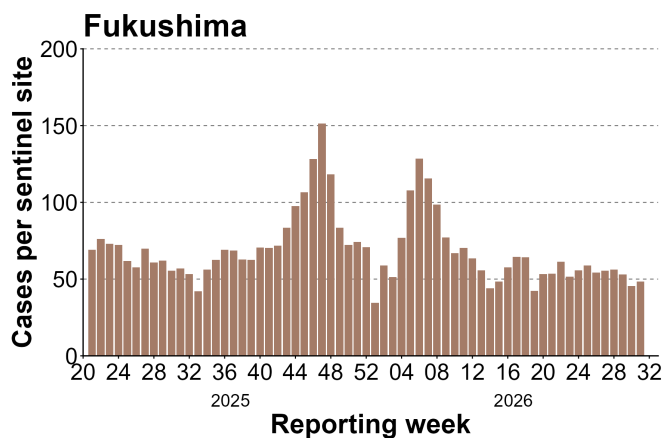
Infectious diseases	Prefectures		
Influenza	Okinawa (2.20)	Aomori (1.52)	Saitama (0.89)
COVID-19	Shimane (6.30)	Yamaguchi (6.00)	Ehime (5.53)
RSV infection	Okinawa (3.54)	Kagoshima (2.19)	Fukuoka (1.56)
Pharyngoconjunctival fever	Shimane (1.00)	Kyoto (0.62)	Fukuoka (0.60)
Herpangina	Gunma (5.04)	Yamagata (3.73)	Mie (2.93)
Group A streptococcal pharyngitis	Ehime (3.33)	Shimane (3.27)	Tottori (3.05)

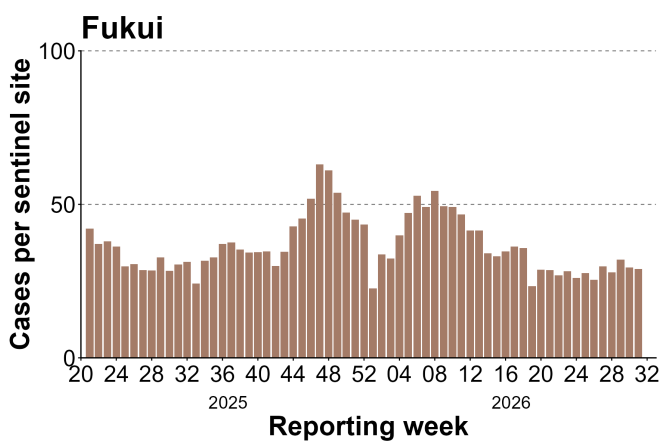
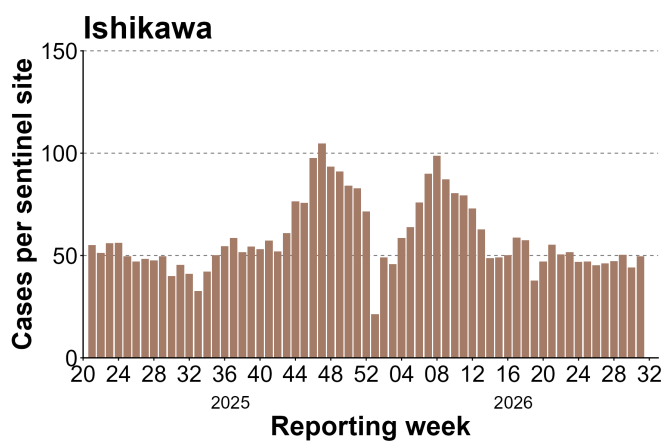
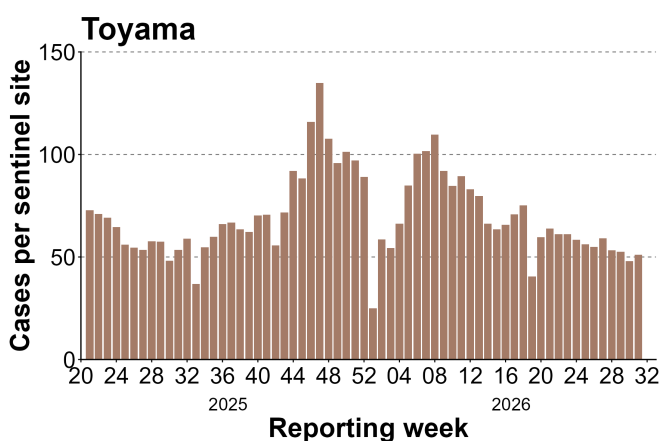
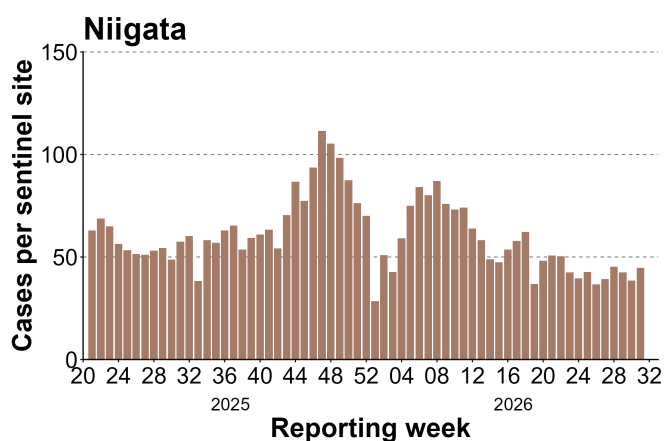
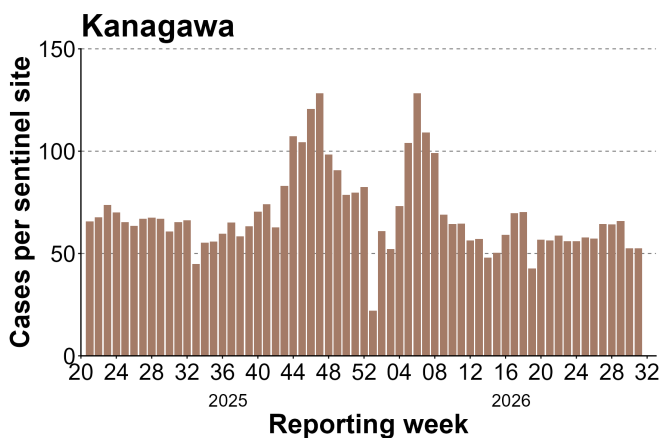
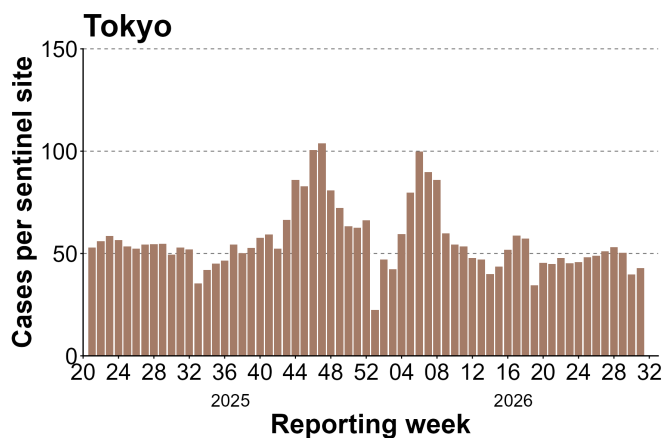
Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: July 27, 2026 – August 2, 2026)

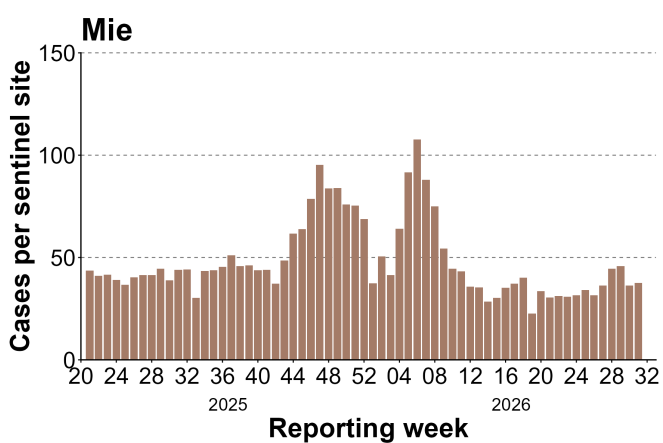
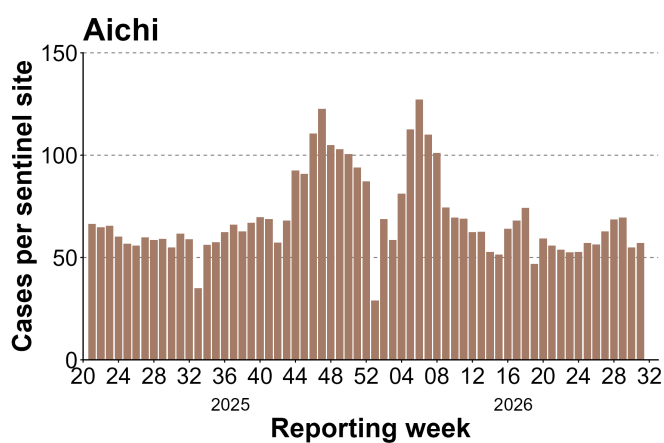
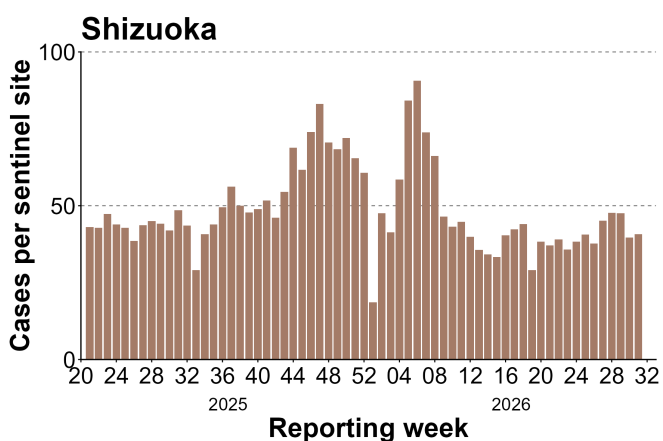
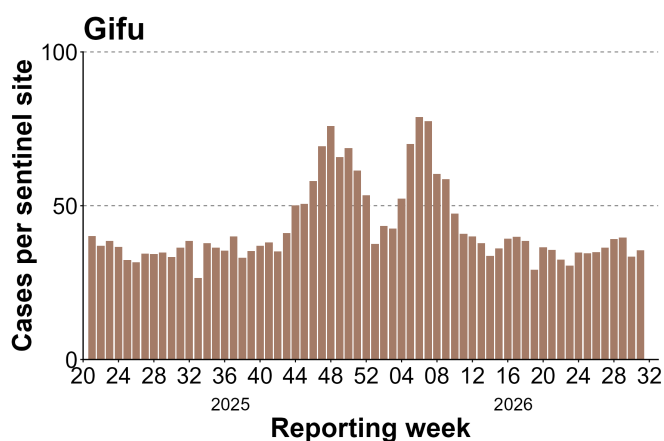
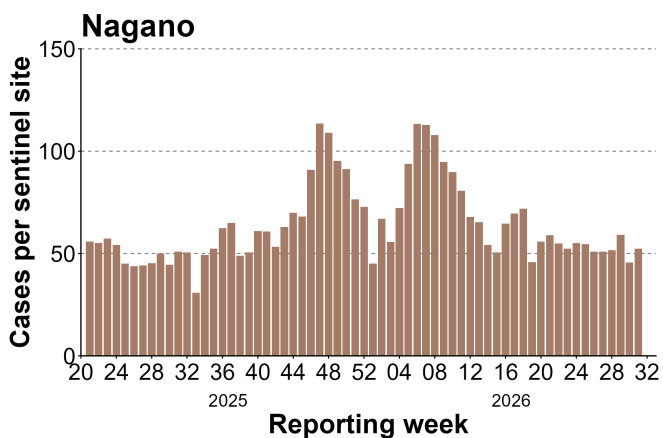
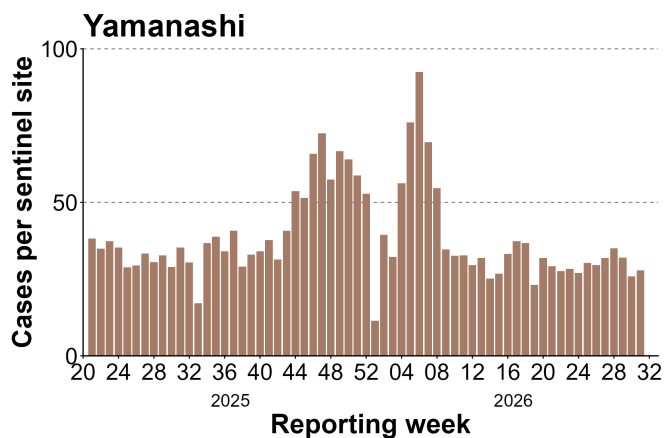
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

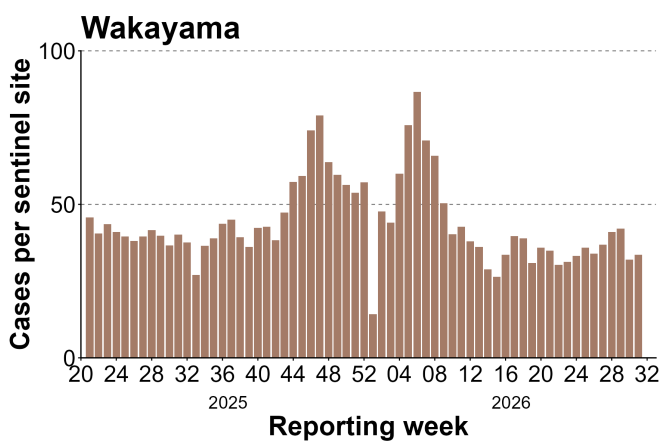
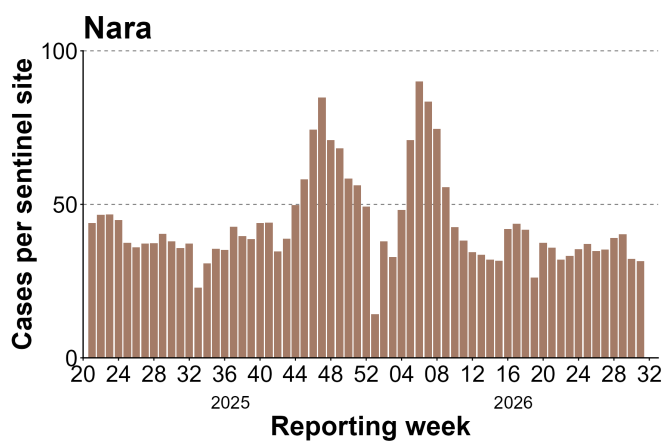
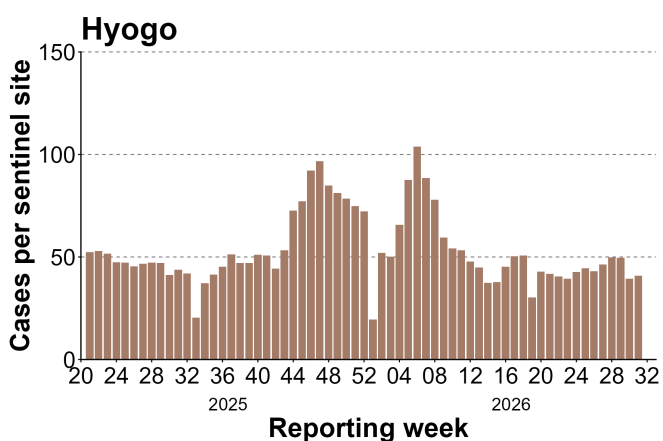
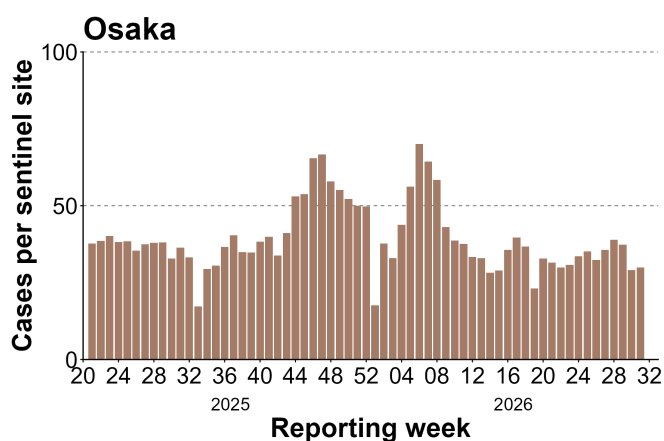
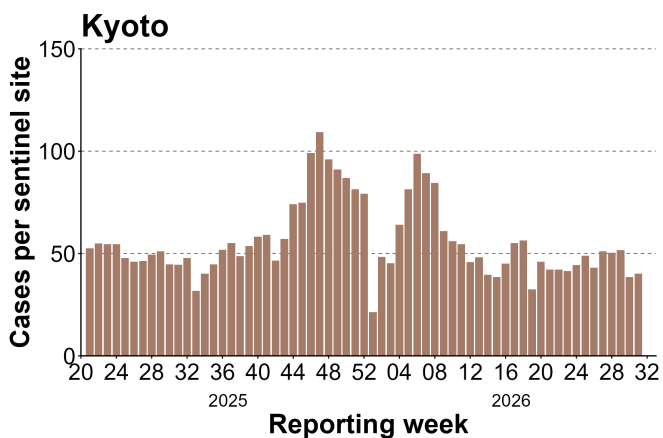
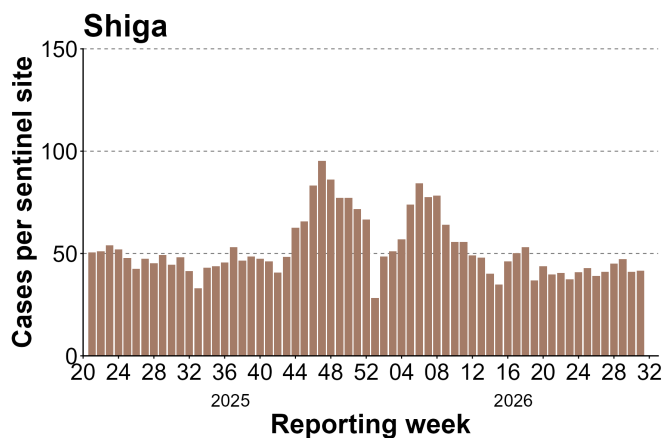
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

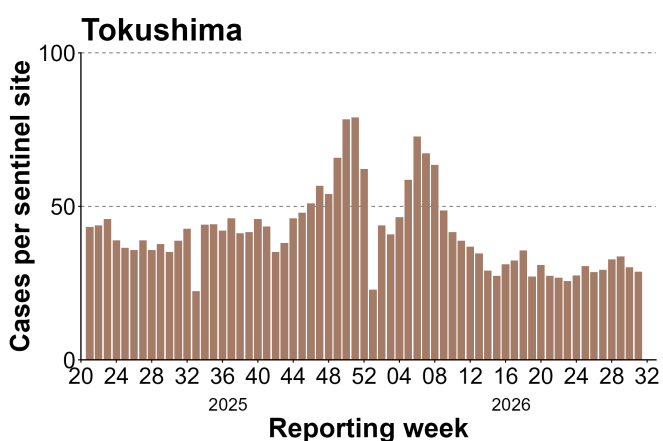
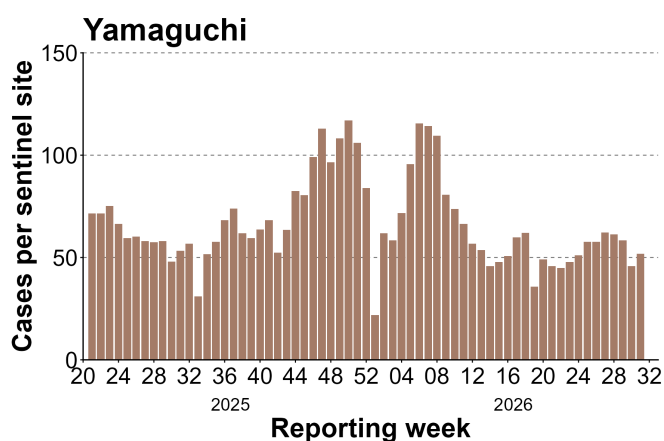
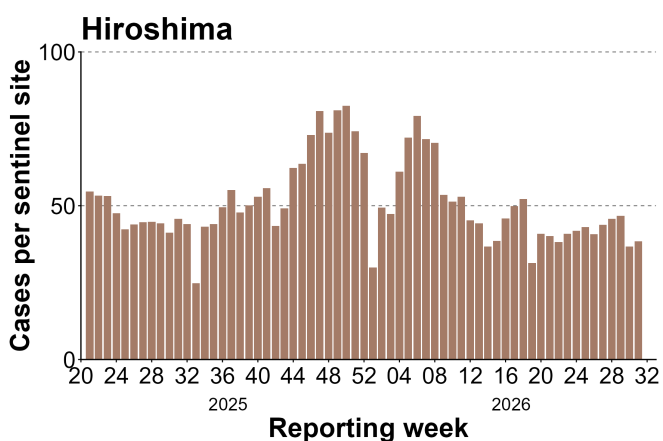
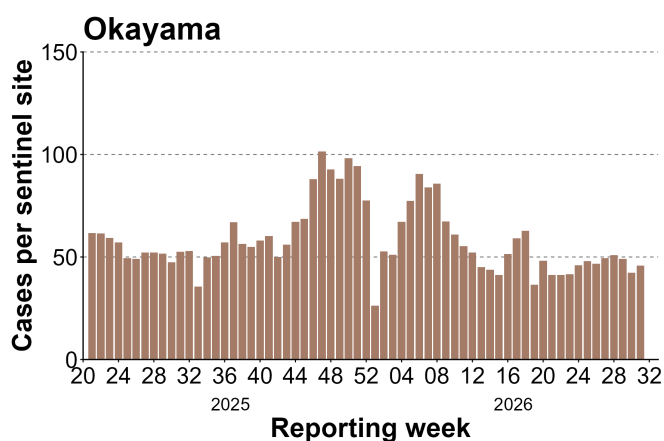
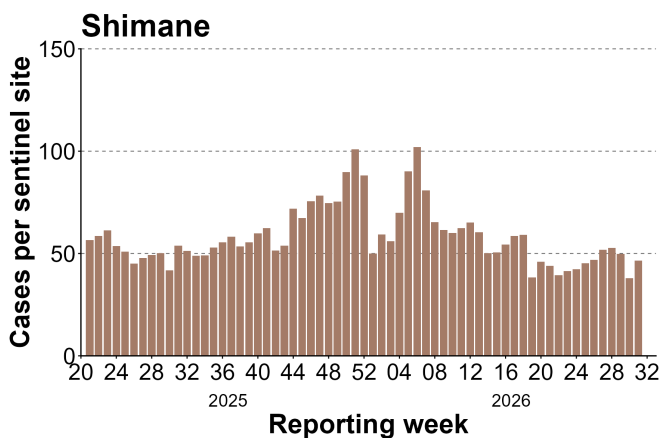
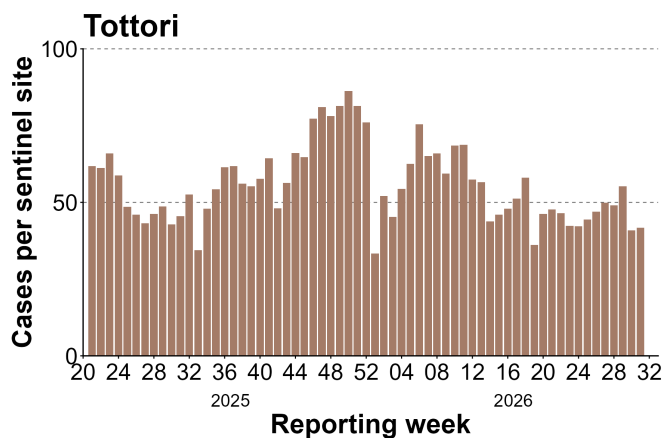


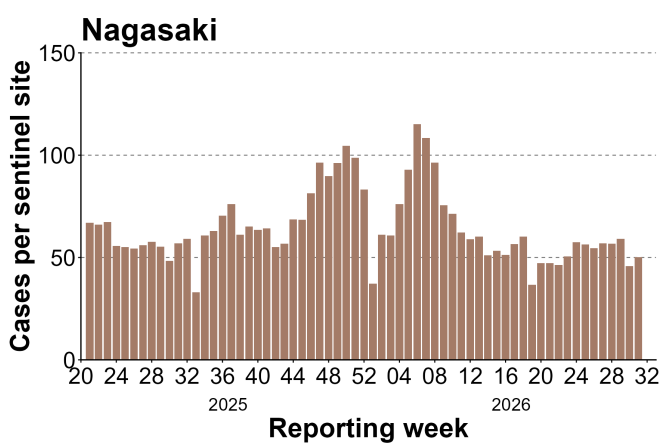
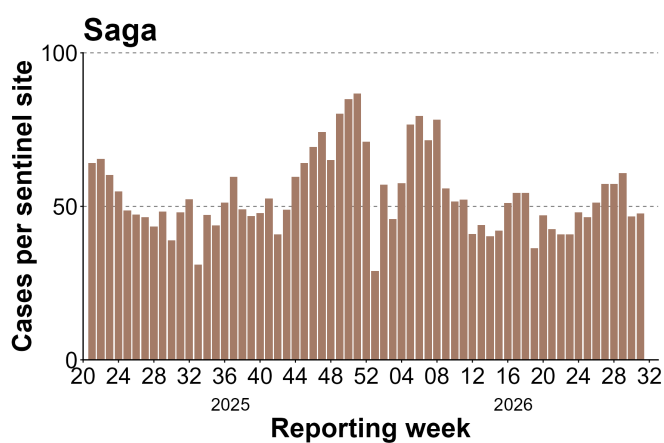
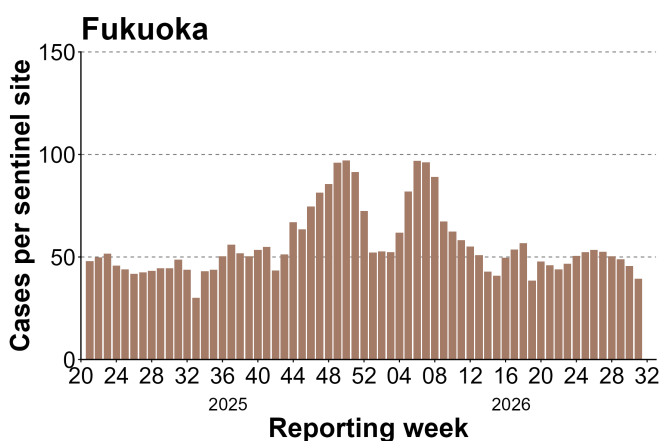
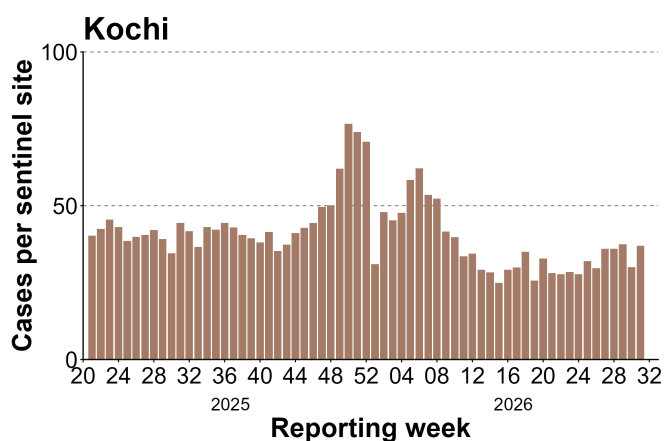
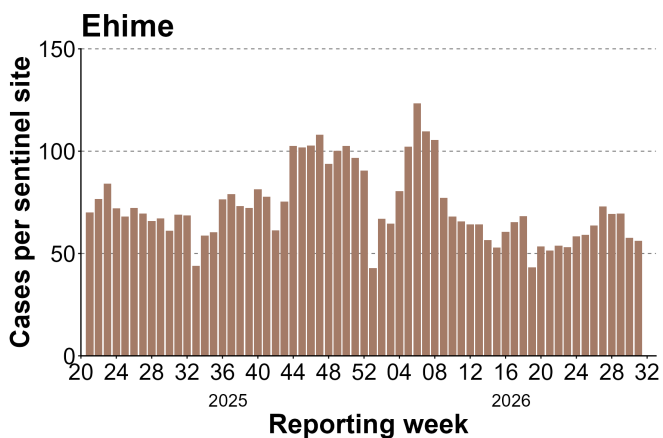
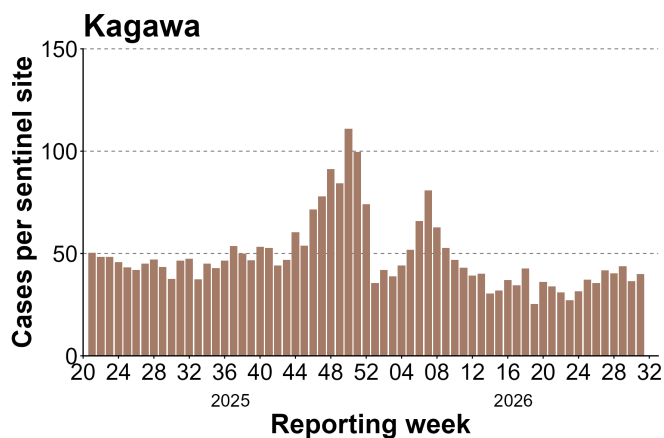


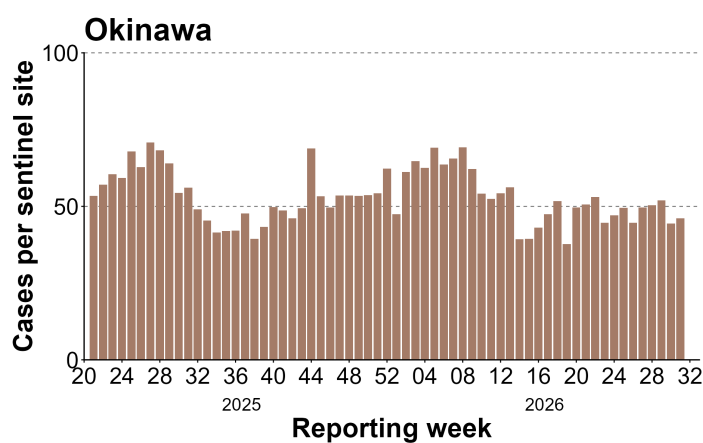
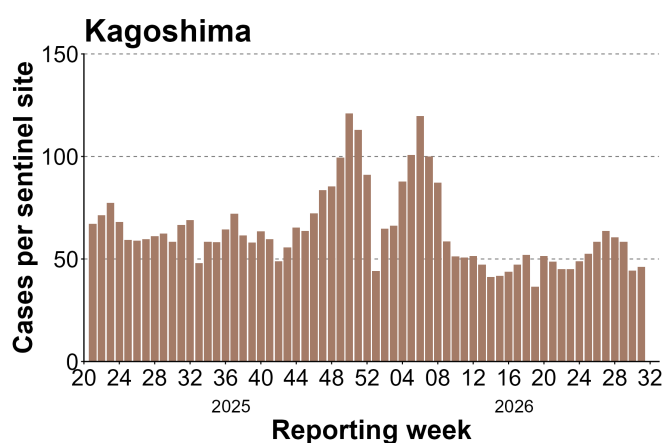
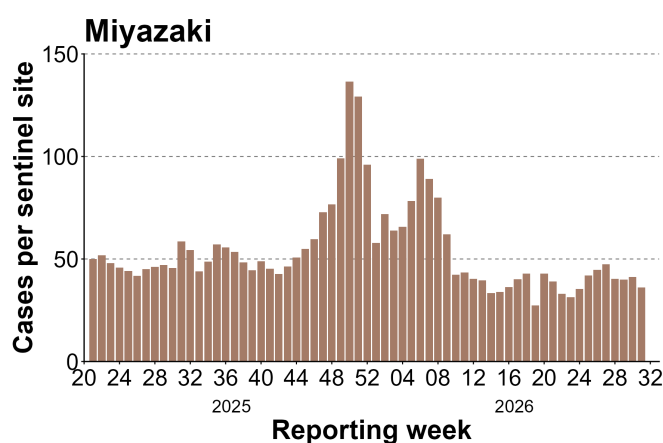
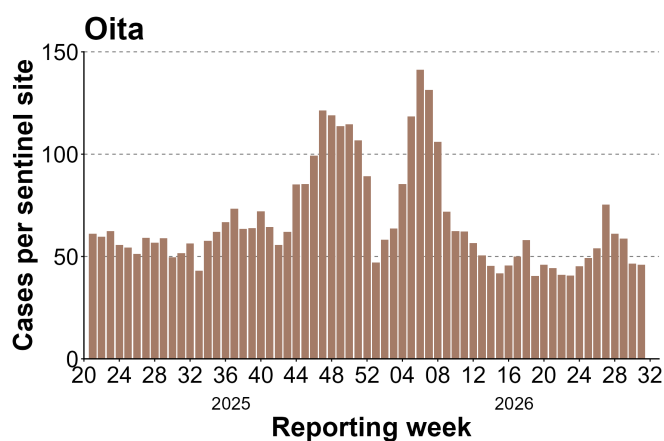
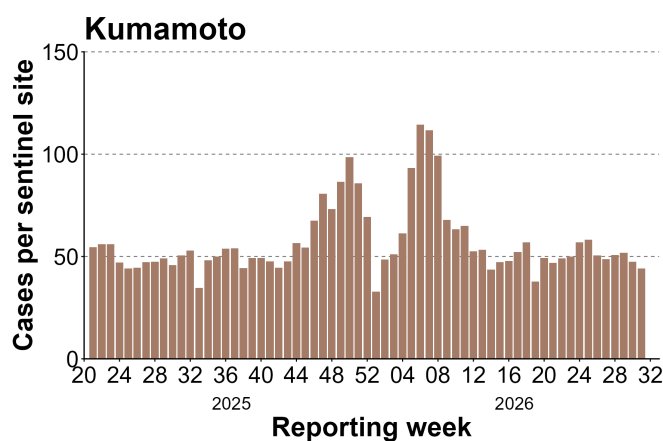












Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026
(data range: May 12, 2025 – August 2, 2026)

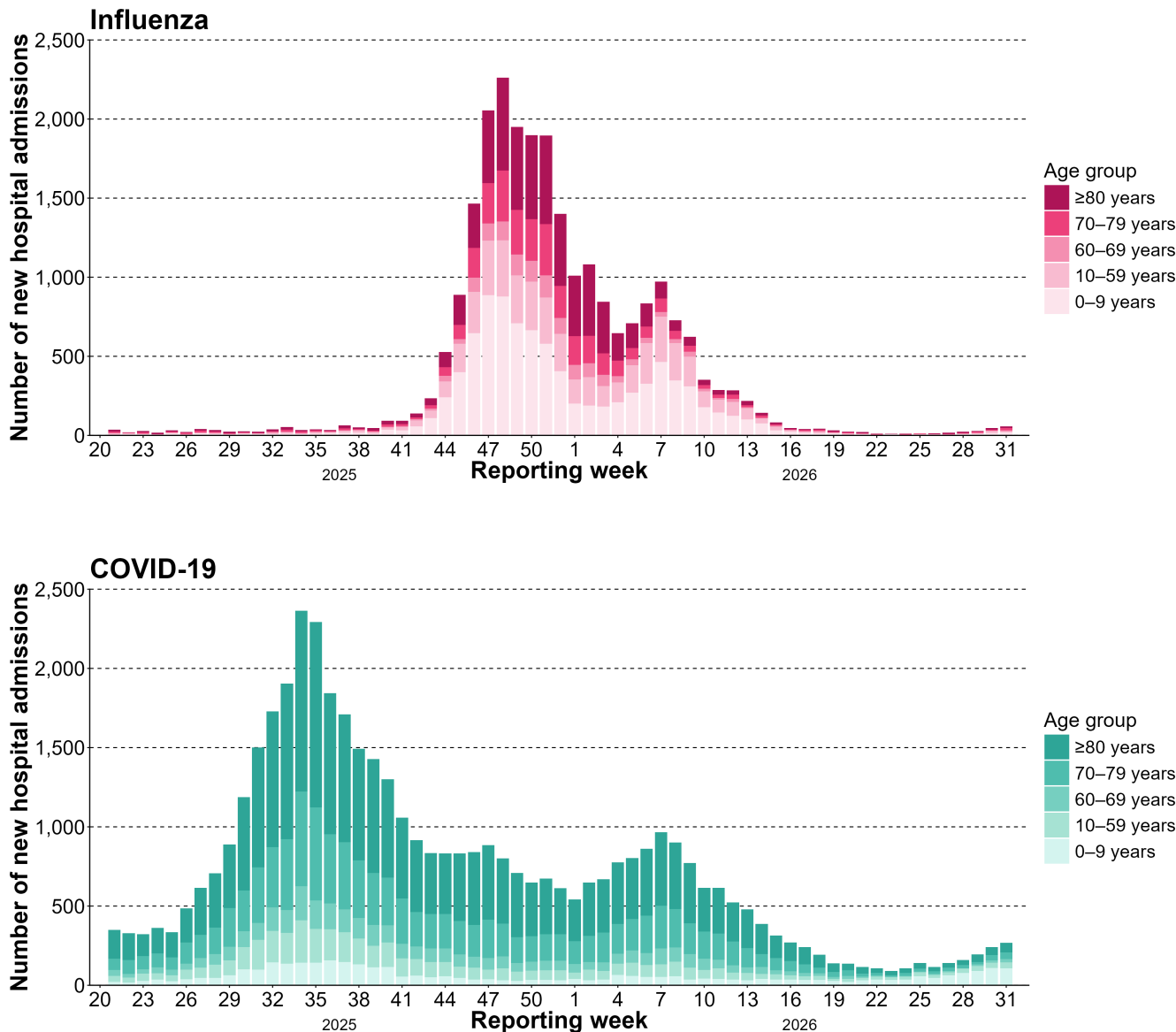
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 31 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 57 new hospital admissions due to influenza were reported, representing an increase of 10 cases compared with the previous week. 268 new hospital admissions due to COVID-19 were reported, representing an increase of 27 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 August 5, 2026 (data range: May 12, 2025 – August 2, 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 31

Age group	Influenza	COVID-19
0–9 years	20 (1.33)	107 (0.98)
10–59 years	6 (0.46)	38 (1.15)
60–69 years	7 (7.00)	20 (1.33)
70–79 years	13 (1.62)	43 (1.26)
≥80 years	11 (1.10)	60 (1.20)
Total	57 (1.21)	268 (1.11)

Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: July 27, 2026 – August 2, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

Among specimens collected at ARI pathogen sentinel sites in week 31 of 2026 and reported by the time of analysis, a total of 93 specimens were reported. Of these, no specimens were positive for influenza A virus or influenza B virus, 8 specimens were positive for SARS-CoV-2, and 3 specimens were positive for RSV (Figure 6).

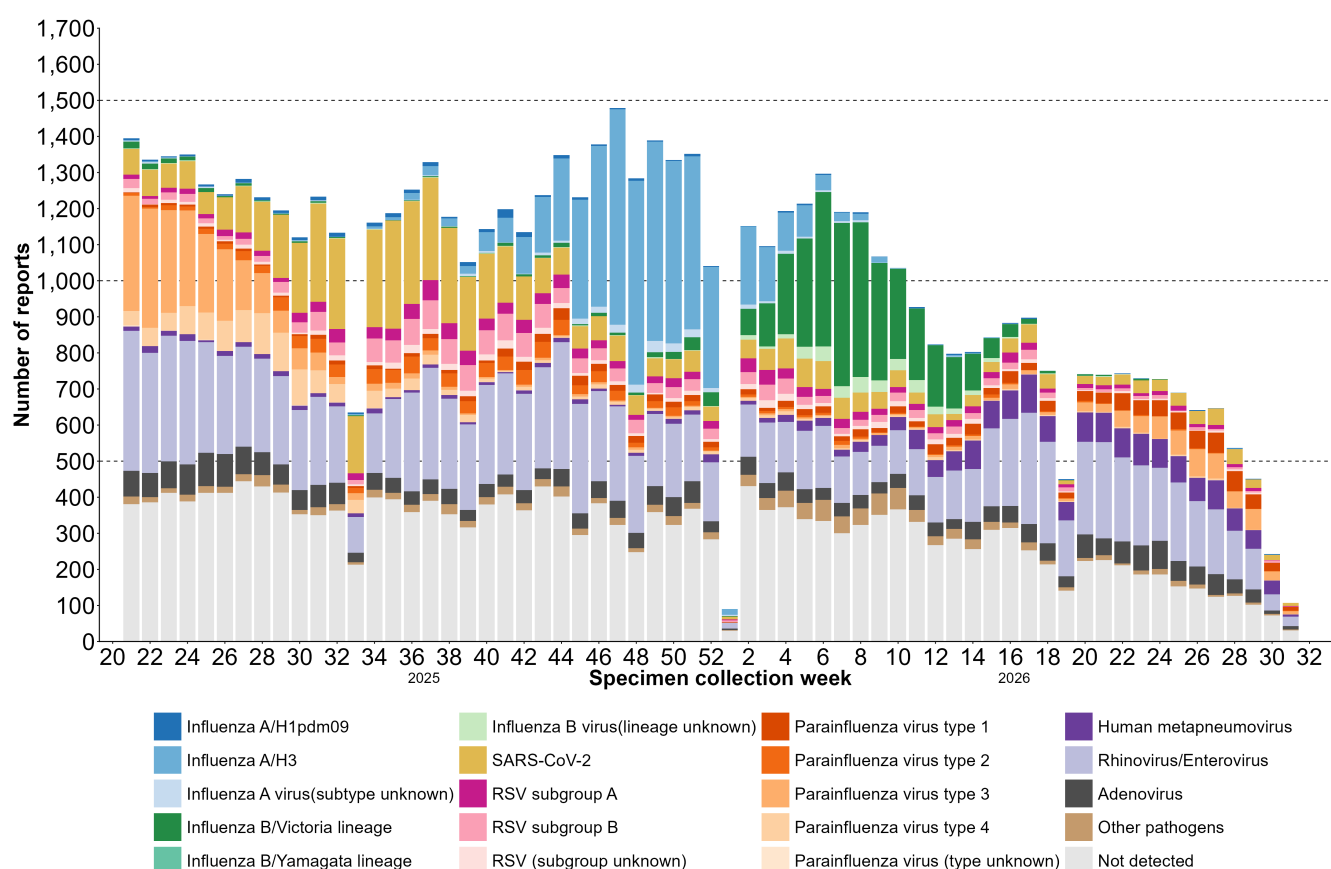
The pathogen-specific test positivity was 0.0% for influenza A virus and influenza B virus, 3.2% for RSV, and 8.6% for SARS-CoV-2 (Figure 7).

Specimens collected in week 26 (June 22–28) 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 31, 2 specimens of rhinovirus/enterovirus, 1 specimen of human metapneumovirus, 1 specimen of parainfluenza virus type 1, and 1 specimen of SARS-CoV-2 were reported.

As of August 5, 2026, the number of pathogens reported, the number of tests, positive cases, and positivity by pathogen in June 2026 are shown in Supplementary information 3A, 3B, and 3C. There were 1,909 specimens in which a pathogen was detected and 756 specimens in which no pathogen was detected. The most frequently detected pathogen was Rhinovirus/Enterovirus, with 948 positive cases.

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



Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: May 12, 2025 – August 2, 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.

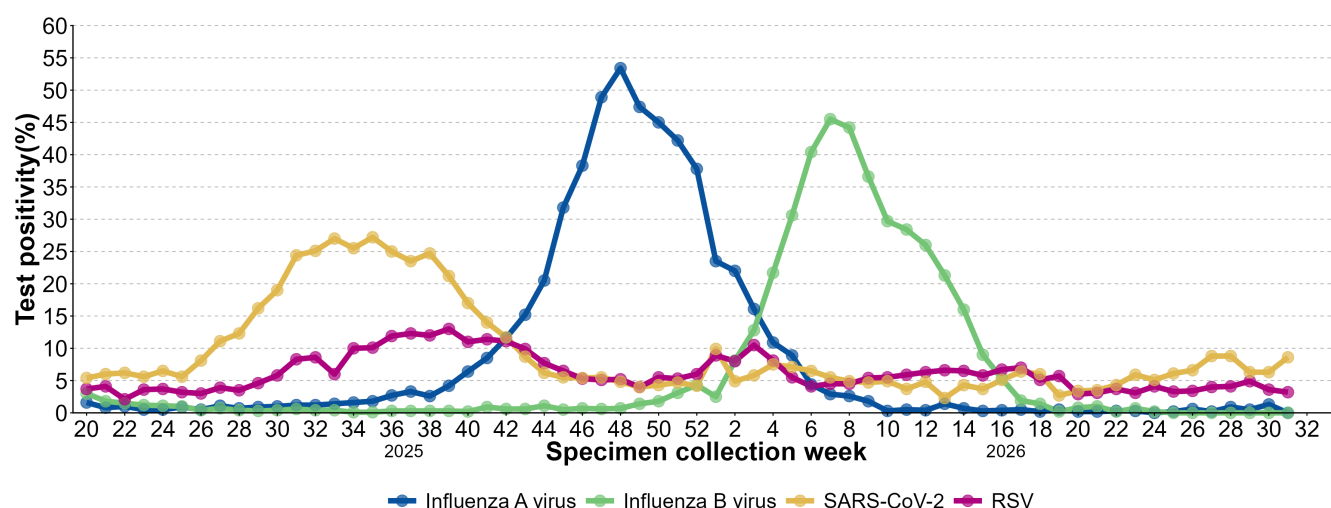
When multiple pathogens are detected from a single specimen, all detected pathogens are counted.

“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

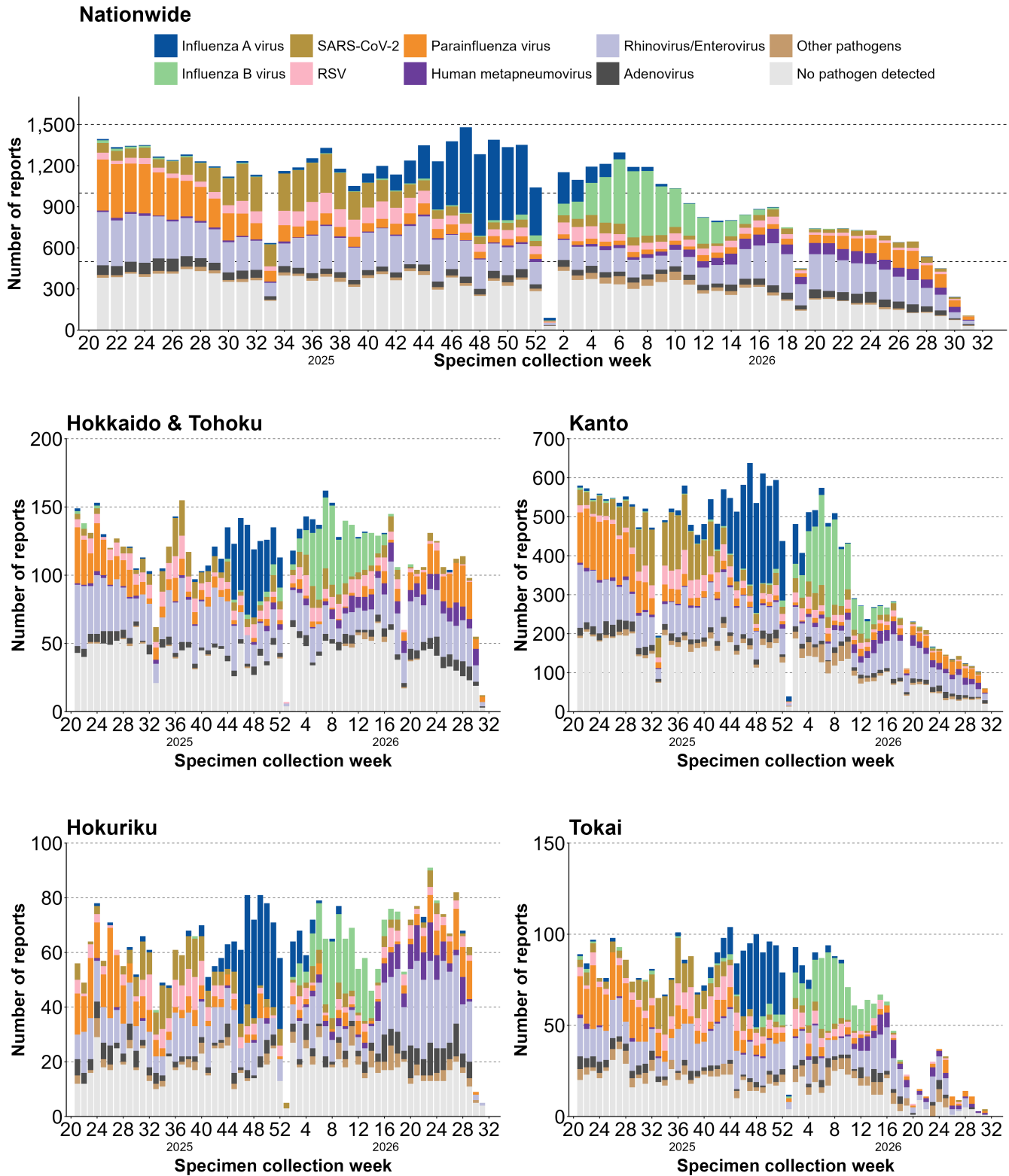


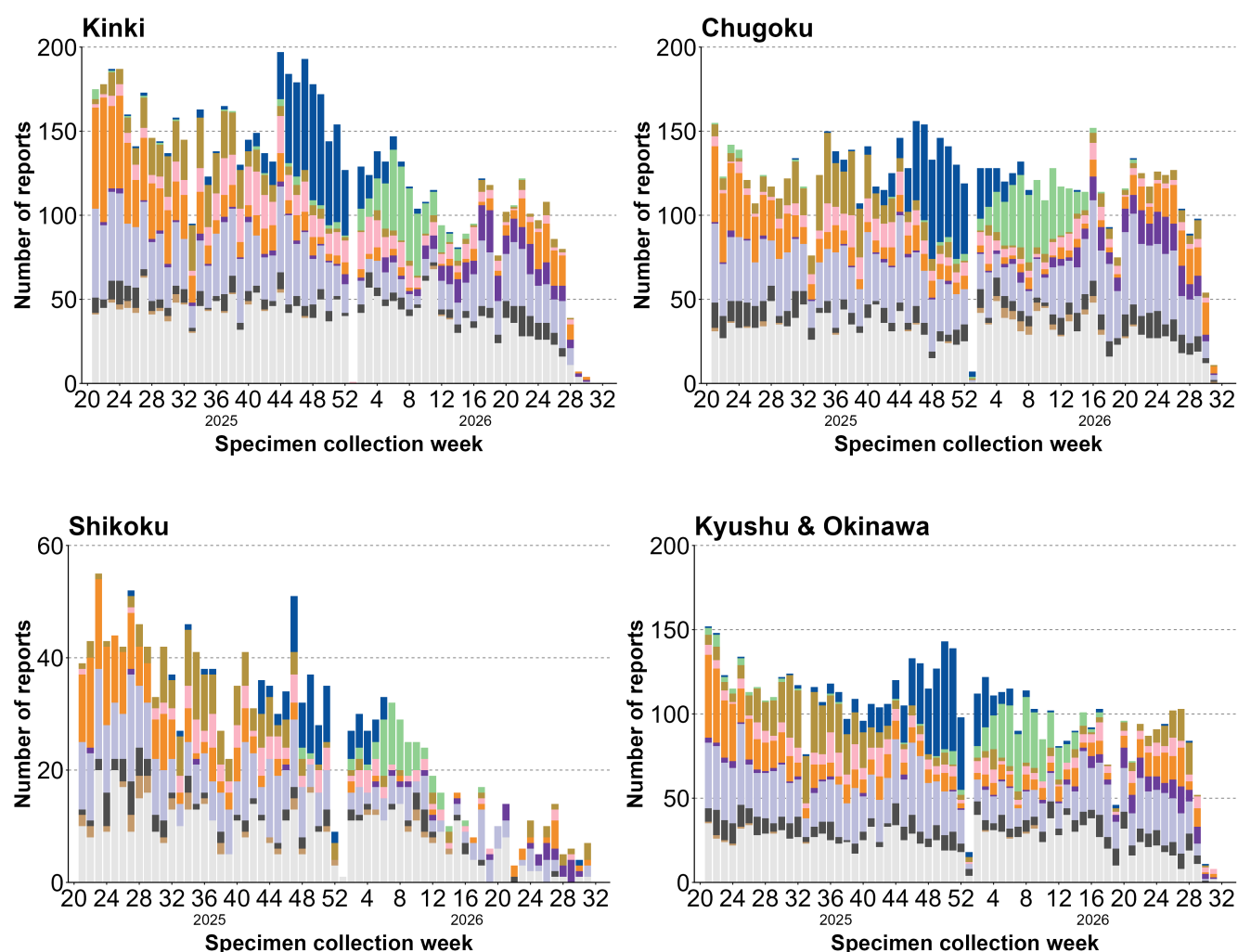
Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: May 12, 2025 – August 2, 2026).

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 August 5, 2026 (data range: May 12, 2025 – August 2, 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 26 (June 22–28)

Region	Number of specimens	Most frequently detected pathogen
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Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	92	Parainfluenza virus
Kanto	113	Rhinovirus/Enterovirus
Hokuriku	58	Rhinovirus/Enterovirus
Tokai	10	Parainfluenza virus
Kinki	77	Parainfluenza virus
Chugoku	91	Rhinovirus/Enterovirus
Shikoku	8	Rhinovirus/Enterovirus
Kyushu & Okinawa	78	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of August 5, 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

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- 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
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 - RSV infection
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 - Pharyngoconjunctival fever
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<https://id-info.jihs.go.jp/relevant-information/covid-19/variants/index.html>
- Infectious Disease Genomic Surveillance at Entry [Japanese]
https://www.mhlw.go.jp/stf/newpage_54515.html
- Report on Infectious Disease Genomic Surveillance at Entry (PDF: 1.9 MB) [Japanese]

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 26	Week 27	Week 28	Week 29	Week 30	Week 31
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	0	1	0	1	0	1
RSV	1	1	2	2	0	0
Parainfluenza virus type 1	4	0	1	1	1	1
Parainfluenza virus type 2	0	0	0	1	0	0
Parainfluenza virus type 3	0	1	1	1	0	0
Parainfluenza virus type 4	0	0	1	0	0	0
Parainfluenza virus (type unknown)	0	1	5	3	0	0
Rhinovirus/Enterovirus	4	7	7	8	0	2
Human metapneumovirus	1	2	2	3	1	1
Adenovirus	0	2	1	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

Pathogen	Week 26	Week 27	Week 28	Week 29	Week 30	Week 31
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	1	1	0	1	0	0

Source: Infectious Disease Surveillance in Japan; data as of August 5, 2026 (data range: June 22, 2026 to August 2, 2026)

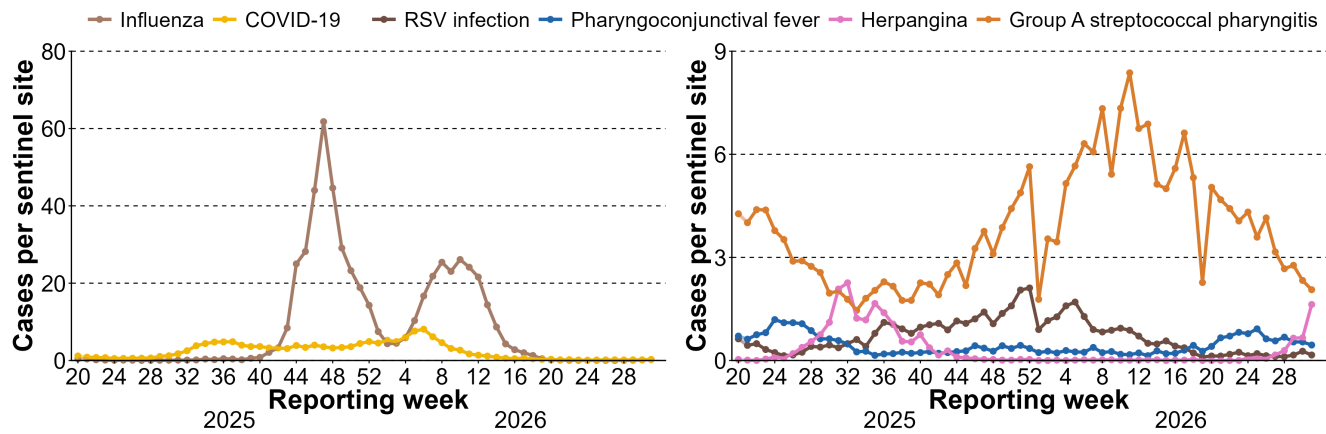
Note: As reporting is based on voluntary participation by medical institutions, the number of reported cases should be interpreted as reference values. A total of 15 medical institutions participated between weeks 26–31.

Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.

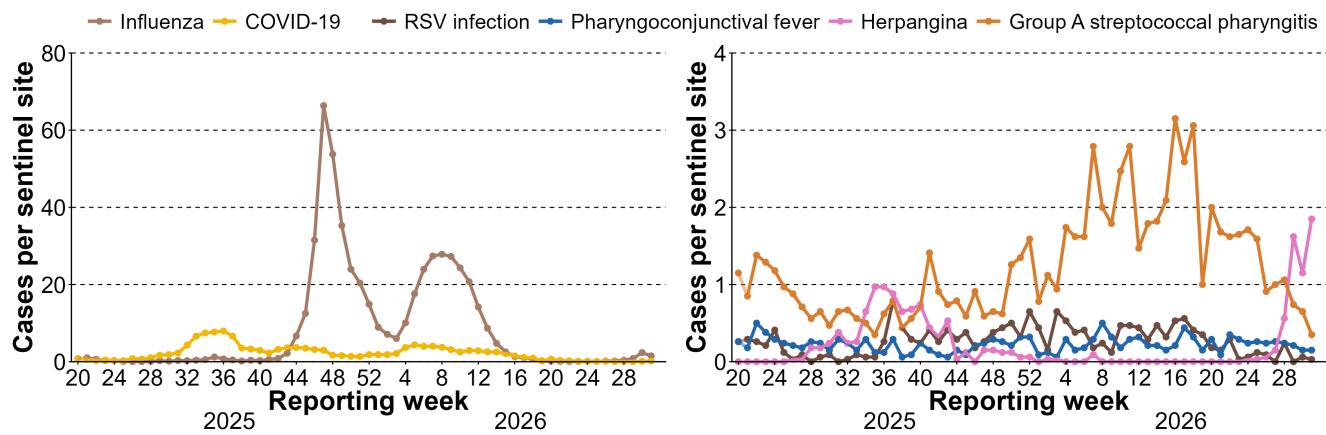
Records labeled only as “cov” or “flu” are excluded from this table.

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

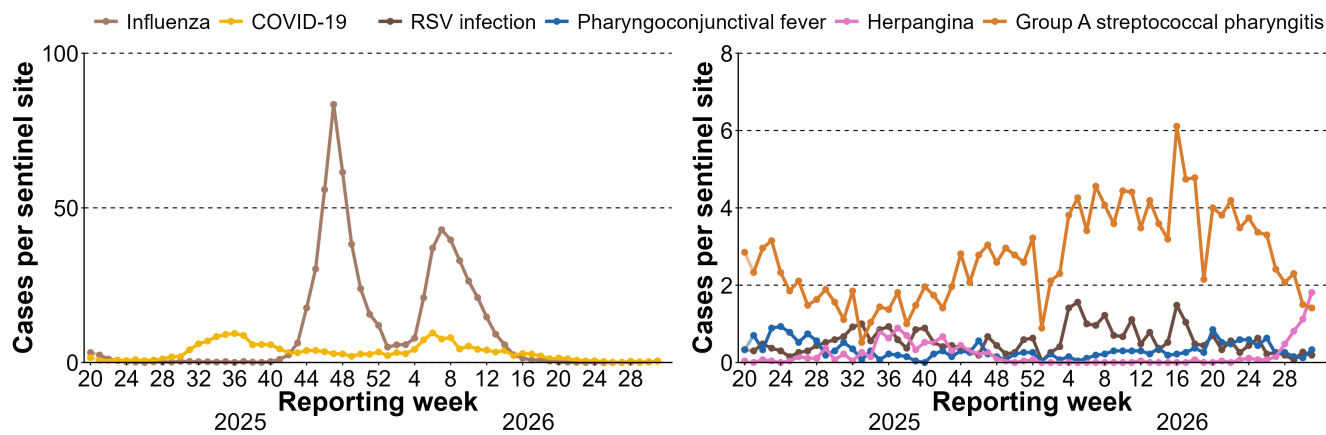
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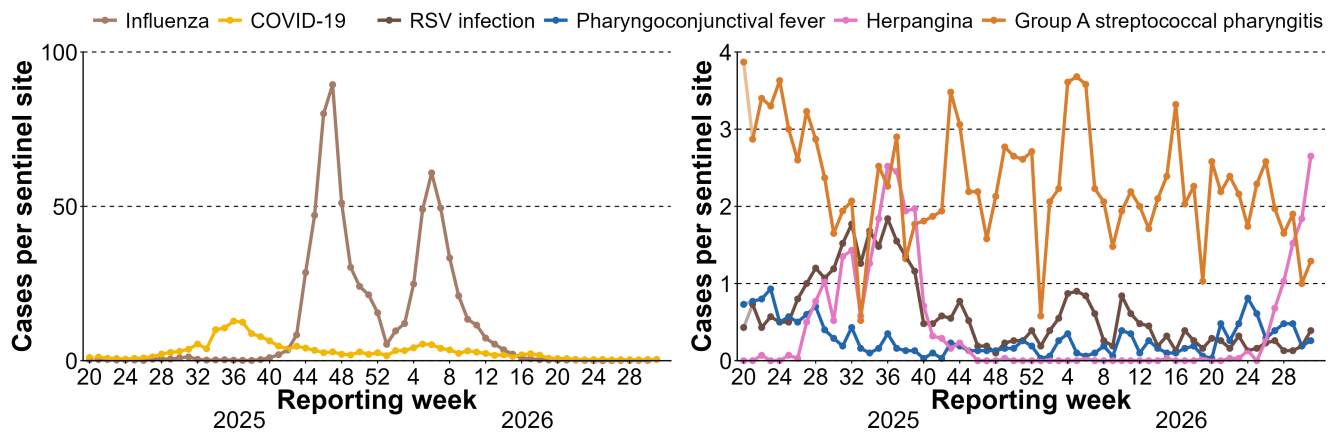
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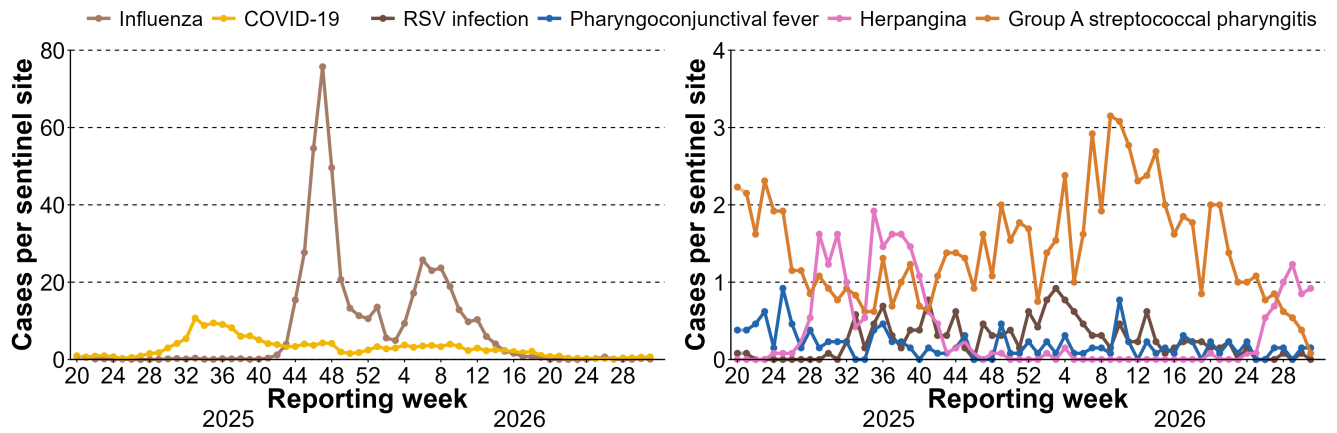
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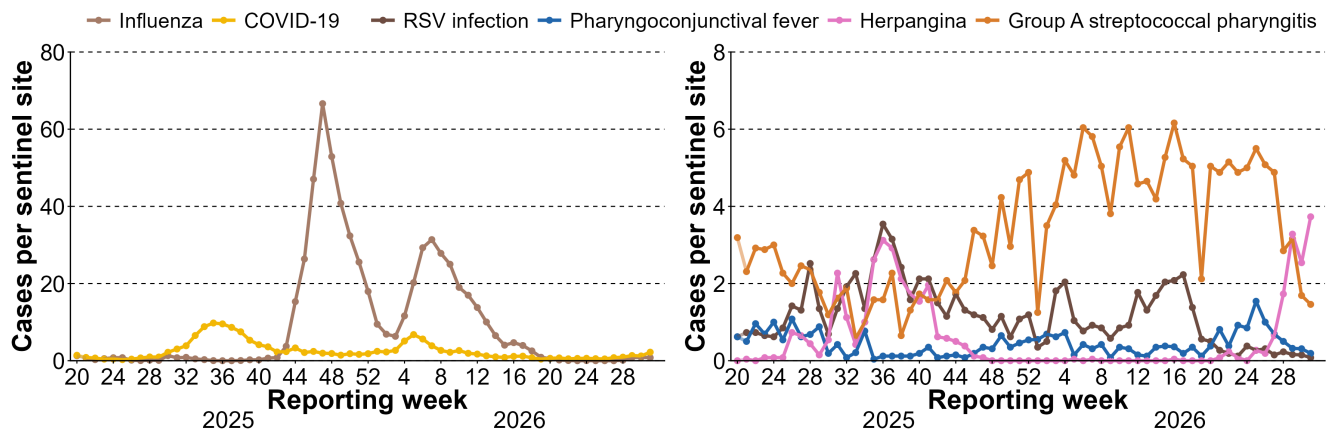
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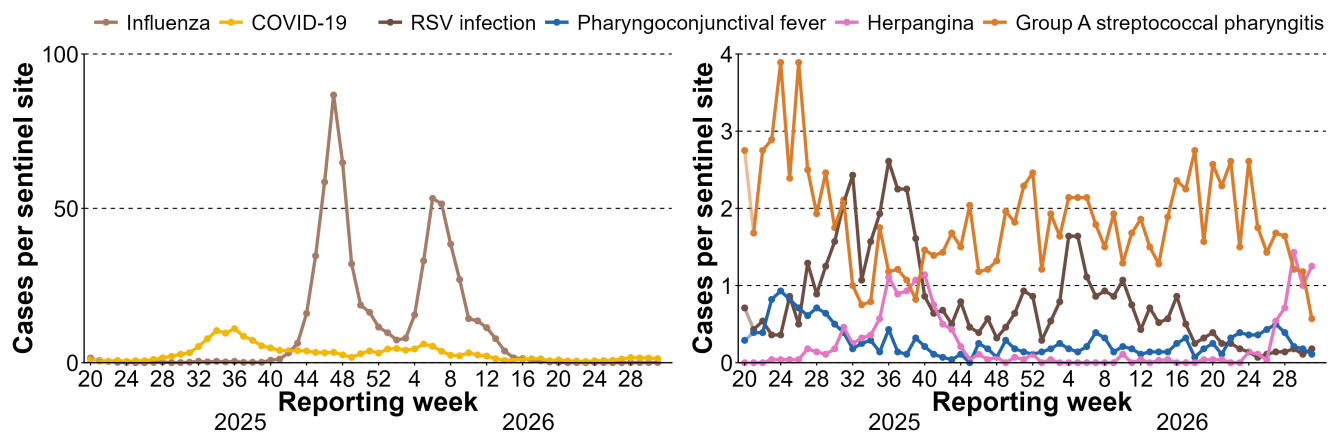
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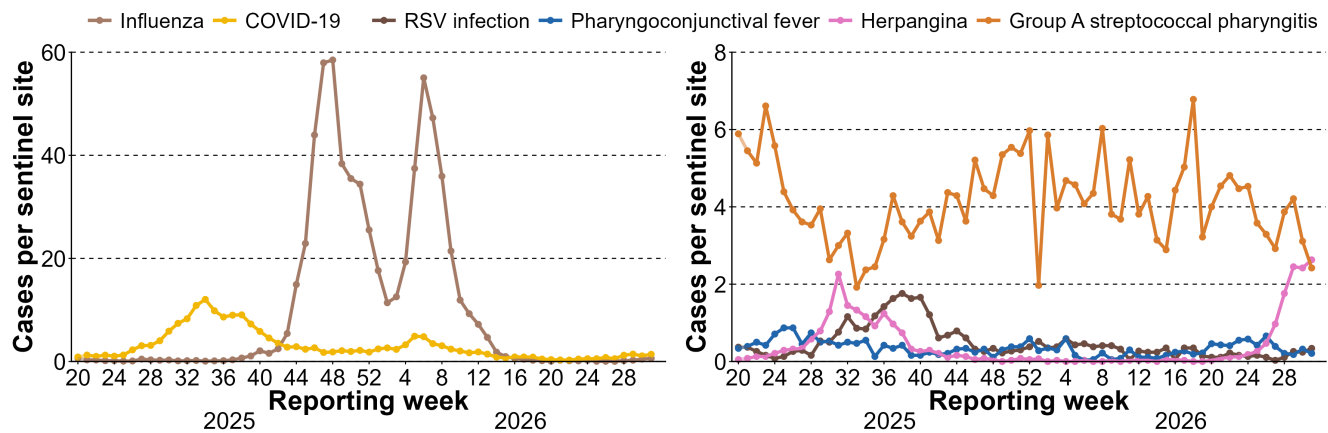
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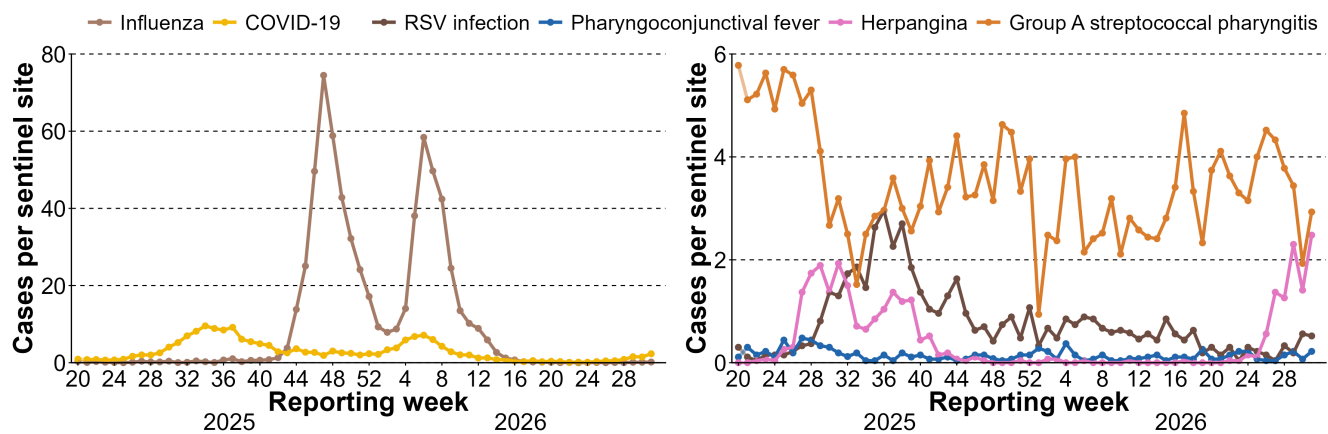
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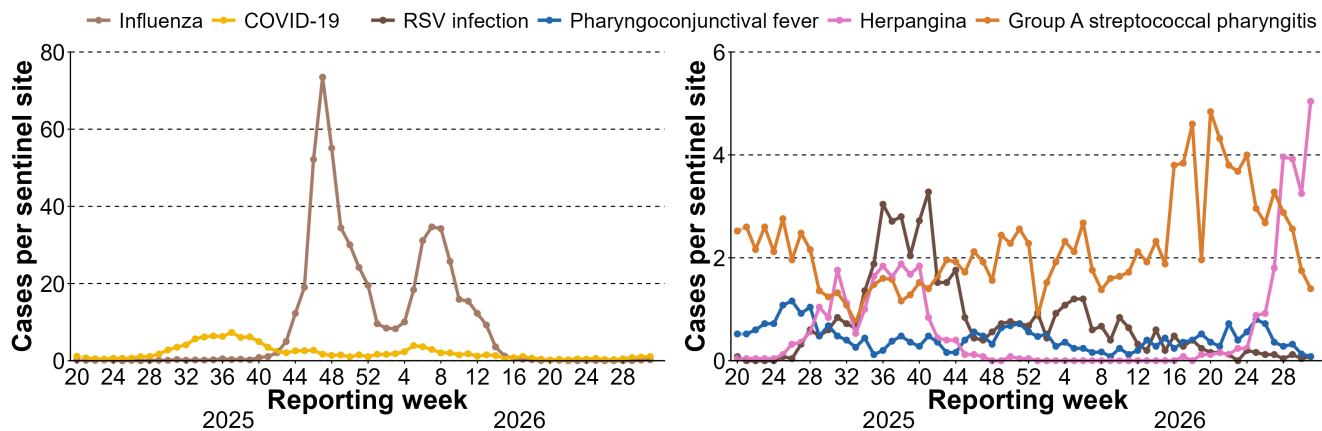
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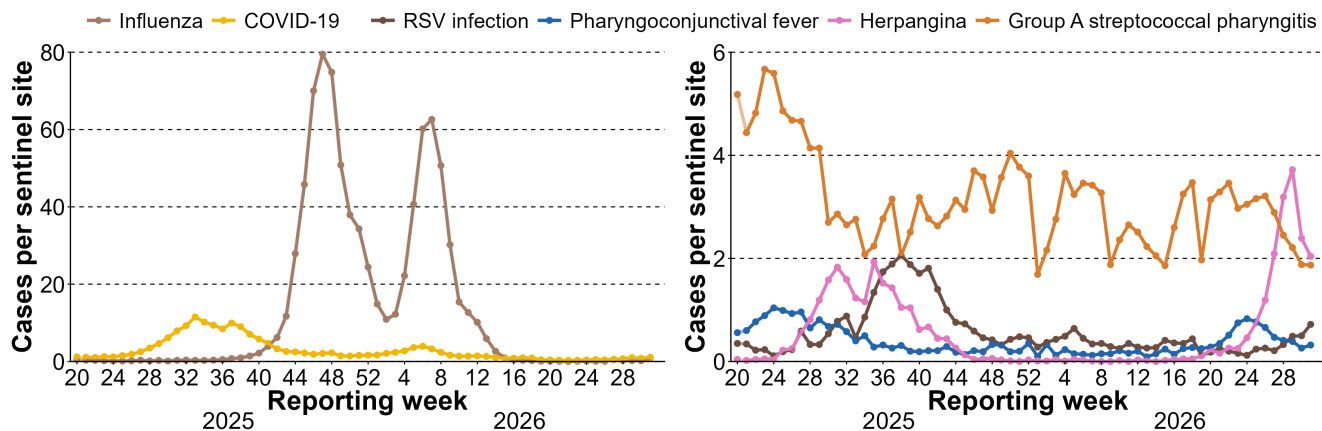
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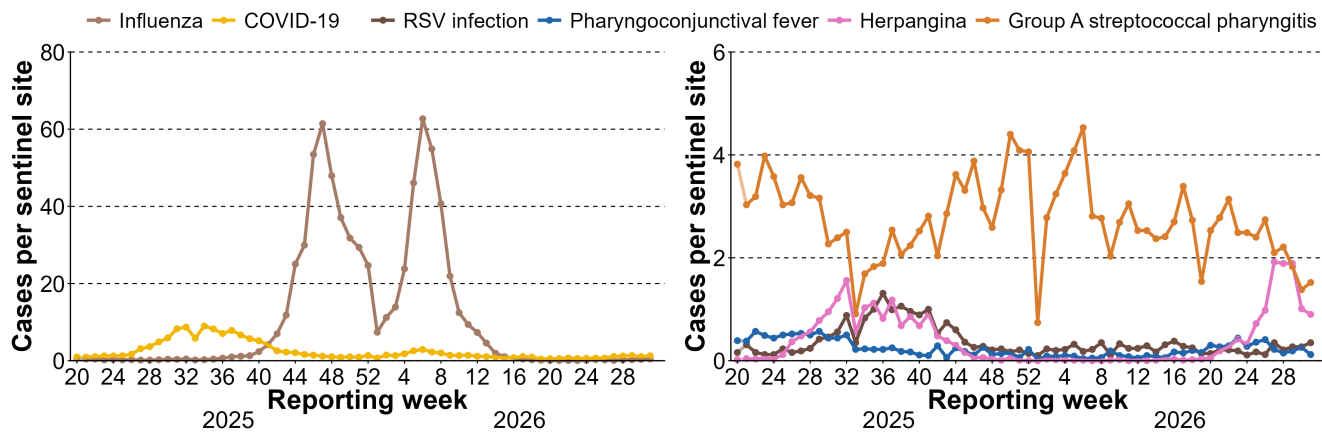
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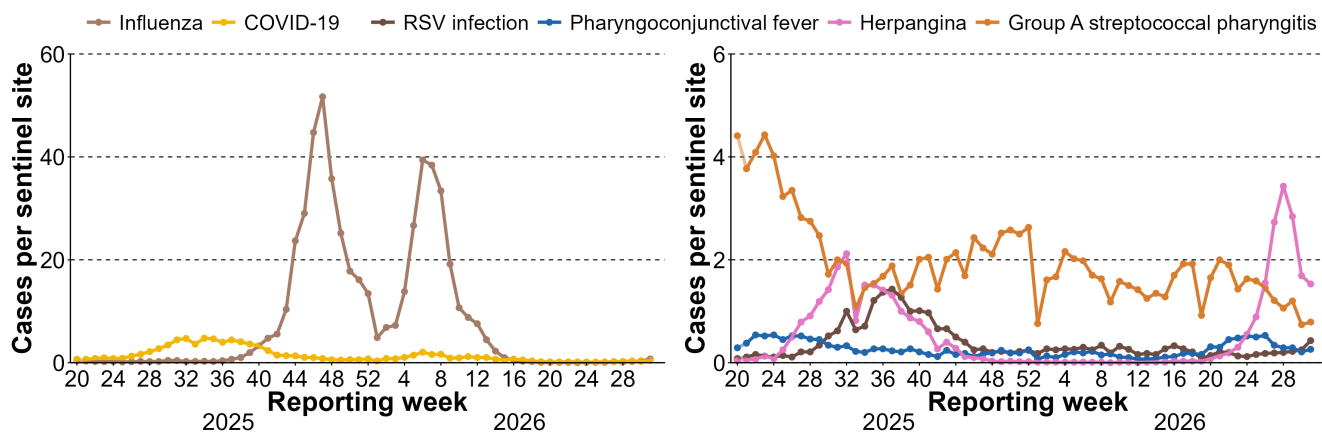
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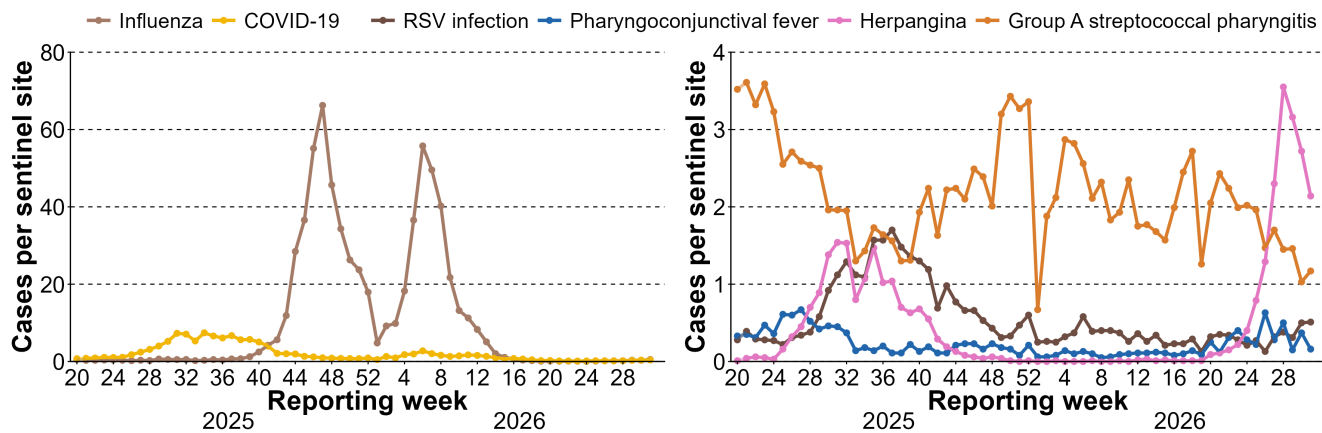
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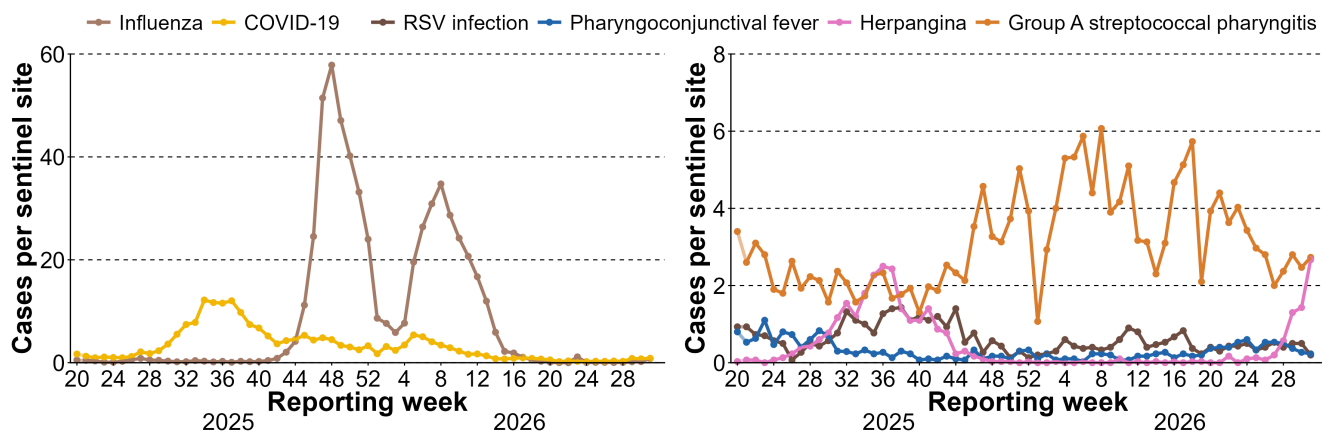
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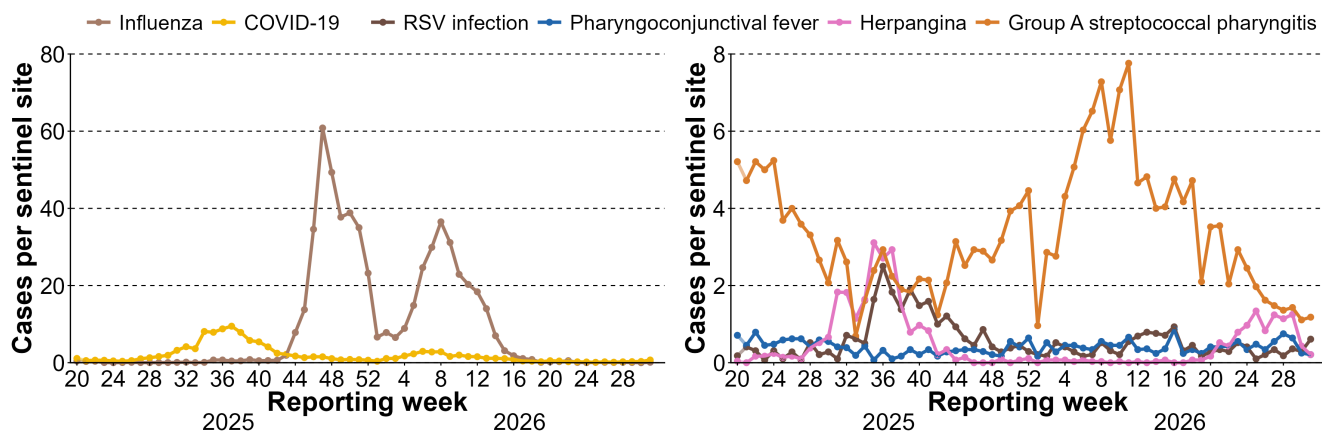
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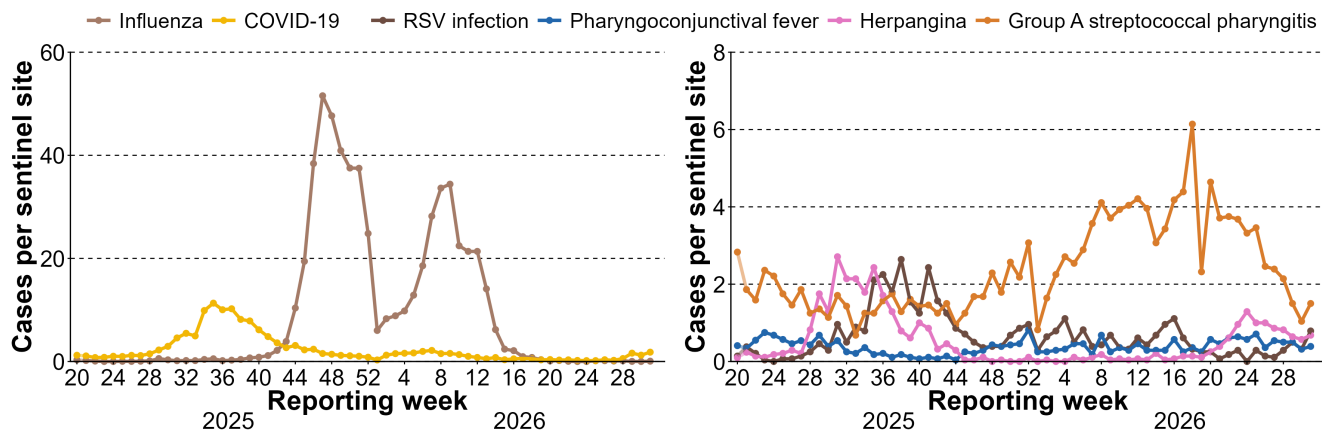
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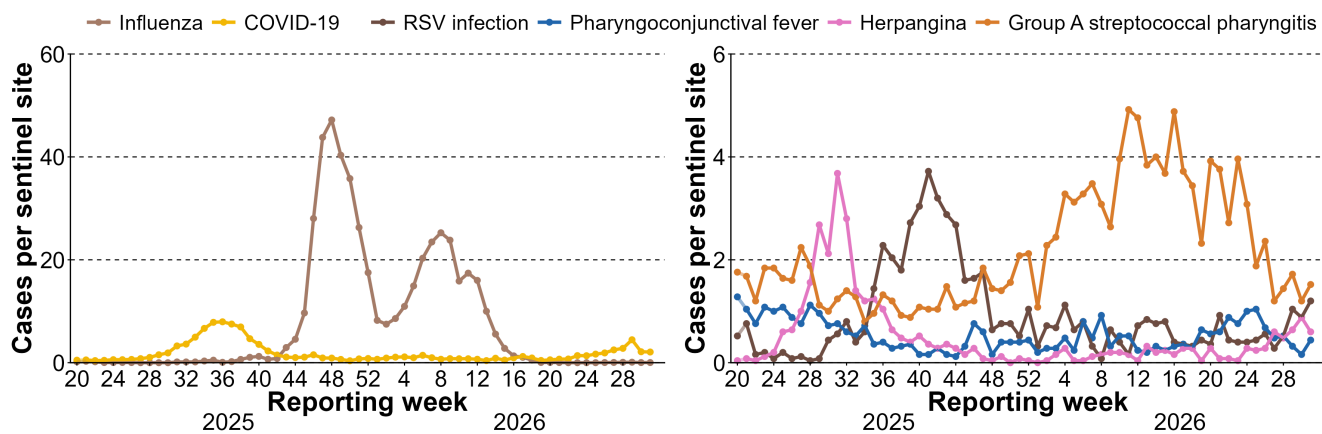
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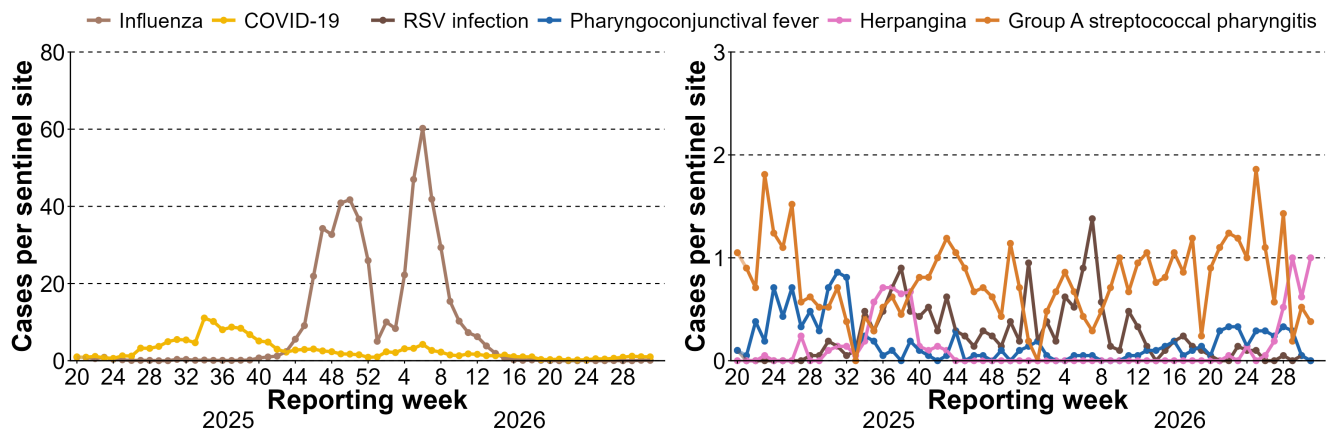
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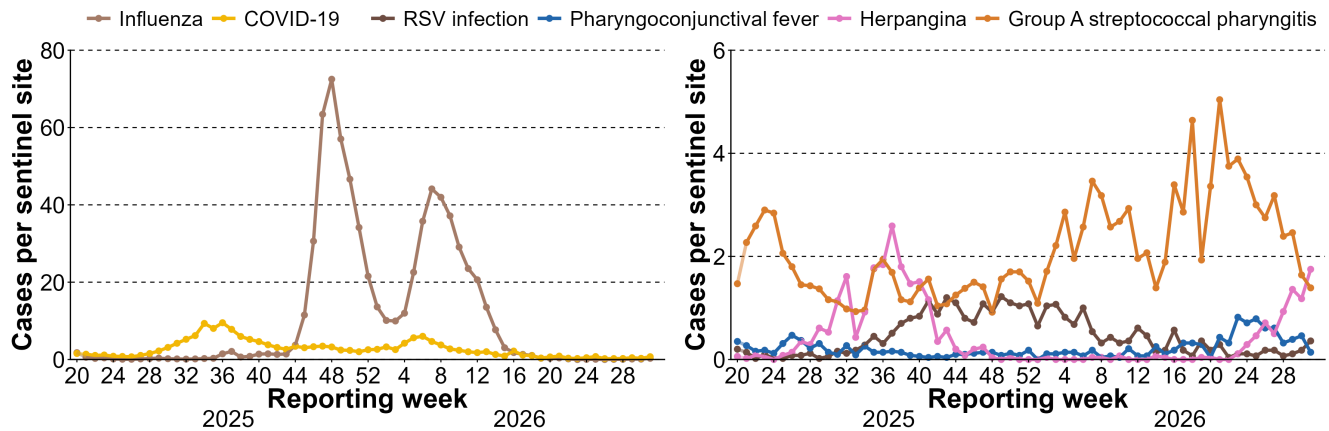
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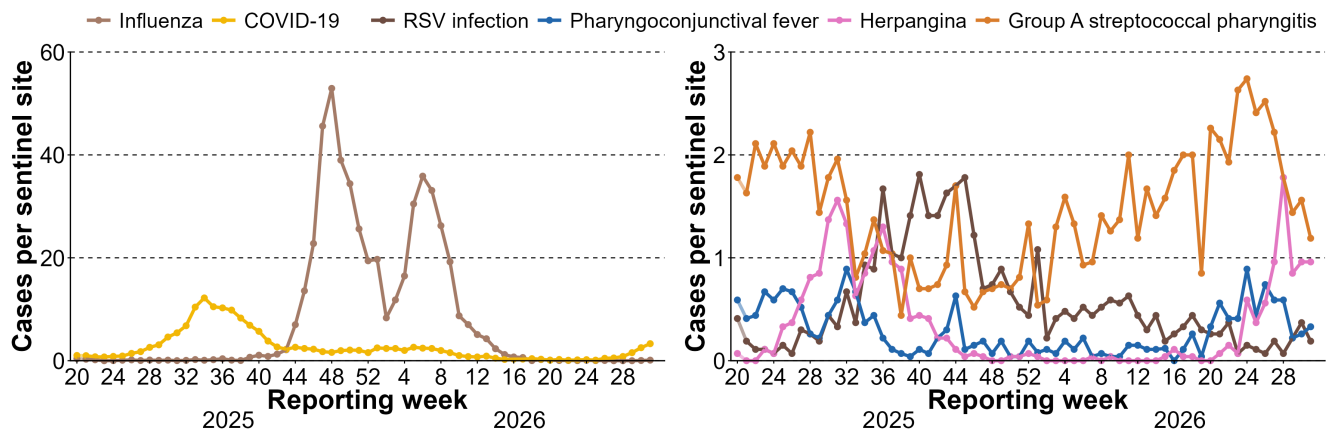
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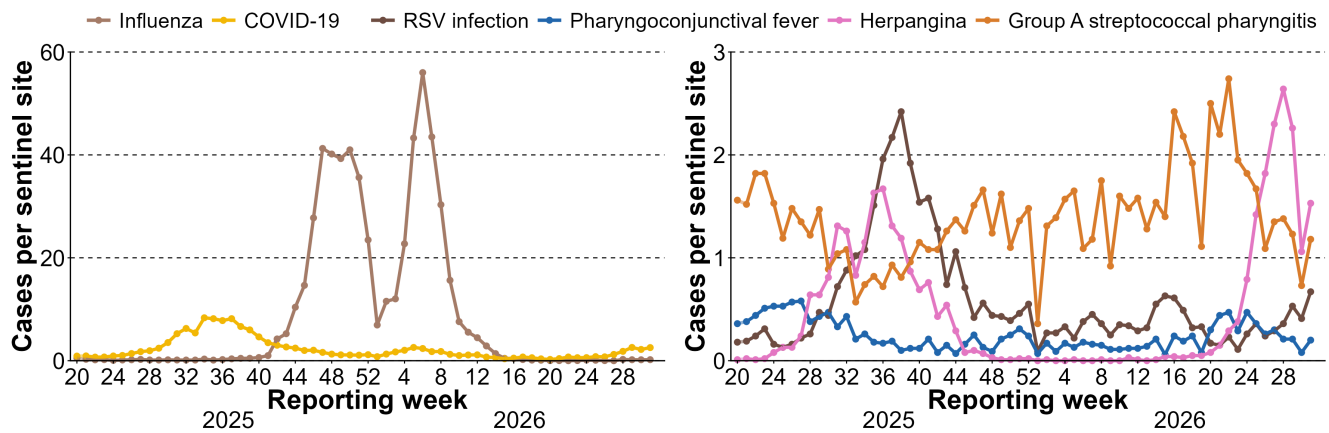
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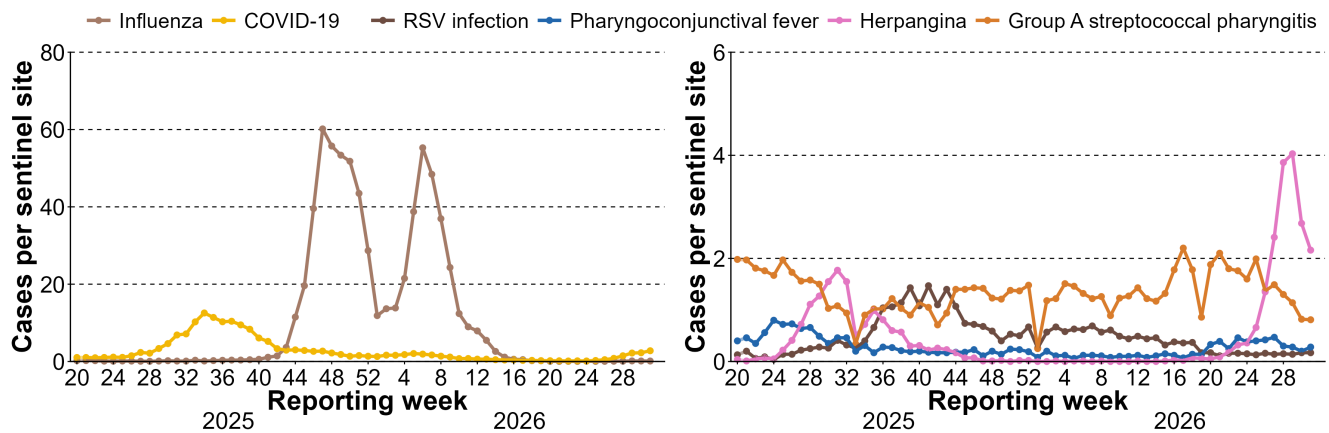
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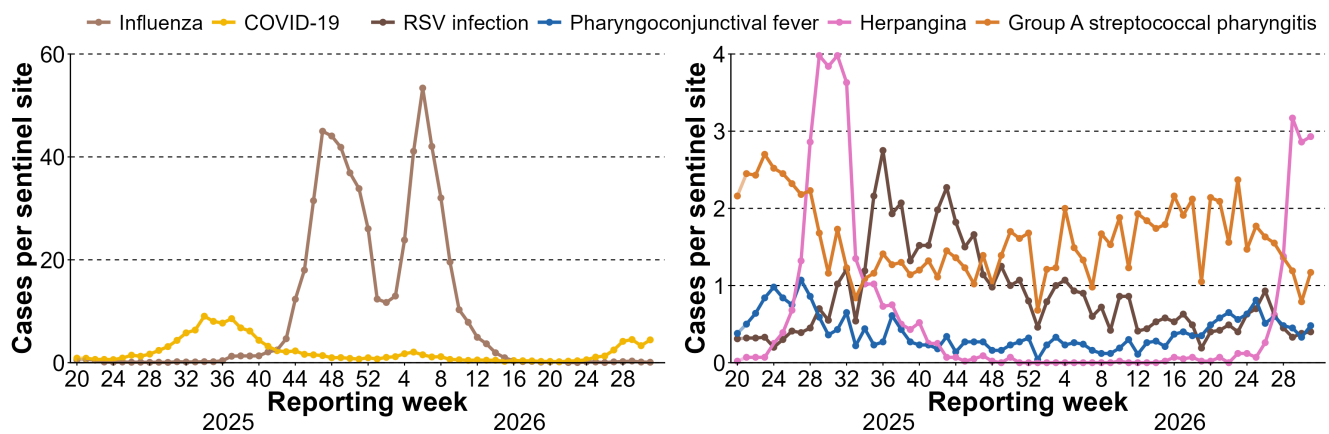
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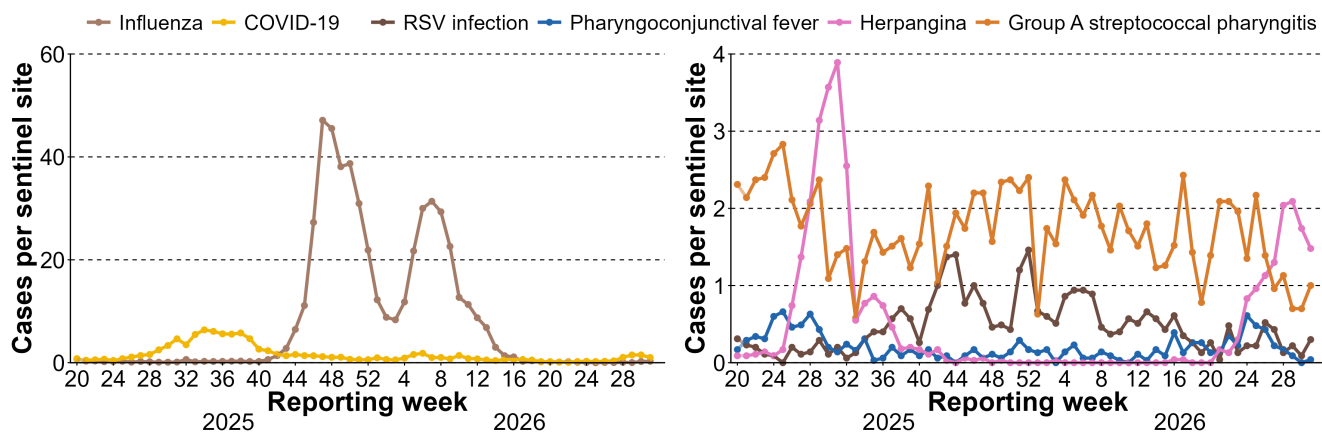
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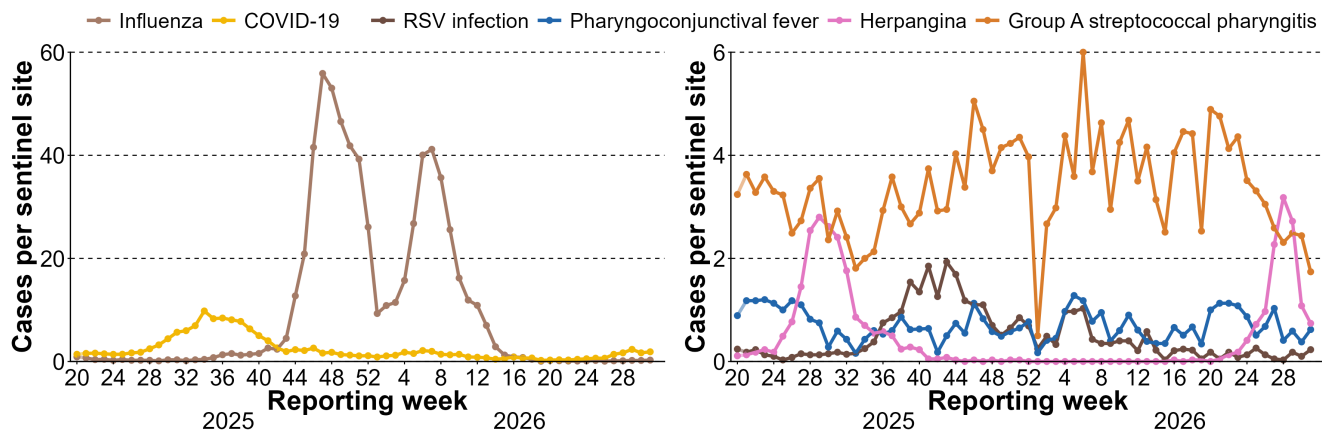
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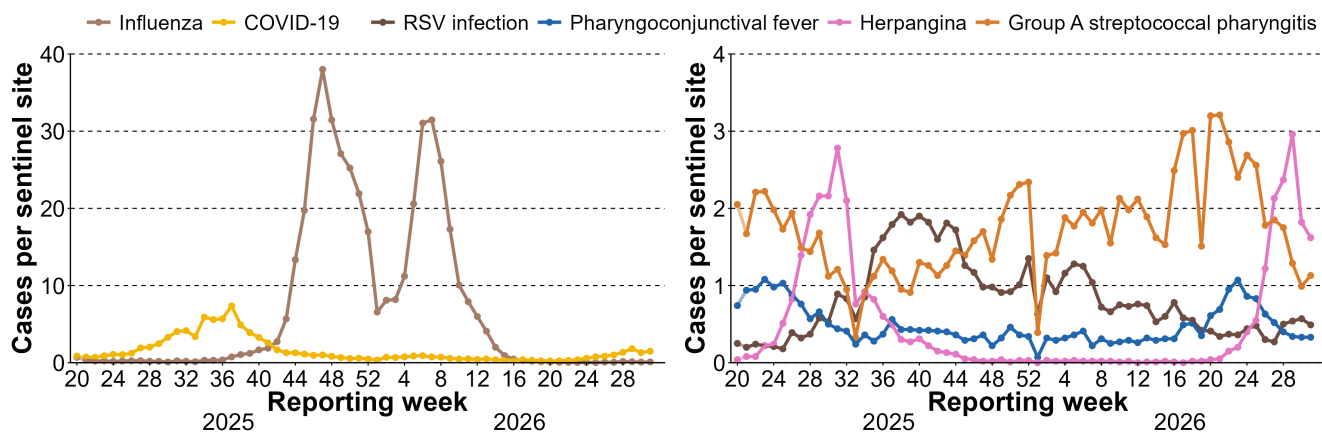
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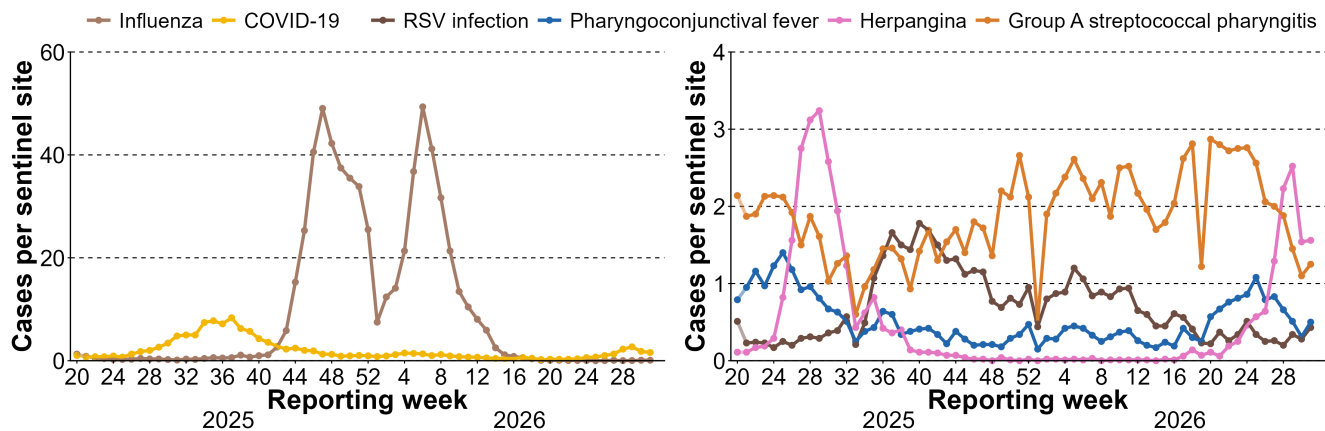
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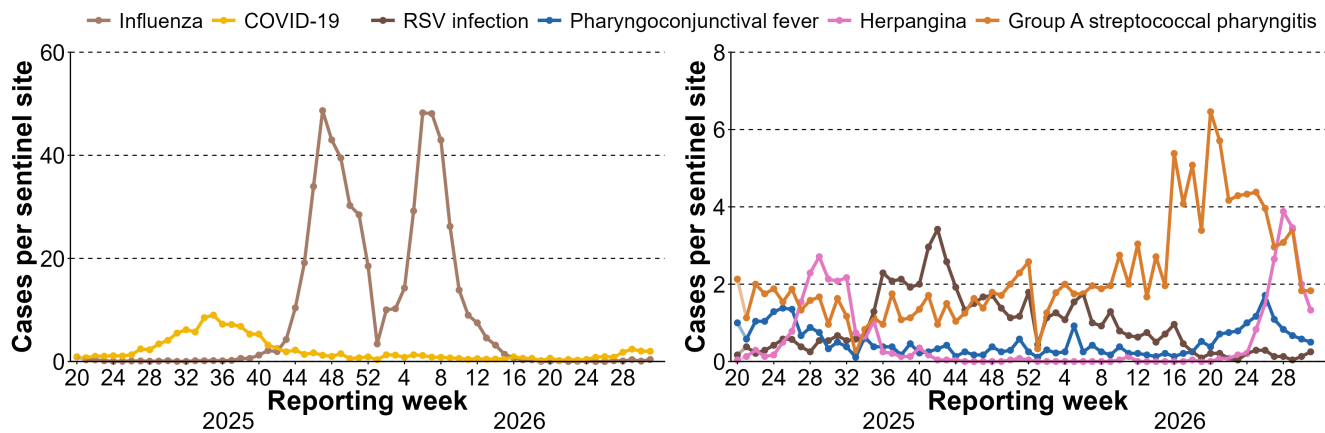
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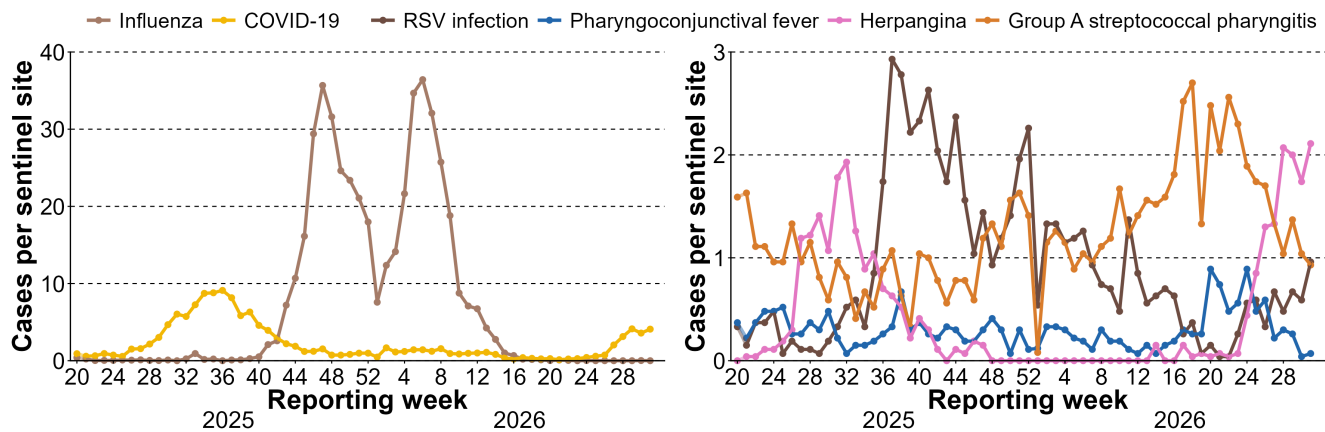
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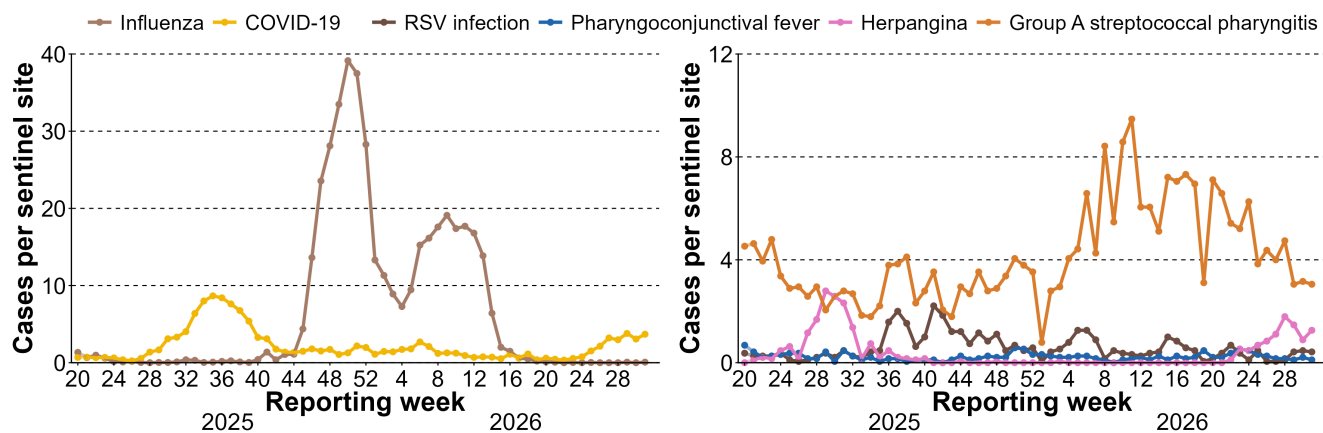
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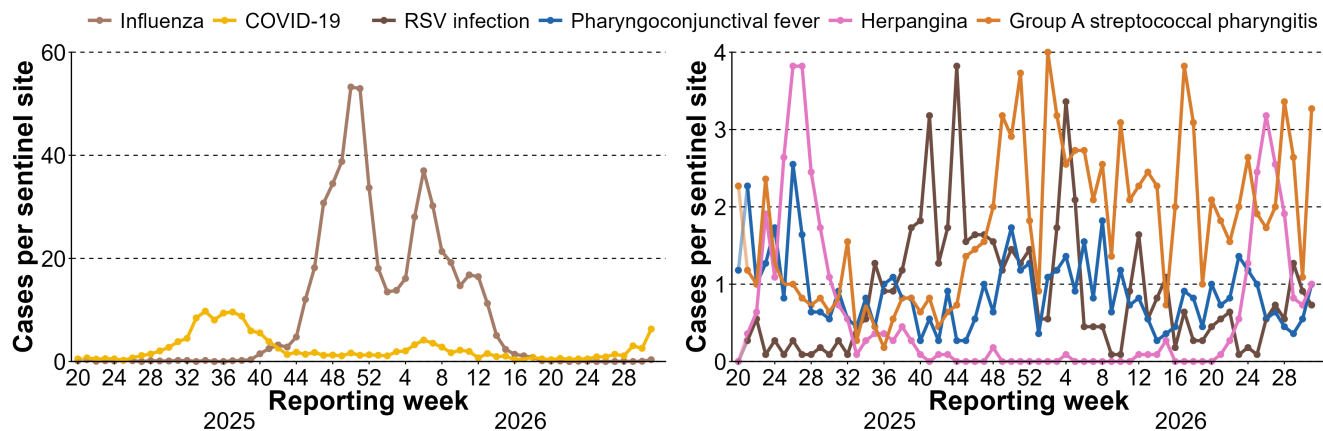
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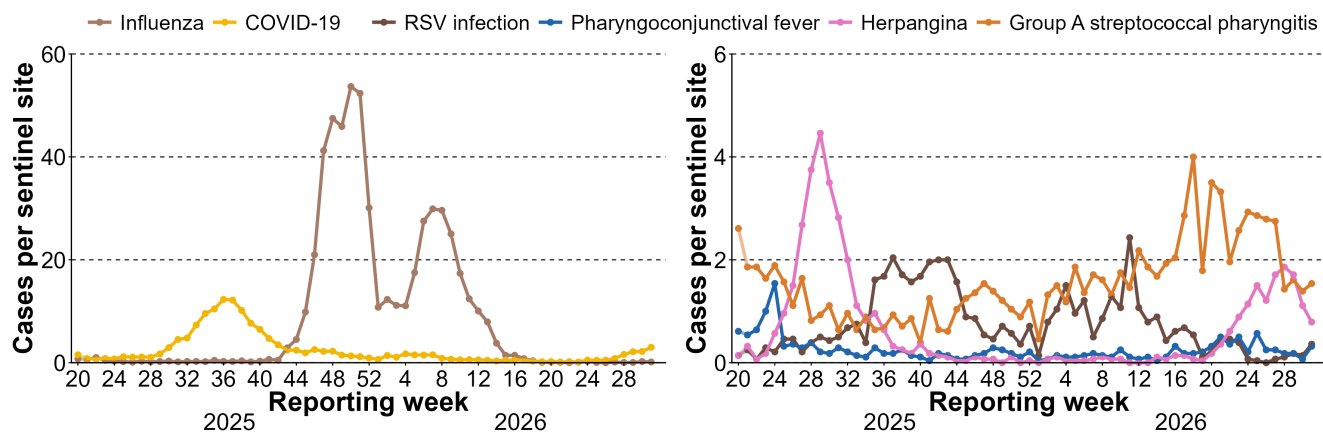
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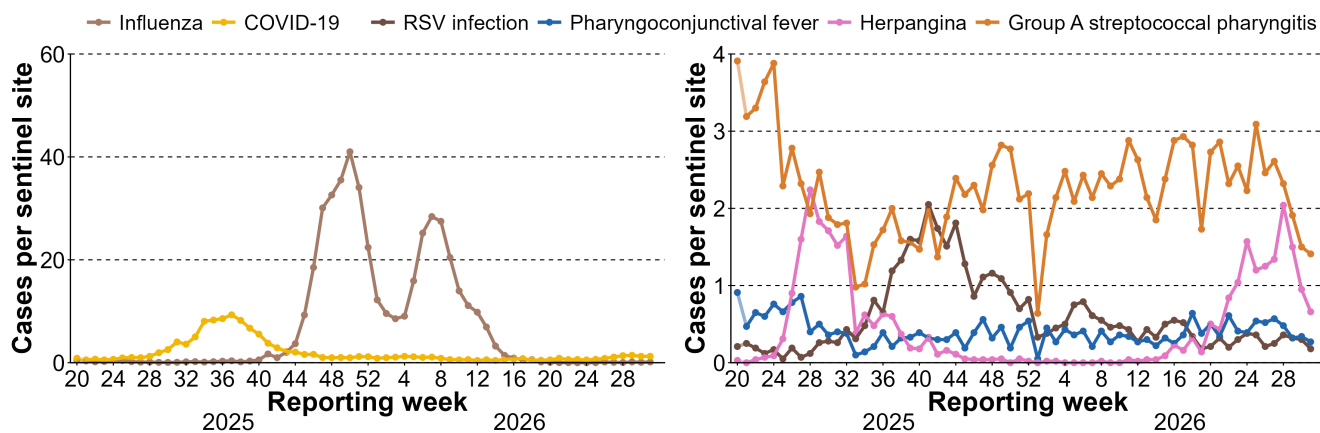
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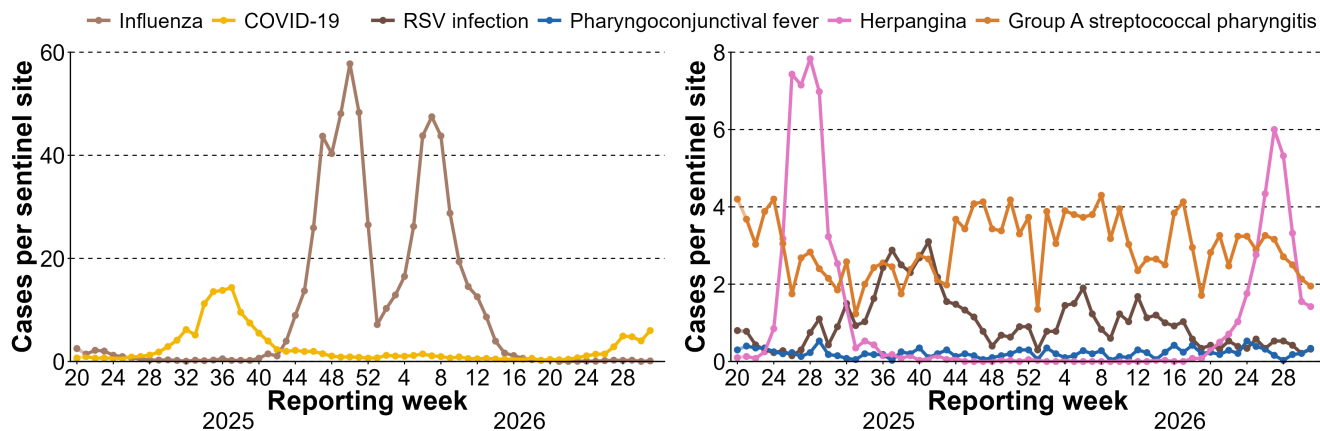
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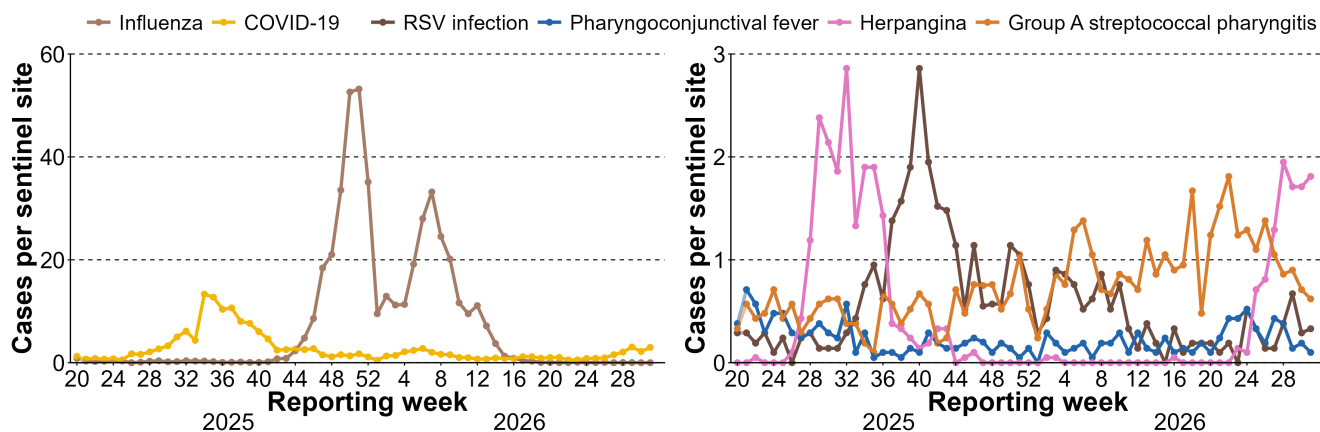
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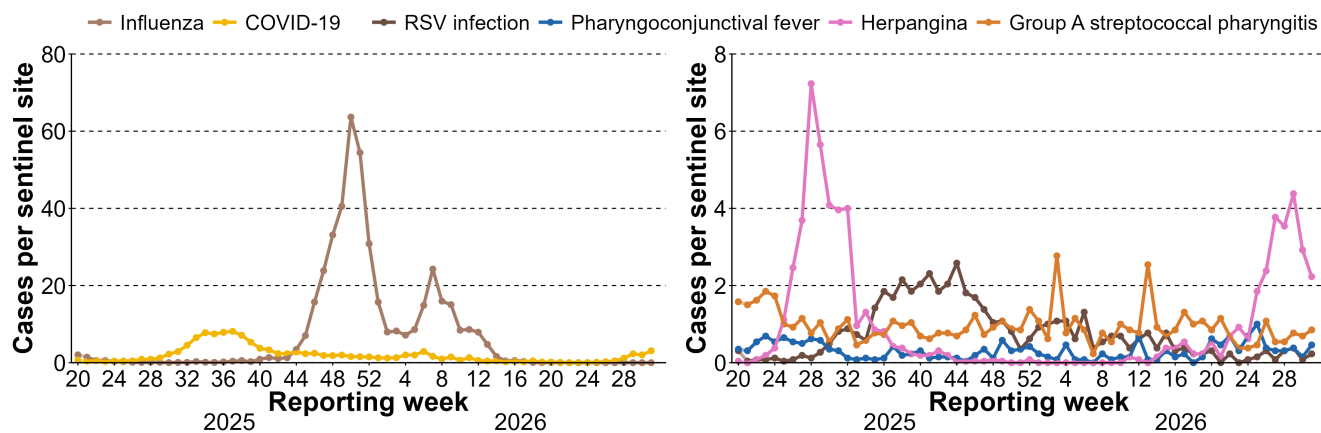
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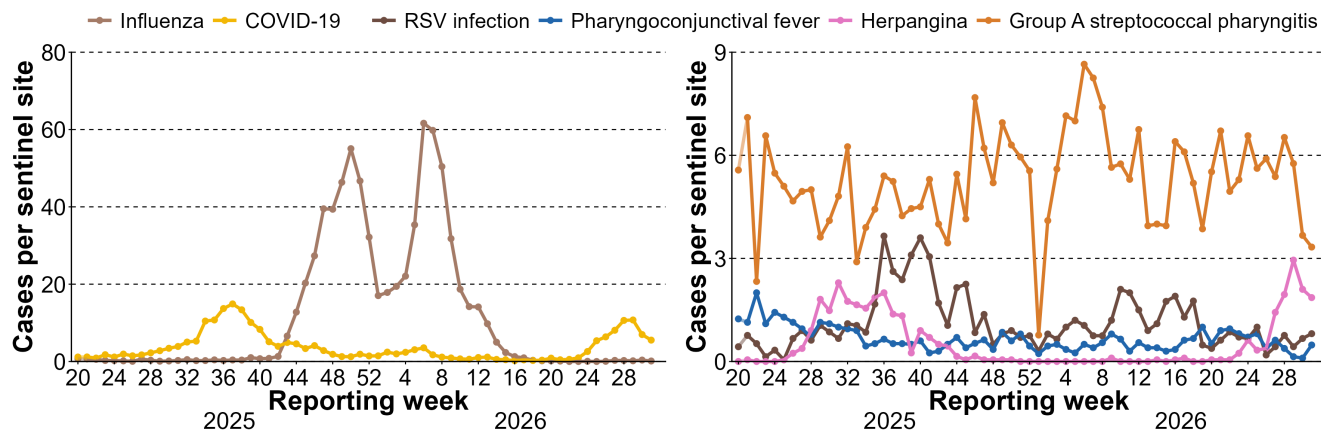
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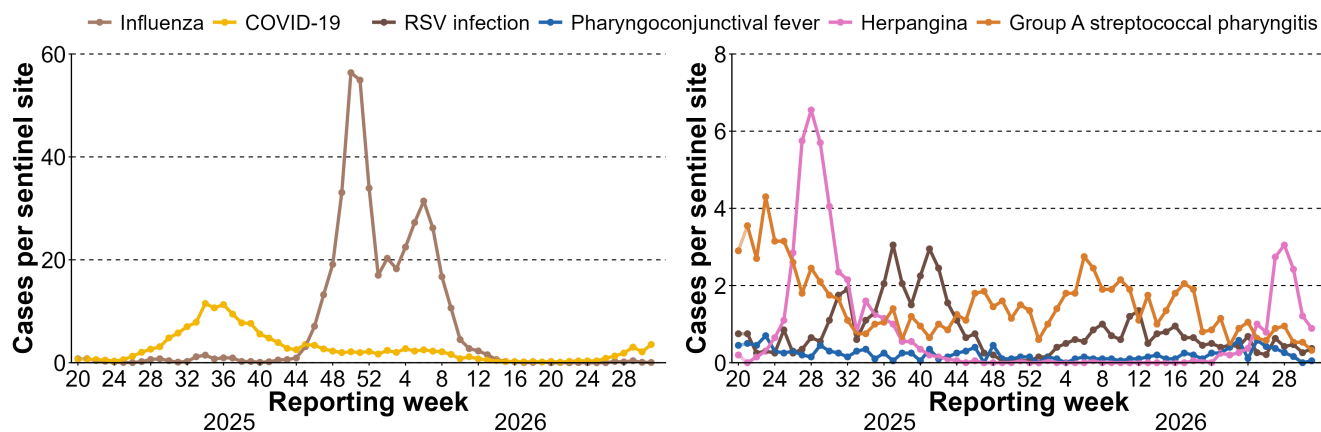
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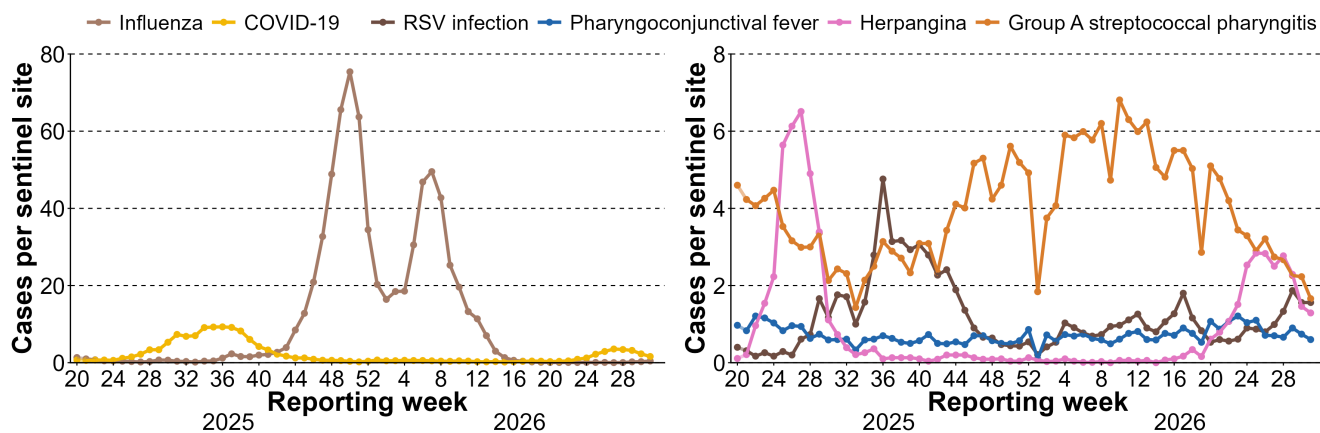
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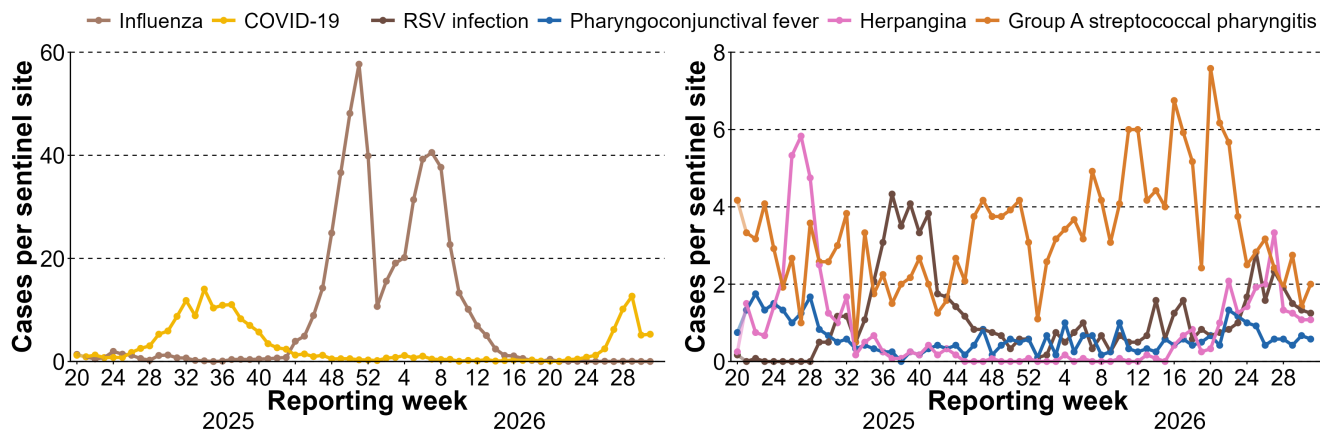
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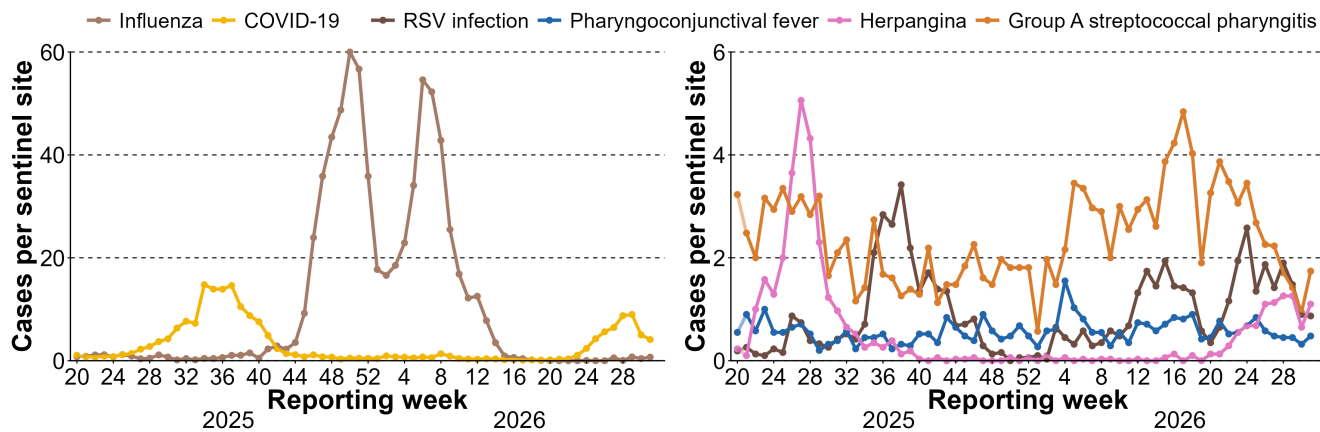
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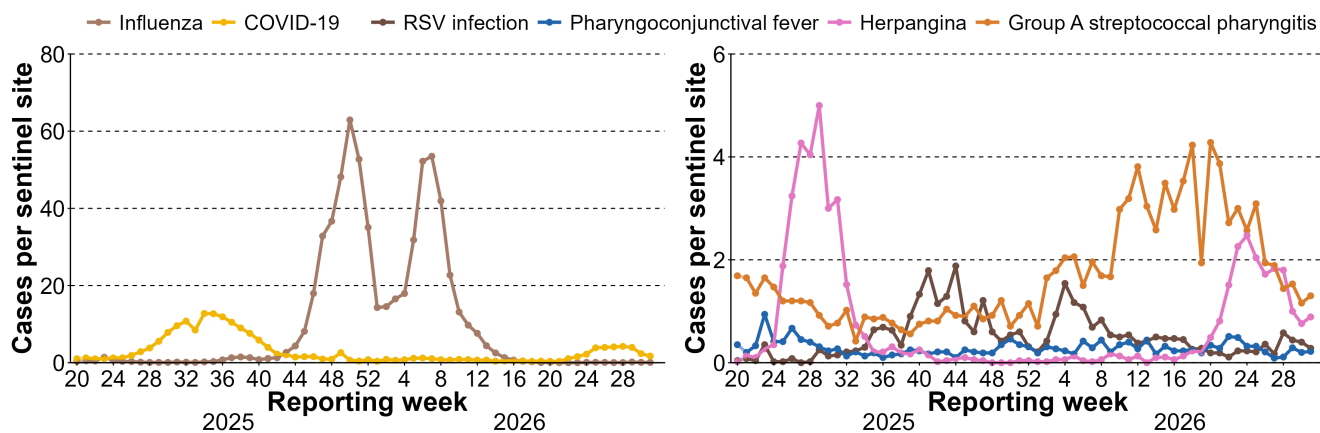
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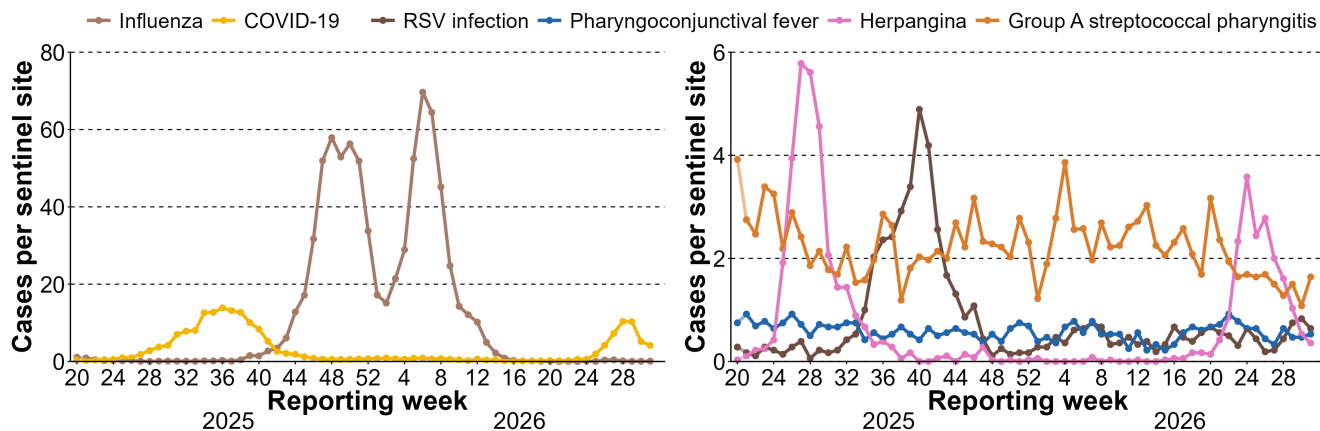
Nagasaki



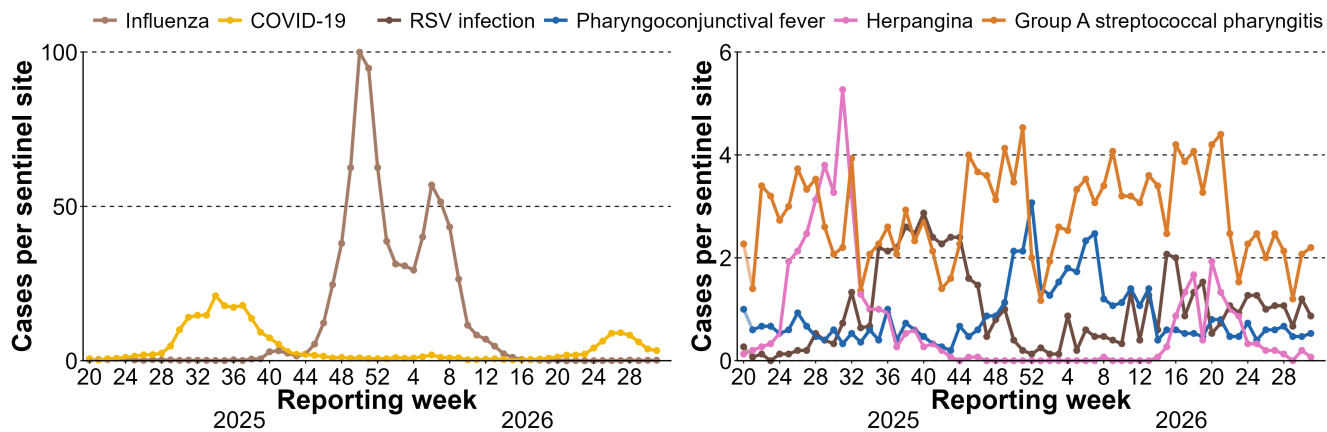
Kumamoto



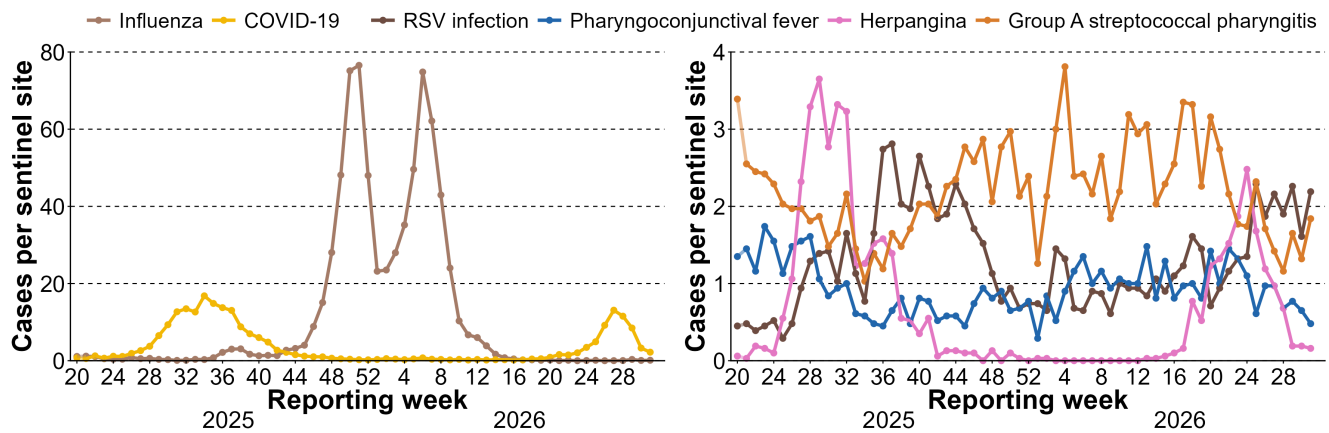
Oita



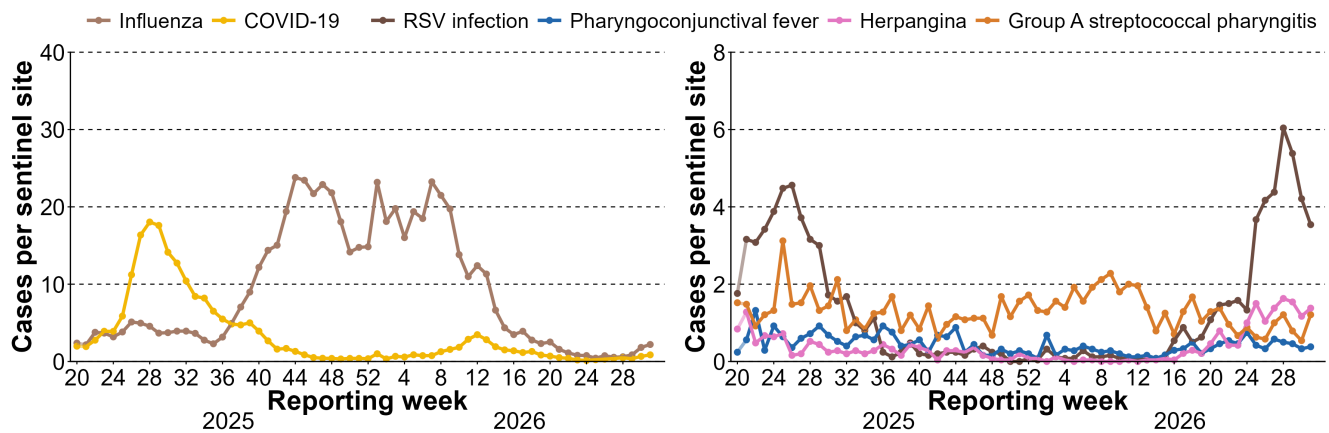
Miyazaki



Kagoshima



Okinawa



Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026
(data range: May 12, 2025 – August 2, 2026)

Supplementary Information 3A. Number of pathogens reported in June 2026

Number of reports	
Pathogen detected	1,909
No pathogen detected	756

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

Pathogen	Number of tests	Number of positives	Pathogen positivity(%)
Influenza A virus	2,611	7	0.3%
Influenza B virus	2,611	5	0.2%
SARS-CoV-2	2,659	169	6.4%
RSV	2,658	92	3.5%
Parainfluenza virus	2,659	514	19.3%
Human metapneumovirus	2,659	349	13.1%
Rhinovirus/Enterovirus	2,659	948	35.7%
Adenovirus	2,611	290	11.1%

Supplementary Information 3C. Number of positive cases for other pathogens in June 2026

Pathogen	Number of positives
Human bocavirus	20
Mycoplasma pneumoniae	6
Parechovirus	3
Human coronavirus OC43	3
Streptococcus pyogenes	3
Human coronavirus HKU1	2
Human coronavirus 229E	1
Chlamydia pneumoniae	1

Pathogen	Number of positives
Pathogen name not specified	11

Data source: Infectious Disease Surveillance in Japan; data as of August 5, 2026(data range: June 1, 2026 to June 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.

Testing and reporting practices for pathogens shown in Supplementary Table 3C vary by municipality/prefectural public health institute; therefore, the proportion relative to the number of reports may not match the positivity rates shown in Supplementary Table 3B.

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.